



SPECIAL EVENT APPLICATION

CITY OF GALVESTON PARKS & RECREATION DEPARTMENT

**2222 28TH STREET, GALVESTON, TEXAS 77550
OFFICE: (409) 797-3700 / FAX: (409) 877-1553**

CITY OF GALVESTON SPECIAL EVENT APPLICATION

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EVENT INFORMATION / SUMMARY – ATTACHMENT A

EVENT TITLE: _____

EVENT DATE(S): _____

EVENT CATEGORY:

<input type="checkbox"/> RUN / WALK*	<input type="checkbox"/> STREET FAIR / FESTIVAL	<input type="checkbox"/> PARADE / PROCESSION
<input type="checkbox"/> BIKE TOUR / RACE*	<input type="checkbox"/> COMMUNITY EVENT	<input type="checkbox"/> OUTDOOR EXHIBIT
<input type="checkbox"/> COOKING CONTEST	<input type="checkbox"/> CIRCUS / CARNIVAL	<input type="checkbox"/> OTHER: _____

* PLEASE BE AWARE IF YOU ARE HAVING A RUN/WALK, BIKE TOUR/RACE, OR ANY OTHER EVENT THE CITY OF GALVESTON DEEMS APPLICABLE, YOU WILL BE REQUIRED TO PLACE AT LEAST ONE DIGITAL MESSAGE BOARD ALERT SIGN WITHIN THE ROUTE AREA NOTIFYING THE COMMUNITY OF THE EVENT ONE WEEK PRIOR TO YOUR EVENT.

DESCRIPTION OF EVENT: _____

ANTICIPATED ATTENDANCE: **TOTAL:** _____ **PER DAY:** _____
TOTAL NUMBER OF PEOPLE EXPECTED, INCLUDING SPECTATORS AND PARTICIPANTS

ANTICIPATED PARTICIPANTS: **TOTAL:** _____ **PER DAY:** _____
TOTAL NUMBER OF REGISTRANTS (OR FLOATS/UNITS IF PARADE/PROCESSION)

SETUP BEGINS: **DATE:** _____ **TIME:** _____ (AM / PM)

EVENT STARTS: **DATE:** _____ **TIME:** _____ (AM / PM)

EVENT ENDS: **DATE:** _____ **TIME:** _____ (AM / PM)

DISMANTLE: **DATE:** _____ **TIME:** _____ (AM / PM)

EVENT LOCATION(S): _____

STAGING LOCATION(S): _____

PLEASE LIST ANY STREET(S) OR LANE(S) REQUIRING CLOSURE AS A RESULT OF THIS EVENT. PLEASE INCLUDE STREET NAME(S), AS WELL AS A DATE AND TIME FOR THE CLOSING AND REOPENING OF EACH:

IF YOUR EVENT INVOLVES THE USE OF SEAWALL BLVD – PLEASE BE AWARE THE COST OF EACH PARKING SPACE BLOCKED DURING THE EVENT WILL BE CHARGED TO THE SPONSORING ORGANIZATION. CURRENTLY, THE COST IS \$1.00/HOUR FROM 10:00 AM TO 6:00 PM, SEVEN DAYS A WEEK. THIS WILL BE INVOICED BY THE PARK BOARD OF TRUSTEES, ON BEHALF OF THE CITY OF GALVESTON.

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EVENT INFORMATION / SUMMARY – ATTACHMENT A (CONTINUED)

HAVE WE APPROVED THIS EVENT IN THE PAST?: YES NO

IF YES, ARE THERE ANY CHANGES FROM PRIOR YEARS? HOW MANY YEARS HAVE YOU BEEN HOLDING THIS EVENT?:

SITE PLAN / ROUTE MAP

YOUR EVENT SITE PLAN / ROUTE MAP SHOULD BE SUBMITTED WITH THIS APPLICATION AND INCLUDE BUT NOT BE LIMITED TO:

