



CELINA SPECIAL EVENTS APPLICATION

*COMPLETED APPLICATIONS DO NOT GUARANTEE PERMIT APPROVAL

PERMIT #:	PERMIT FEE:	APPLICATION DATE:
-----------	-------------	-------------------

APPLICANT INFORMATION

ORGANIZATION NAME:		EMAIL:	
TYPE OF ORGANIZATION:	<input type="checkbox"/> CHARITABLE	<input type="checkbox"/> FOR-PROFIT	<input type="checkbox"/> GOVERNMENT
	<input type="checkbox"/> POLITICAL	<input type="checkbox"/> NON-PROFIT	TAX ID#:
APPLICANT NAME:		APPLICANT PHONE:	
APPLICANT ADDRESS:		CITY:	STATE: ZIP:
OTHER POINT OF CONTACT:		OTHER P.O.C. PHONE:	

EVENT INFORMATION

OFFICIAL EVENT NAME:		EVENT LOCATION AND ADDRESS:	
PROPERTY OWNER:		PROPERTY OWNER PHONE:	
PROPERTY OWNER ADDRESS:		PROPERTY OWNER EMAIL:	
EVENT PURPOSE:		COMMENTS:	
EVENT SETUP DATE: <small>(IF DIFFERENT FROM EVENT DATE)</small>	SETUP TIME:		
DAY 1 EVENT DATE:	START TIME:	END TIME:	
DAY 2 EVENT DATE:	START TIME:	END TIME:	
DAY 3 EVENT DATE:	START TIME:	END TIME:	
EVENT TEAR-DOWN DATE:		END TIME:	
TYPE OF EVENT:			
<input type="checkbox"/> BICYCLE	<input type="checkbox"/> CARNIVAL	<input type="checkbox"/> CONCERT	<input type="checkbox"/> FESTIVAL
<input type="checkbox"/> FUNDRAISER	<input type="checkbox"/> PARADE	<input type="checkbox"/> RECEPTION	<input type="checkbox"/> RALLY/WALK/RUN
<input type="checkbox"/> TIMED RACE	<input type="checkbox"/> SPORTING EVENT	<input type="checkbox"/> SCHOOL EVENT	<input type="checkbox"/> PRIVATE GATHERING
<input type="checkbox"/> OTHER (DESCRIBE):			
IS THIS A FIRST TIME EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, HAS THE EVENT BEEN HELD IN CELINA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, DID YOU ORGANIZE THE LAST EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN WAS THE LAST EVENT:	
EST. TOTAL NUMBER OF ATTENDANCE:		EST. PEAK NUMBER OF ATTENDANCE:	
IS SITE PLAN ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS ROUTE MAP ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EVENT OPERATIONS

TRAFFIC CONTROL

DESCRIBE THE AREA OF USAGE. (i.e. course, streets, alleys, etc.)

ARE YOU REQUESTING A ROAD CLOSURE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH ROAD(S):	WILL TRAFFIC SIGNAL OPERATIONS BE IMPACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

ARE YOU REQUESTING THE USE OF GOLF CARTS, GATORS OR ATV'S ON PUBLIC ROADWAYS? YES NO

- ALL EVENTS THAT REQUIRE A LANE OR ROAD CLOSURE MUST SUBMIT AN ENGINEERED TRAFFIC CONTROL PLAN.
- TXDOT CONTROLLED ROADWAYS REQUIRE A SEPARATE APPROVAL FROM TXDOT AND ARE THE RESPONSIBILITY OF THE EVENT.
- THE EVENT IS RESPONSIBLE FOR THE RENTAL OR PURCHASE OF TRAFFIC CONTROL DEVICES SUCH AS BARRICADES, CONES, ETC.
- THE EVENT IS RESPONSIBLE FOR ACQUIRING ANY ADDITIONAL PERMITS OR PERMISSION REQUIRED.

PARKING

WILL THE EVENT HAVE SUFFICIENT PARKING TO ACCOMMODATE ALL ATTENDANTS? YES NO

APPLICANT MUST ATTACH A PARKING PLAN EXHIBIT WITH AN ENTRY AND EXIT PLAN WITH ESTABLISHED NUMBER OF SPACES THE AREA WILL ACCOMMODATE.

DESCRIBE THE AREA OF USAGE FOR PARKING AND THE REQUESTED MODIFICATIONS OF USAGE. INCLUDE ALL PARKING PLANS FOR THE EVENT ALONG WITH WRITTEN VERIFICATION FROM PROPERTY OWNER(S):

PUBLIC SAFETY

EVENT CRITERIA MAY DEEM THE NEED FOR POLICE PERSONNEL. THIS INCLUDES EVENT SECURITY AND TRAFFIC CONTROL. THE RATE FOR POLICE OFFICERS IS \$40.00/HR. PER OFFICER. EVENTS WITH MORE THAN 3 OFFICERS WILL REQUIRE ONE (1) SUPERVISOR AT A RATE OF \$45.00/HR.

