



## Application for Special Event Permit

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ 24 Hour Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Sales Tax Number from State of Texas Comptroller's Office: \_\_\_\_\_

Event Name: \_\_\_\_\_

Dates Permit is needed: \_\_\_\_\_ Hours event will take place: \_\_\_\_\_

Estimated Number of Attendance: \_\_\_\_\_

Event Description: \_\_\_\_\_

Will you have security/police: \_\_\_\_\_ Will you have medical/EMS Present: \_\_\_\_\_

Will extra lighting be needed: \_\_\_\_\_ Will you have portable restrooms: \_\_\_\_\_

Describe Size and Location of Tents, Booths, Concessions, or Businesses associated with the Event (attach layout drawing if necessary) : \_\_\_\_\_

Will you need traffic control/road closures: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

FOR OFFICE USE ONLY: Date received: \_\_\_\_\_

Application Fee: \_\_\_\_\_

Employee: \_\_\_\_\_ Cash/Check#/CC: \_\_\_\_\_

Application Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Notes: \_\_\_\_\_

Application Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

Applicant must be a person who can be contacted, not a company. A permit will not be issued if this form is not fully completed or if the information is inaccurate.