- AN OUTLINE OF THE ENTIRE EVENT VENUE INCLUDING THE NAMES OF ALL STREETS OR AREAS THAT ARE PART OF THE VENUE AND THE SURROUNDING AREA. IF THE EVENT INVOLVES A MOVING ROUTE OF ANY KIND, INDICATE THE DIRECTION OF TRAVEL AND ALL STREET OR LANE CLOSURES.
- THE LOCATION OF FIRST AID FACILITIES AND AMBULANCES.
- THE LOCATION OF ALL STAGES, PLATFORMS, CANOPIES, BOOTHS, PORTABLE TOILETS, COOKING AREAS, TRASH CONTAINERS AND DUMPSTERS, GENERATORS, FENCING, BARRIERS OR ANY OTHER TEMPORARY STRUCTURES.
- ENTRANCE AND EXIT LOCATIONS FOR OUTDOOR EVENTS THAT ARE FENCED OR ENCLOSED.
- IDENTIFICATION OF ALL EVENT COMPONENTS THAT MEET ACCESSIBILITY STANDARDS.
- OTHER RELATED EVENT COMPONENTS NOT LISTED ABOVE.

IMPORTANT PLEASE REMEMBER THAT A MINIMUM OF TWENTY FEET (20') IS REQUIRED FOR EMERGENCY VEHICLE/PERSONNEL ACCESS. PLEASE REFRAIN FROM ADVERTISING OR PUBLICIZING EVENT MAPS AND/OR ROUTES UNTIL YOU HAVE RECEIVED NOTIFICATION THAT THE MAPS AND/OR ROUTES HAVE BEEN FORMALLY APPROVED.

CONTACTS

HOST ORGANIZATION: _____

PUBLIC CONTACT (*REQUIRED*) NAME: _____

TELEPHONE: _____

EMAIL (IF YOU WISH TO PROVIDE IT): _____

NON-PUBLIC CONTACT NAME: _____

(IF DIFFERENT THAN PUBLIC CONTACT) **TELEPHONE:** _____

MEDIA CONTACT NAME: _____

(IF DIFFERENT THAN PUBLIC CONTACT) **TELEPHONE:** _____

THE APPLICANT ACKNOWLEDGES AND AGREES TO ALLOW THE CITY OF GALVESTON TO PUBLISH THE CONTACT PERSON AND MEDIA REFERRAL TELEPHONE NUMBERS ON THE INTERNET IN CONJUNCTION WITH THE CALENDAR OF UPCOMING EVENTS ON THE CITY OF GALVESTON'S WEBSITE, AS WELL AS ON THE PARK BOARD OF TRUSTEES/GALVESTON ISLAND CONVENTION & VISITORS BUREAU'S WEBSITE. IF YOU HAVE A WEBSITE AND WOULD LIKE US TO LINK THROUGH OUR CALENDAR, PLEASE PROVIDE THE INTERNET ADDRESS BELOW.

EVENT WEBSITE/HOME PAGE: _____

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APPLICANT & HOST ORGANIZATION INFORMATION – ATTACHMENT B

REQUIRED A WRITTEN COMMUNICATION FROM THE CHIEF OFFICER OF THE HOST ORGANIZATION AUTHORIZING THE APPLICANT AND/OR PROFESSIONAL EVENT ORGANIZER TO APPLY FOR THIS SPECIAL EVENT PERMIT ON THEIR BEHALF MUST BE SUBMITTED WITH YOUR PERMIT APPLICATION.

HOST ORGANIZATION: _____

CHIEF OFFICER OF HOST ORGANIZATION: _____

APPLICANT NAME: _____

ADDRESS: STREET: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: MAIN: _____ **ALTERNATE:** _____

EMAIL: _____

ORGANIZATION STATUS / PROCEEDS / REPORTING – ATTACHMENT C

DOES YOUR EVENT TAKE PLACE ON A CITY STREET OR RIGHT-OF-WAY? YES NO

IF YES, WILL THERE BE AN ENTRY FEE FOR YOUR EVENT? YES NO
(THIS INCLUDES CHARGING ADMISSION TO ENTER AN AREA OR CHARGING A REGISTRATION FEE TO PARTICIPANTS)

