



800 Third Street • Marble Falls, TX 78654
Phone: (830) 693-3615 • Fax: (830) 693-6737

Special Event Permit Application

Application Information

Application Date:
Name of Event:
Applicant Name and Title:
Organization:
Address:
City: State: Zip Code:
Daytime Phone: Cell: Email :
Organization/Business Type: For-Profit. Event proceeds go to:
Non-Profit. (Proof must be attached)
Individual

Sales and Use Tax Permit #, if applicable: (Please attach copy of permit)

Briefly describe your event. Be sure to include the purpose of the event and other planned activities:

Three horizontal lines for describing the event.

Event Information & Location

Event Date(s): Event Location:

Description of Event:

Is this a first-time event? Yes No

Is this event open to the general public? Yes No

Is there a public participant fee? Yes No

Event Size:

Estimated Attendance:

Number of Staff:

Number of Volunteers:

Number of Merchandise Vendors:

Number of Food/Beverage Vendors:

Peak Attendance (estimated):

Number:

Date:

Time:

Event Move-in and Set-up (first day):

Date:

Start Time:

End Time:

Event Dates and Time Frame:

Date: _____ Start Time: _____ End Time: _____
Date: _____ Start Time: _____ End Time: _____
Date: _____ Start Time: _____ End Time: _____

Event Move-out and Clean Up (final day):

Date: _____ Start Time: _____ End Time: _____

Event Day "on-site" Contact Name: _____ Phone: _____

Event Components (please check all that apply):

- Animals Aircraft Bike Race
Car Show Carnival Concert/Music Event
Cook-off Demonstration or Rally Fair/Festival
Family Reunion Fireworks Fundraiser
Historical Re-Enactment Parade Race
Sporting Event/Tournament Trade Show or Art show Wedding
Other: _____

City Facilities to be used:

- Amphitheater Childers Park Falls Creek Skate Park
Johnson Park Johnson Ball Field Lakeside Park
Lakeside Pavilion Rotary Fields The Greens
Westside Park Westside Community Hall Other _____

Are you requesting any street closures or to block City owned property? Yes No

If yes, please submit a street closure plan and map with application.

Pavement Markings: Are you requesting to mark any pavement? Yes No

If yes, please describe the materials and supplies you are requesting to mark the pavement:

When and how will the markings be removed? _____

Parking Arrangements:

What type of parking will be utilized by this event? Onsite Off-site Both

If off-site and parking is on private property, applicant must submit a letter of approval from property owner.

Will you have parking attendants? Yes, If yes, how many? No

How will attendees be transferred from off-site parking to the event area and returned?

Has Insurance been obtained for this event? Yes No. If yes, please attach a copy to application.

Event Communications and Security

During the event, what form of communication systems will be used for the following:

Event Management (internal): _____

Public Address (external): _____

What security/law enforcement agency(s) have you hired for your event? _____

Contact Name: _____ Phone: _____

Please list the dates and times security will be present:

Date: _____

Time Frame: _____

Date: _____

Time Frame: _____

Date: _____

Time Frame: _____

Promotional Information

Event Website: _____

Event Information Phone: _____

Equipment, Activities and Amusements

The following equipment, activities and/or amusements will be at the event:

Generators: quantity _____ and size(s) _____

Temporary Structures: quantity _____ and size(s) _____

Will the structures have sides? Yes No If yes, how many sides will be closed? _____

How will tents/canopies be secured? _____

Stage: quantity _____ and size(s) _____

Please check all that apply:

Amplified Sound

Amusement Rides*

Barricades

Bleachers

BBQ Pits/Propane

Chairs

Dance Floor

DJ/Live Music

Drone

Fencing

Fryer

Fresh Water Connection

Inflatables**

Light Towers

Tables

Open Flames

Petting Zoo/Animals

Parked cars for display

Sale of Merchandise

Signs/Banners

Other: _____

*Name of company providing amusement rides: _____

Contact Name: _____ Phone: _____

**Name of company providing inflatables: _____

Contact Name: _____ Phone: _____

Utilities, Restrooms, and Hand-Washing Stations

Will you need use of electricity? Yes* 220V 110V No electricity needed

*If yes, what will electricity be used for? _____

Will you need access to water? Yes* No water needed

*If yes, what will water be used for? _____

Please indicate the number of portable restrooms and handwashing stations you will have at your event
Include delivery date, pick-up date and contact information below.