DOES THE EVENT AGREE TO PAY THE COST OF POLICE SERVICES IF NEEDED? YES NO

EVENT CRITERIA MAY DEEM THE NEED FOR FIRE AND EMS PERSONNEL. THE RATE FOR FIRE/EMS IS \$40.00/HR. PER PERSONNEL. EVENTS WITH MORE THAN 3 EMS PERSONNEL WILL REQUIRE ONE (1) SUPERVISOR AT A RATE OF \$45.00/HR.

DOES THE EVENT AGREE TO PAY THE COST OF FIRE AND EMS SERVICES IF NEEDED? YES NO

RESTROOM FACILITIES / TRASH AND RECYCLING

IDENTIFY THE # OF PERMANENT RESTROOM FACILITIES AT THE EVENT LOCATION FOR MALE: FEMALE:

IDENTIFY THE NUMBER OF PORTABLE RESTROOMS BEING PROVIDED: COMPANY:

LIST THE LOCATIONS OF PERMANENT AND PORTABLE RESTROOM FACILITIES:

NUMBER OF STAFF TO CLEAN AND STOCK RESTROOM FACILITIES:

NUMBER OF DUMPSTERS/CONTAINERS NEEDED: DELIVERY DATE: PICKUP DATE:

THE SERVICES PROVIDED BY THE CITY OF CELINA MAY INCLUDE THE USE OF A DUMPSTER, IF REQUESTED PRIOR TO THE EVENT.

IS THE EVENT REQUESTING THE USE OF CITY PROVIDED DUMPSTERS OR TRASH CONTAINERS? YES NO

NUMBER OF STAFF WHO WILL BE WORKING TRASH REMOVAL:

WILL WATER SUPPLY BE NEEDED FOR RESTROOMS OR ANY OTHER NO-CONCESSION ITEM? YES NO

HEALTH / FOOD SAFETY / CONCESSIONS / ALCOHOLIC BEVERAGES

WILL FOOD BE PREPARED AT THE EVENT?
 YES NO DESCRIBE:

WILL ALCOHOL BE SERVED AT THE EVENT? YES NO
DESCRIBE:

- NO FOOD OR FOOD PRODUCTS SHALL BE STORED OR PREPARED AT HOME OR AT AN OFF-SITE LOCATION AND BROUGHT TO THE EVENT AND SERVED.
- NO ALCOHOLIC BEVERAGES WILL BE DISTRIBUTED, CONSUMED, OR POSSESSED IN CITY PARKS OR CITY STREETS IN ACCORDANCE WITH CITY ORDINANCES. CONTACT CITY SECRETARY AT 972-382.2682
- A SPECIAL EVENT PERMIT FOR ALCOHOL ON PRIVATE PROPERTY MAY BE PERMITTED WITH A T.A.B.C. LICENSE.
- FOOD VENDOR APPLICATION AND CONCESSIONS INFORMATION, CONCERNING TEMPORARY EVENT HEALTH PERMITS, MAY BE OBTAINED FROM THE PERMITS DEPARTMENT AT CITY HALL. (972-382-2682)

NUMBER OF NON-FOOD VENDORS / BOOTHS:

NUMBER OF FOOD VENDORS:

DOES CONCESSION REQUIRE WATER? YES NO

DOES CONCESSION REQUIRE ELECTRICITY? YES NO IF YES, WHAT VOLTAGE?

HOW WILL ELECTRICAL SERVICE BE SUPPLIED? GENERATOR PUBLIC UTILITIES

ATTACH A LIST OF PROVIDERS, CONTRACTORS AND A LIST OF ITEMS OFFERED.

PUBLIC INFORMATION / NOISE / NOTIFICATIONS / SIGNAGE

WHAT SOUND AMPLIFICATION WILL BE USED AT THE EVENT?

NONE RECORDED MUSIC LIVE MUSIC OTHER (EXPLAIN)

WILL CELINA RESIDENTS LIKELY BE EFFECTED BY THE EVENT? YES NO IF YES, HOW WILL RESIDENTS BE NOTIFIED OF THE EVENT?

DESCRIBE THE PROCESS OF PARKING, REGISTRATION AND SIGNAGE USED TO ASSIST THIS PROCESS:

EVENTS USING ANY SIGNS, MUST OBTAIN A SEPARATE PERMIT FROM DEVELOPMENT SERVICES LOCATED AT CITY HALL OR BY CALLING 972-382-2682. (TEMPORARY, DIRECTIONAL, FLAGS, BANNERS, INFLATABLE, OR SIMILAR).