***REQUIRED* IF YES,** PER CITY ORDINANCE 16-040, THE ORGANIZER OR PROMOTER IS REQUIRED TO COLLECT A ONE DOLLAR (\$1.00) ENTRY FEE FOR ALL EVENTS TAKING PLACE ON CITY STREETS AND RIGHT-OF-WAYS. THE ORGANIZER OR PROMOTER MUST SUBMIT A PHYSICAL AND ELECTRONIC COPY OF THE DOCUMENTATION FOR THE NUMBER OF ENTRIES AT THE EVENT AND FORWARD THE DOCUMENTATION AND ENTRY FEES TO THE CITY OF GALVESTON WITHIN THIRTY (30) DAYS OF THE END OF THE EVENT. ORGANIZATIONS WHICH ARE REGISTERED NOT FOR PROFIT CORPORATIONS AND EXPEND SEVENTY FIVE PERCENT (75%) OF THE GROSS PROCEEDS FROM THE EVENT FOR CHARITABLE PURPOSES WILL BE EXEMPT FROM THIS FEE. TO QUALIFY FOR EXEMPTION STATUS, YOU WILL NEED TO REQUEST AN ENTRY FEE EXEMPTION WAIVER REQUEST APPLICATION FROM THE SPECIAL EVENTS COORDINATOR AND SUBMIT THE COMPLETED FORM AT LEAST TEN (10) DAYS PRIOR TO THE START OF YOUR EVENT.

IS YOUR ORGANIZATION CONSIDERED "TAX EXEMPT / NON-PROFIT"? YES NO

***REQUIRED* IF YES,** PLEASE ATTACH TO THIS APPLICATION A COPY OF YOUR IRS 501(C) TAX EXEMPTION LETTER PROVIDING PROOF AND CERTIFYING YOUR CURRENT TAX EXEMPT, NONPROFIT STATUS.

ESTIMATED GROSS RECEIPTS*: _____ \$

*PLEASE INCLUDE TICKET, ENTRY, VENDOR, PRODUCT & SPONSORSHIP SALES FROM THIS EVENT & EXPLAIN HOW THIS AMOUNT WAS COMPUTED:

ESTIMATED EXPENSES FOR THIS EVENT: _____ \$

PROJECTED REVENUE OR NET DOLLAR AMOUNT THE HOST ORGANIZATION WILL RECEIVE FROM THIS EVENT: _____ \$

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SECURITY PLAN – ATTACHMENT D

YOU ARE REQUIRED TO HAVE A SECURITY PLAN FOR YOUR EVENT UNLESS SPECIAL PERMISSION IS GIVEN BY THE GALVESTON POLICE DEPARTMENT (GPD), THE CITY MANAGER, OR THE CITY MANAGER'S DESIGNEE. IF YOU HAVE NOT ALREADY ARRANGED FOR A SECURITY ORGANIZATION TO HANDLE THIS EVENT, YOU WILL HAVE THE OPPORTUNITY TO HIRE OFF-DUTY MEMBERS OF THE GALVESTON POLICE DEPARTMENT (GPD). MORE INFORMATION IS AVAILABLE UPON REQUEST.

WILL YOU OR HAVE YOU HIRED OFF-DUTY OFFICERS FROM GPD? YES NO

WILL YOU OR HAVE YOU HIRED A PROFESSIONAL SECURITY ORGANIZATION? YES NO

***REQUIRED* IF YES:** PLEASE ATTACH YOUR SECURITY PLAN FROM THE ORGANIZATION YOU ARE WORKING WITH FOR REVIEW BY THE GALVESTON POLICE DEPARTMENT (GPD). GPD HAS THE AUTHORITY TO MAKE SUGGESTIONS, ISSUE REQUIREMENTS AND ULTIMATELY ACCEPT OR DENY YOUR SECURITY PLAN.

SECURITY ORGANIZATION: _____

ADDRESS: STREET: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT NAME: _____

BUSINESS PHONE: _____ **EMAIL:** _____

MEDICAL PLAN – ATTACHMENT E

YOU MAY BE REQUIRED TO HAVE A MEDICAL PLAN FOR YOUR EVENT. IF YOU HAVE NOT ALREADY ARRANGED FOR FIRST AID STAFFING OR HIRED A CERTIFIED MEDICAL ORGANIZATION TO HANDLE THIS EVENT, YOU WILL HAVE THE OPPORTUNITY TO HIRE THE GALVESTON AREA AMBULANCE AUTHORITY (GAAA/EMS). MORE INFORMATION IS AVAILABLE UPON REQUEST.