___ # of regular portable restrooms ___ # of ADA portable restrooms ___ # of handwashing stations

*Equipment will be delivered: _____ (date) at _____ (time)
*Equipment will be picked up: _____ (date) at _____ (time)
Sanitation Company Name: _____ Phone: _____
If and when will items be serviced and how often? _____

Clean-up, Trash-Collecting and Recycling

Contact name responsible for event clean-up: _____ Phone: _____
Will a dumpster(s) be delivered? Yes When? _____ (date and time) No
What size dumpster(s)? _____
Will you have temporary trash cans throughout the event grounds? Yes No
What provisions will be made for recycling? _____

First Aid and Emergency Vehicle Access

Will your event have a first aid station? Yes No
Company/Organization Name: _____
Contact Person: _____ Phone: _____
Events will not be permitted without emergency vehicle access. This access must be available at all times.
Events are subject to permit revocations if emergency access lanes are not provided for. Have you reviewed your layout to verify emergency vehicle access? Yes No

Food and Beverage

Please check all that apply:

<input type="checkbox"/> No food or beverages at this event	<input type="checkbox"/> Event will sell alcohol*
<input type="checkbox"/> Sale of food**/beverages	<input type="checkbox"/> Event will distribute alcohol at no charge*
<input type="checkbox"/> Distribution of food**/beverages	<input type="checkbox"/> Event will be B.Y.O.B.*
	<input type="checkbox"/> Event will not have alcohol

*Please indicate what type of alcohol will be present:
 Beer Wine Mixed Beverages

*Who will provide alcohol? _____

*Who holds the TABC permit for your event? _____

**State of Texas Health Permit/Mobile Food Vendor Permit must be attached for food sales.

Races, Runs, and Walks

Are you requesting any street closures for your route? Yes No
On-site Registration will begin at: _____ am/pm at _____ (location)
Starting time (if staggered, please enter all and explain): _____
Describe your route, including starting point and disbanding area: (Please attached a route map to application)
Start: _____ (location)
Disband: _____ (location)

Parades

Parade Staging will begin at: _____ am/pm at _____ (location)

Start: _____ (location)

Disband: _____ (location)

(Please attached a route map to application)

Estimated number of expected participants: _____

Estimated number of motorized vehicles or floats: _____

Estimated number of marching units: _____

Will your parade allow animals? Yes No If yes, what type? _____

How will you clean up animal waste? _____

Is there anything else you would like to tell us about your event?

I, the undersigned, do hereby make application to the City of Marble Falls to approve the subject Special Event Permit. I hereby certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I agree to provide all the information that is required by the City during the permit review process in order that a complete evaluation can be made of this application.

I hereby understand and accept all conditions imposed by the issuance of this special event permit.

Applicant's Signature

Date

Print Name

Title

FOR CITY USE ONLY:

Date Received: _____

Date Save the Date Deposit Paid: _____

Date Emailed to Committee for Review: _____

ATTACHMENTS:

- Street Closure Plan Site Map Non-Profit Private Property - Owner Approval
- Insurance Parades/Races/Runs/Walks – Route Map Sales Tax Use Certificate TABC Permit
- Public Safety Plan Downtown Street Banner Request Health Permit/Mobile Food Vendor Permit
- Other: _____

Date of First Meeting: _____

Approved: Yes No Give Reason for Denial: _____

Date Permit Issued: _____ Fee: _____ Date Fee Paid: _____