WILL THE EVENT HAVE ANY PYROTECHNIC (FIREWORKS) DISPLAY? YES NO

IF YES, LIST THE VENDOR, PROPERTY OWNER AND GIVE DETAILS OF THE DISPLAY.

IF THE EVENT IS A **PARADE**, COMPLETE THE FOLLOWING INFORMATION:

ASSEMBLY LOCATION: NUMBER OF PARTICIPANTS: NUMBER OF VEHICLES:

TENTS OR STRUCTURES? YES NO IF YES, LIST NUMBER AND SIZES:

INSURANCE, SAFETY PLAN, AND DISCLAIMER INFORMATION

- THE EVENT MUST CARRY PROPERTY, BODILY INJURY, AND MUNICIPAL LIABILITY INSURANCE OF AT LEAST \$1,000,000.00 PER OCCURRENCE. THE CITY OF CELINA MUST BE SHOWN AS AN ADDITIONAL NAMED INSURED PARTY ON THE INSURANCE DECLARATION. ONE (1) ORIGINAL COPY OF INSURANCE MUST BE SUBMITTED NO LESS THAN THIRTY (30) DAYS PRIOR TO THE EVENT.
- ALL EVENTS MUST INCLUDE A SITE PLAN AND ROUTE MAP.
- THE FIRE CODE REQUIRES A PUBLIC SAFETY PLAN FOR ALL EVENTS. THE REQUIRED PLAN MUST ADDRESS HOW THE ORGANIZER PLANS TO ALERT BOTH THE ATTENDEES AND EMERGENCY SERVICES PERSONNEL. IT MUST ALSO SHOW A PLAN TO MOVE ATTENDEES TO SAFETY AND PROVIDE POLICE AND FIRE ACCESS TO THE SCENE. THIS APPLICATION DOES NOT PROVIDE ENOUGH DETAILED INFORMATION TO DETERMINE IF THIS PLAN IS REQUIRED FOR YOUR EVENT. CONTACT THE CELINA FIRE DEPT. AT 972-382-2653 FOR SPECIFIC GUIDELINES AND REQUIREMENTS.
- A FEE OF \$50.00 (NON-REFUNDABLE) IS REQUIRED PER APPLICATION. PAYMENT TO THE CITY OF CELINA IS DUE UPON RECEIPT OF APPLICATION AND BEFORE THE APPLICATION CAN BE REVIEWED.
- ANSWER ALL INFORMATION PERTAINING TO THE EVENT, AS ACCURATELY AS POSSIBLE. AFTER COMPLETION, RETURN TO THE CITY OF CELINA AT 142 N. OHIO DR. CELINA, TX 75009
- ALL REQUIRED CITY DEPARTMENTS WILL REVIEW THIS APPLICATION AND RESPOND WITH A DECISION TO APPROVE, DENY OR REQUEST ADDITIONAL INFORMATION.
- ONCE THE APPLICATION IS APPROVED, A MEETING DATE WILL BE SET WITH ALL DEPARTMENTS AND THE EVENT COORDINATOR. MULTIPLE MEETINGS MY BE NECESSARY TO COORDINATE THIS EVENT.
- THE CITY RESERVES THE RIGHT TO CANCEL OR SHUT DOWN THE EVENT IF:
 - a) IT IS IN VIOLATION OF ANY CITY ORDINANCE
 - b) THE EVENT DEVIATES FROM THIS APPLICATION OR SITE PLAN
 - c) THE EVENT IS DEEMED UNSAFE BY PUBLIC SAFETY PERSONNEL.

PARADE DISCLAIMER

- THE SAME RESPONSIBILITY OF LITTER / TRASH CONTROL APPLIES TO THE ENTIRE STAGING SITE AND/OR THE PARADE ROUTE.
- RESTROOMS MUST BE PROVIDED FOR PARADE PARTICIPANTS DURING FLOAT PREPARATION AND STAGING.
- **ABSOLUTELY NO OBJECTS WILL BE THROWN FROM FLOATS OR VEHICLES IN THE PARADE.**

APPLICANT SIGNATURE:

DATE:

X

APPLICATION CHECK LIST

PLEASE USE THE FOLLOWING CHECK LIST TO HELP YOU PLAN YOUR SPECIAL EVENT.