WILL YOU OR HAVE YOU HIRED GAAA/EMS? YES NO

WILL YOU OR HAVE YOU HIRED A CERTIFIED MEDICAL ORGANIZATION? YES NO

***REQUIRED* IF YES: MEDICAL ORGANIZATION:** _____

ADDRESS: STREET: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT NAME: _____

BUSINESS PHONE: _____ **EMAIL:** _____

PLEASE DESCRIBE OR ATTACH THE ARRANGEMENTS YOU HAVE MADE FOR FIRST AID STAFFING & EQUIPMENT:

IF NO TO EITHER QUESTION, PLEASE EXPLAIN YOUR PLAN IN THE EVENT OF A MEDICAL SITUATION AT YOUR EVENT:

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ACCESSIBILITY PLAN – ATTACHMENT F

THIS CHECKLIST SERVES AS A PLANNING GUIDELINE AND MAY NOT BE INCLUSIVE OF ALL CITY, COUNTY, STATE AND FEDERAL ACCESS REQUIREMENTS. IT IS THE APPLICANT'S RESPONSIBILITY TO COMPLY WITH ALL ACCESSIBILITY REQUIREMENTS APPLICABLE TO THIS EVENT. YOU MAY ATTACH MORE DETAILED INFORMATION IF NECESSARY.

WILL THERE BE A CLEAR PATH OF TRAVEL THROUGHOUT YOUR EVENT VENUE? YES NO

PLEASE DESCRIBE: _____

HAVE YOU DEVELOPED A DISABLED PARKING AND/OR TRANSPORTATION PLAN (INCLUDING THE USE OF PUBLIC TRANSPORTATION OR SHUTTLE SERVICES) FOR YOUR EVENT? YES NO

PLEASE DESCRIBE: _____

WILL YOUR EVENT INVOLVE THE USE OF A PARKING AND/OR SHUTTLE PLAN? YES NO

PLEASE DESCRIBE: _____

IS YOUR EVENT TAKING PLACE AT NIGHT AND WHILE OUTDOORS? YES NO

IF YES, PLEASE DESCRIBE HOW THE EVENT AND SURROUNDING AREA WILL BE ILLUMINATED TO ENSURE THE SAFETY OF THE PARTICIPANTS AND SPECTATORS: _____

REQUIRED UNLESS THE APPLICANT CAN SUBSTANTIATE THE AVAILABILITY OF BOTH ADA ACCESSIBLE AND NON-ACCESSIBLE FACILITIES IN THE IMMEDIATE AREA OF THE EVENT SITE AVAILABLE TO THE PUBLIC DURING THE EVENT, THE CITY WILL DETERMINE THE TOTAL NUMBER OF PORTABLE TOILET FACILITIES ON A CASE-BY-CASE BASIS.

DO YOU PLAN TO USE PERMANENT AND/OR PORTABLE TOILET FACILITIES AT YOUR EVENT? YES NO

IF YES: **TOTAL NUMBER OF PERMANENT TOILET FACILITIES:** _____

LOCATED AT: _____

TOTAL NUMBER OF PORTABLE/TEMPORARY TOILET FACILITIES: _____

TOILET FACILITY COMPANY: _____

TOILET FACILITY COMPANY CONTACT NUMBER: _____

TOTAL NUMBER OF ADA ACCESSIBLE TOILET FACILITIES: _____

A MINIMUM OF 10% OF THE TOILET FACILITIES AT YOUR EVENT SHOULD BE ADA ACCESSIBLE.

IF NO: **PLEASE EXPLAIN:** _____

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ENTERTAINMENT & RELATED ACTIVITIES – ATTACHMENT G

PER CITY ORDINANCE NO. 15-035, THE MAXIMUM PERMISSIBLE SOUND LEVEL IS 75 DB(A) DURING DAYTIME HOURS (7:00 A.M. TO 10:00 P.M.) AND 70 DB(A) DURING NIGHTTIME HOURS (10:00 PM TO 7:00 P.M.)

