

Application Date: _____



P.O. Box 369 (Mail)
303 E. Pecan Dr. (Physical)
Johnson City, TX 78636
830.868.7111 (Phone)
830.868.7718 (Fax)

APPLICATION FOR SPECIAL EVENT / PARADE PERMIT CHAPTER 4

PERMIT NO.: _____

PLEASE READ THE FOLLOWING PRIOR TO COMPLETING THIS FORM: CITY STAFF MAY CONTACT YOU TO DETERMINE IF TRAFFIC CONTROL OR ANY OTHER CODE REQUIREMENTS ARE NECESSARY FOR APPROVAL OF THE SPECIAL EVENT / PARADE PERMIT APPLICATION. AFTER REVIEW OF THE APPLICATION, CITY STAFF WILL CONTACT YOU TO INFORM YOU OF THE DISPOSITION OF THE APPLICATION. PERMIT APPLICATIONS MUST BE FILED A MINIMUM OF **FIFTEEN (15) DAYS** BEFORE THE SPECIAL EVENT / PARADE. IMPORTANT CONTACT INFORMATION:

830.868.3209 (POLICE DEPT.) 830.868.7111 (CITY HALL)

Special Event / Parade Definition:

Event: A planned occasion or activity that occurs on and impacts a City public right-of-way, such as a street, sidewalk, alley, walkway, or other City public-owned facility, such as a municipal park, pool, or community building, during a particular interval of time; an event includes a parade, rally, public rally, or recreational street use.

Parade: Any march or procession consisting of people, animals, vehicles (motorized or nonmotorized), floats, or a combination thereof, except funeral processions, upon any public street or alley which does not comply with the normal or usual traffic controls and which may reasonably require and necessitate special traffic control and/or rerouting, special police protection, and/or crowd control or other prior planning, and which is organized for a common purpose, theme, or cause.

Section I. Event Information

Check One: Parade Special Event Start Date: ___/___/___ End Date: ___/___/___

Repeat Event: Yes No If so, please provide dates: _____

Event Description: _____

Location and/or Route of Event: _____

Event Assembly Time, if applicable: _____ Assembly Location: _____

Event Disband Time, if applicable: _____ Disband Location: _____

Number of Participants: People: _____ / Animals: _____ Animal Type: _____

Number and Type of Vehicles: Vehicles: _____ Vehicle Type: _____

Will the Event Occupy All or Part of the Road: No Yes Street Closure(s) Required?: No Yes
If Yes, specify street closure location: _____

Will loudspeakers, live music, or amplification equipment be on site?: Yes No
If yes, please describe: _____

Will alcohol be served?: Yes No

Will alcohol be sold?: Yes* No

* TABC license and certificate of general liability insurance required.

Will food be sold at the event?: Yes* No

* Copies of licenses or permits issued by the appropriate agencies required.

Will individual retail vendors participate in the event?: Yes* No

* Peddler permit applications must be submitted.

Restroom facilities provided by event?: Yes No

How may restrooms and in what location(s):

Section II. *Organization/Personal Information*

Sponsoring Organization: _____

Non-Profit Organization: No Yes (Please provide proof of non-profit status with application.)

Event Chairperson: _____ Phone: (____) ____ - ____ Cell: (____) ____ - ____

Mailing Address: _____ E-mail: _____

Section III. *Application Checklist*

Please provide the following documentation with application:

- _____ Medical Plan
- _____ Evacuation Plan
- _____ Security Plan
- _____ Executed Indemnity and Hold Harmless Agreement
- _____ Liability Insurance

Section IV. *Other*

Please provide any additional information that may be helpful when considering this permit application:

Section V. Execution

The applicant is responsible for the regulation and removal of all debris, trash, et cetera arising from the special event / parade. The applicant must utilize the commercial solid waste disposal company currently having a franchise agreement with the City. Refer to the current fee schedule for applicable permit fees. The event chairperson must place an approved permit in a conspicuous location within the event location. If the applicant is applying on behalf of another entity, the applicant must submit written permission from the other entity to do so.

General liability and, if alcohol is to be sold, liquor liability insurances in an amount not less than \$1,000,000.00, naming the City as additional insured, required. The Applicant shall agree to pay any additional costs and to provide full reimbursement for such costs to the City within 60 calendar days of the conclusion of the event. The assessed reimbursement amount may be appealed to the City Council. A refundable deposit for estimated costs per event may be required. The deposit may be applied toward payment of City costs. Said deposit may be forfeited for nonpayment of City costs.

My signature below indicates that I have the authority to execute this application on behalf of myself and / or the organization identified on this application, and both the organization and myself agree to fully comply with any and all provisions of this application, the permit and its requirements, and the City of Johnson City Code of Ordinances.

Printed Name of Applicant: _____

Relationship to Organization: _____

Address: _____ Phone: (____) ____ - ____ Cell: (____) ____ - ____

Signature: _____ Date: ____ / ____ / ____

OFFICE USE ONLY:

Approved: ___ Disapproved: ___ Mayor: _____ Date ____/____/____

Approved: ___ Disapproved: ___ Police Chief: _____ Date ____/____/____

Approved: ___ Disapproved: ___ CAO: _____ Date ____/____/____

Appendix A: Medical and Evacuation Plans

What physical address will be given in the event of an emergency?

Emergency operations will be coordinated by:

Name: _____

Telephone No.: (____) ____-_____
(Telephone number must be in service during event)

Name: _____

Telephone No.: (____) ____-_____
(Telephone number must be in service during event)

Emergency telephone numbers:

Emergency: 911
Fire Dept.: (888) 456-9740
Police Dept.: (830) 868-0995

Medical Plan

Event employees / volunteers shall immediately report all serious medical emergencies to the Emergency Coordinator(s) referenced above. Basic first aid shall be handled by the event Emergency Coordinator(s). Serious medical emergencies shall be reported to the North Blanco County Emergency Medical Service. Please provide any additional medical plan information (attach additional sheets if necessary):

Evacuation Plan

Attach a site plan of the event. Indicate on the site plan all exit locations for pedestrians and vehicular traffic. Please detail evacuation plan procedures for event attendees and employees / volunteers (attach additional sheets if necessary):

Appendix B: Security Plan

Parking plan submitted: Yes No

Police officers provided by the City of Johnson City Police Department: Yes _____ No _____

Events requesting City Police Officers shall contact:

Chief Ross Allen
830.868.3209
policechief@johnsoncitytx.org

Police officers provided by the City of Johnson City Police Department will provide security and protection for event personnel, participants, patrons, and vendors. Such officers will maintain order and perform crowd control on event property. Such officers will be assigned duty posts, as directed and determined by the supervising officer. Such officers shall not handle event money, work as parking attendants, or complete any other duties that would deter them from performing their primary mission of event security and crowd control. Officers shall be paid by the event prior to the end of the event.

Police officers provided by the event: Yes _____ No _____

Contracted Security Company: _____

Contact person (day of event): _____

Contact person telephone no.: (_____) _____ - _____

Number of police officers provided for the event: _____

Please provide any additional security plan information (attach additional sheets if necessary):