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> MASTER SITE PLAN <input type="checkbox"/> EMERGENCY PLAN <input type="checkbox"/> RADIO COMMUNICATION PLAN <input type="checkbox"/> PARKING PLAN <input type="checkbox"/> TRAFFIC PLAN <input type="checkbox"/> CASH COLLECTION / TRANSFER PLAN <input type="checkbox"/> WATER PLAN FOR CONCESSIONS <input type="checkbox"/> WATER PLAN FOR RESTROOMS <input type="checkbox"/> ELECTRICAL PLAN FOR CONCESSIONS <input type="checkbox"/> ELECTRICAL PLAN FOR OTHER ITEMS <input type="checkbox"/> INFORMATION TENT / LOCATION PLAN <input type="checkbox"/> TRASH PICKUP PLAN <input type="checkbox"/> LIGHTING PLAN <input type="checkbox"/> VENDOR LIST <input type="checkbox"/> INSURANCE <input type="checkbox"/> ENTERTAINMENT LIST AND SCHEDULE | <ul style="list-style-type: none"> <input type="checkbox"/> EVENT ACTIVITY SCHEDULE <input type="checkbox"/> EXPECTED ATTENDANCE <input type="checkbox"/> GATORS / GOLF CARTS / ATV'S <input type="checkbox"/> EVENT EMERGENCY CONTACT LIST <input type="checkbox"/> SECURITY DAY AND OVERNIGHT <input type="checkbox"/> NUMBER OF VEHICLES, ANIMALS, BIKES INVOLVED IN PARADE <input type="checkbox"/> _____ |
|--|--|

OUR SPECIAL EVENTS ORDINANCE CAN BE FOUND AT OUR WEBSITE AT WWW.CELINA-TX.GOV

**CITY OF CELINA - DEPARTMENT APPROVAL / DENIAL
THIS PAGE IS FOR CITY USE ONLY**

PERMIT #	EVENT NAME:
-----------------	--------------------

PUBLIC WORKS

THIS SECTION IS COMPLETED BY THE CELINA PUBLIC WORKS DEPARTMENT ONLY:

APPROVED **DENIED** **PENDING ADDITIONAL DOCUMENTS**

SUPERVISOR APPROVING PUBLIC WORKS PORTION OF APPLICATION:

SIGNATURE: **X** DATE:

POLICE

THIS SECTION IS COMPLETED BY THE CELINA POLICE DEPARTMENT ONLY:

OFFICERS REQUIRED AT EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NUMBER OF OFFICERS REQUIRED PER DAY:	POLICE VEHICLES REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE POLICE DEPT. REQUIRE ADDITIONAL DOCUMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE:	

APPROVED **DENIED** **PENDING ADDITIONAL DOCUMENTS**

SUPERVISOR APPROVING POLICE PORTION OF APPLICATION:

SIGNATURE: **X** DATE:

FIRE / EMS

THIS SECTION IS COMPLETED BY THE CELINA FIRE DEPARTMENT ONLY:

FIRE / EMS REQUIRED AT EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NUMBER OF PERSONNEL REQUIRED PER DAY:	AMBULANCE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE FIRE DEPT. REQUIRE ADDITIONAL DOCUMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE:	

APPROVED **DENIED** **PENDING ADDITIONAL DOCUMENTS**

SUPERVISOR APPROVING FIRE / EMS PORTION OF APPLICATION:

SIGNATURE: **X** DATE:

CITY ENGINEER

THIS SECTION IS COMPLETED BY THE CELINA CITY ENGINEER DEPARTMENT ONLY:

APPROVED **DENIED** **PENDING ADDITIONAL DOCUMENTS**

SUPERVISOR APPROVING CITY ENGINEER PORTION OF APPLICATION:

SIGNATURE: **X** DATE:

OVERALL EVENT APPLICATION IS:

APPROVED **DENIED** DATE:

REASON FOR DENIAL:

\$50.00 FEE PAID ON:	FEE PAID BY: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK #	RECEIPT #
----------------------	---	-----------

PERMITS DEPT. SIGNATURE: X	DATE:
CITY MANAGER SIGNATURE: X	DATE:



**CITY OF CELINA AGREEMENT
INDEMNIFICATION AND COST REIMBURSEMENT**

I, THE UNDERSIGNED APPLICANT, HAVING AUTHORITY TO EXECUTE THIS AGREEMENT ON BEHALF OF MYSELF AND/OR THE ORGANIZATION, AGREE TO INDEMNIFY AND HOLD HARMLESS, THE CITY OF CELINA, ITS OFFICERS, EMPLOYEES, AGENTS, AND REPRESENTATIVES AGAINST ALL CLAIMS OF LIABILITY AND CAUSES OF ACTION RESULTING FROM INJURY OR DAMAGE TO PERSONS OR PROPERTY ARISING OUT OF THE SPECIAL EVENT.

I FURTHERMORE AGREE TO REIMBURSE THE CITY OF CELINA FOR ANY ADDITIONAL COST INCURRED AS A RESULT OF THE SPECIAL EVENT WITHIN TEN (10) DAYS OF NOTICE FROM THE CITY OF SUCH COST.

PRINTED NAME OF APPLICANT

APPLICANT SIGNATURE

DATE

PRINTED NAME OF NOTARY

ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____, _____

NOTARY PUBLIC

NOTARY SEAL