ARE THERE ANY MUSICAL ENTERTAINMENT FEATURES RELATED TO YOUR EVENT?

YES NO

WILL SOUND AMPLIFICATION BE USED?

YES NO

IF YES:

YOU WILL NEED TO COMPLETE A SEPARATE "LOUDSPEAKER PERMIT APPLICATION" IN ADDITION TO THIS FORM. YOU MAY REQUEST THIS APPLICATION FROM THE SPECIAL EVENT COORDINATOR. THIS FEE IS \$25.00 / QUARTER.

PLEASE COMPLETE THE FOLLOWING INFORMATION OR PROVIDE AN ATTACHMENT LISTING ALL BANDS AND / OR PERFORMERS, TYPE OF MUSIC, SOUND CHECK AND PERFORMANCE SCHEDULE.

NUMBER OF STAGES: _____

NUMBER OF PERFORMERS / BANDS: _____

PERFORMER(S) / BAND NAME & MUSIC TYPE: _____

PERFORMANCE DATE(S): _____

START TIME: _____ (AM / PM) **FINISH TIME:** _____ (AM / PM)

WILL SOUND CHECKS BE CONDUCTED PRIOR TO THE EVENT? YES NO

IF YES: **START TIME:** _____ (AM / PM) **FINISH TIME:** _____ (AM / PM)

PLEASE DESCRIBE THE SOUND EQUIPMENT THAT WILL BE USED: _____

WILL INFLATABLES, HOT AIR BALLOONS OR SIMILAR DEVICES BE USED AT YOUR EVENT? YES NO

IF YES, PLEASE DESCRIBE: _____

WILL ANY FIREWORKS, ROCKETS, LASERS, OR OTHER PYROTECHNICS BE USED AT YOUR EVENT? YES NO

IF YES, PLEASE DESCRIBE: _____

WILL ANY SIGNS, BANNERS, DECORATIONS, OR SPECIAL LIGHTING BE USED AT YOUR EVENT? YES NO

IF YES, PLEASE DESCRIBE: _____

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CONCESSIONAIRES / VENDORS – ATTACHMENT H

THIS CHECKLIST SERVES AS A PLANNING GUIDELINE AND MAY NOT BE INCLUSIVE OF ALL CITY, COUNTY, STATE AND FEDERAL REQUIREMENTS. IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE COMPLIANCE WITH ALL CONCESSIONAIRE AND VENDOR REQUIREMENTS APPLICABLE TO THIS EVENT. YOU MAY ATTACH MORE DETAILED INFORMATION IF NECESSARY.

WILL YOUR EVENT INVOLVE THE SALE OF ALCOHOLIC BEVERAGES? YES NO

IF YES, PLEASE DESCRIBE: _____

IMPORTANT GLASS CONTAINERS ARE STRICTLY PROHIBITED. THE APPLICANT ALONE IS RESPONSIBLE FOR ENSURING THE SAFE SALE OR DISTRIBUTION OF ALCOHOL AT THE EVENT, AND FOR COMPLIANCE WITH ALL APPLICABLE LAWS, RULES, AND REGULATIONS; THE CITY OF GALVESTON ASSUMES NO RESPONSIBILITY FOR ESTABLISHING COMPLIANCE OF TEXAS ALCOHOLIC BEVERAGE COMMISSION (TABC) PROCEDURES AND REQUIREMENTS.

DOES YOUR EVENT INCLUDE FOOD CONCESSIONS? YES NO

IF YES, PLEASE BE AWARE YOU WILL BE REQUIRED TO OBTAIN A PERMIT FROM THE GALVESTON COUNTY HEALTH DISTRICT IF YOU INTEND TO SELL FOOD OF ANY KIND. PLEASE DESCRIBE OR ATTACH A DETAILED DESCRIPTION OF WHAT TYPE OF FOOD IS INVOLVED AND HOW IT WILL BE SERVED:

DOES YOUR EVENT INCLUDE FOOD PREPARATION AREAS? YES NO

IF YES, PLEASE DESCRIBE OR ATTACH A DETAILED DESCRIPTION OF HOW THE FOOD WILL BE PREPARED:

DO YOU INTEND TO COOK FOOD IN THE EVENT AREA? YES NO

IF YES, PLEASE SPECIFY METHOD: GAS ELECTRIC CHARCOAL OTHER

IF OTHER, PLEASE DESCRIBE: _____

WILL ITEMS OR SERVICES BE SOLD AT YOUR EVENT? YES NO

IF YES, PLEASE DESCRIBE: _____

SANITATION & RECYCLING – ATTACHMENT I

REQUIRED THE APPLICANT IS RESPONSIBLE FOR PROPER DISPOSAL OF WASTE AND GARBAGE THROUGHOUT THE TERM OF YOUR EVENT. A **\$1,000.00 CLEAN-UP DEPOSIT IS REQUIRED.** IF THE EVENT AREA IS RETURNED TO A CLEAN CONDITION IMMEDIATELY UPON CONCLUSION OF YOUR EVENT, YOU ARE ELIGIBLE TO RECEIVE THIS DEPOSIT BACK. IF YOUR EVENT REQUIRES STREET SWEEPING AFTER CLEAN-UP, AND PRIOR ARRANGEMENTS FOR SWEEPING HAVE NOT BEEN MADE, THE CITY WILL CHARGE FOR THIS SERVICE. THE CITY STRONGLY DISCOURAGES SINGLE-USE PLASTIC BAGS. PLEASE JOIN OUR EFFORTS TO REDUCE THE AMOUNT OF WASTE AND LITTER THAT ENDS UP IN OUR OCEANS.

NUMBER OF TRASH CANS: _____ **NUMBER OF TRASH CANS WITH LIDS:** _____

NUMBER OF DUMPSTERS WITH LIDS: _____ **NUMBER OF RECYCLING CONTAINERS:** _____

^ ***REQUIRED*** ONE (1) FOR EVERY INCREMENT OF 400 PEOPLE.

SANITATION COMPANY: _____ **CONTACT NUMBER:** _____

PLEASE DESCRIBE OR ATTACH A DETAILED DESCRIPTION OF YOUR PLAN FOR CLEAN-UP AND REMOVAL OF WASTE AND GARBAGE DURING AND AFTER THE EVENT: _____

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MARKETING & MITIGATION OF IMPACT – ATTACHMENT J

PLEASE DESCRIBE YOUR PLAN(S) TO NOTIFY ALL RESIDENTS, BUSINESSES, PLACES OF WORSHIP, SCHOOLS, AND OTHER ENTITIES IN THE COMMUNITY THAT MAY BE IMPACTED BY YOUR EVENT:

IMPORTANT PLEASE KEEP IN MIND THAT IF YOU ARE HOSTING A RUN/WALK, BIKE TOUR/RACE, OR ANY OTHER EVENT THE CITY OF GALVESTON DEEMS APPLICABLE, YOU WILL BE REQUIRED TO PLACE AT LEAST ONE DIGITAL MESSAGE BOARD ALERT SIGN WITHIN THE ROUTE AREA NOTIFYING THE COMMUNITY OF THE EVENT AT LEAST ONE WEEK PRIOR TO YOUR EVENT.

IF APPLICABLE, AT WHAT LOCATION DO YOU INTEND TO PLACE YOUR DIGITAL MESSAGE ALERT SIGN?: _____

WILL THIS EVENT BE MARKETED, PROMOTED, OR ADVERTISED IN ANY MANNER? YES NO

IF YES, PLEASE DESCRIBE: _____

WILL THERE BE LIVE MEDIA COVERAGE DURING THE EVENT? YES NO

IF YES, PLEASE DESCRIBE: _____

INSURANCE REQUIREMENTS – ATTACHMENT K

REQUIRED INSURANCE FOR YOUR EVENT WILL BE REQUIRED BEFORE FINAL PERMIT APPROVAL IS GIVEN. INSURANCE COVERAGE MUST BE MAINTAINED FOR THE DURATION OF THE EVENT, INCLUDING SET UP AND TEAR DOWN DATES. THE APPLICANT MUST OBTAIN COMMERCIAL GENERAL LIABILITY INSURANCE THAT NAMES THE CITY AND ANY OTHER ENTITIES IMPACTED BY THIS EVENT AS AN "ADDITIONAL INSURED." **THE CITY'S RISK MANAGEMENT DEPARTMENT HAS FINAL AUTHORITY REGARDING THE INSURANCE COVERAGE AND LIMITS FOR THE SPECIAL EVENT AND CAN REQUIRE INSURANCE COVERAGE FROM OTHER SERVICE PROVIDERS; PLACE REQUIREMENTS ON EVENT COMPONENTS AND/OR MODIFY EVENT COMPONENTS IN A SPECIAL EVENT DUE TO THE UNIQUE NATURE OR RISK OF A PARTICULAR EVENT OR EVENT COMPONENT; AND REQUIRE PARTICIPANT WAIVERS.**

CERTIFICATES OF INSURANCE MUST REFLECT:
COMMERCIAL GENERAL LIABILITY WITH LIMITS OF:

- \$1 MILLION PER OCCURRENCE
- \$2 MILLION GENERAL AGGREGATE

WORKERS' COMPENSATION WITH LIMITS OF:
• \$1 MILLION (REQUIRED IF THE INSURED HAS PAID EMPLOYEES)

LIQUOR LIABILITY
• REQUIRED IF ALCOHOL WILL BE CONSUMED AT THE EVENT

CERTIFICATE HOLDER MUST REFLECT:

THE CITY OF GALVESTON
SPECIAL EVENTS COORDINATOR
P.O. BOX 779
GALVESTON, TEXAS, 77553

NAME OF INSURANCE AGENCY: _____

ADDRESS: STREET: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: MAIN: _____ ALTERNATE: _____

CONTACT NAME: _____ POLICY TYPE: _____

POLICY NUMBER: _____ POLICY AMOUNT: _____

PLEASE OBTAIN AND ATTACH A "CERTIFICATE OF INSURANCE" (COI) REFLECTING THE ABOVE AND NAMING THE CITY OF GALVESTON AS AN ADDITIONAL INSURED.

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AFFIDAVIT OF APPLICANT

I CERTIFY THAT THE INFORMATION CONTAINED IN THE FOREGOING APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE RULES AND REGULATIONS GOVERNING THE PROPOSED SPECIAL EVENT UNDER THE CITY OF GALVESTON MUNICIPAL CODE AND I UNDERSTAND THAT THIS APPLICATION IS MADE SUBJECT TO THE RULES AND REGULATIONS ESTABLISHED BY THE CITY COUNCIL AND/OR THE CITY MANAGER OR THE CITY MANAGER'S DESIGNEE. I AGREE TO ABIDE BY THESE RULES, AND FURTHER CERTIFY THAT I, ON BEHALF OF THE HOST ORGANIZATION, AM ALSO AUTHORIZED TO COMMIT THAT ORGANIZATION, AND THEREFORE AGREE TO BE FINANCIALLY RESPONSIBLE FOR ANY COST AND FEES THAT MAY BE INCURRED BY OR ON BEHALF OF THE EVENT TO THE CITY OF GALVESTON. THE APPLICANT FURTHER ACKNOWLEDGES THAT SUBMITTAL OF THIS APPLICATION DOES NOT ENTITLE THE APPLICANT OR ORGANIZATION TO HOLD THE EVENT, AND THAT THEY MUST OBTAIN PERMISSION FROM THE CITY OF GALVESTON TO DO SO.

PRINT NAME OF APPLICANT / HOST ORGANIZATION: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

PRINT NAME OF PROFESSIONAL EVENT ORGANIZER: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

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SPECIAL EVENT APPLICATION FAQ

WHAT IS THE TOTAL COST I WILL END UP PAYING?

HERE IS A LIST OF FEES THAT MAY BE APPLICABLE TO YOUR EVENT:

SPECIAL EVENT APPLICATION / PERMIT FEE:	\$	200.00
LOUDSPEAKER APPLICATION / PERMIT FEE:	\$	25.00
CLEAN-UP DEPOSIT (REFUNDABLE):	\$	1,000.00

SHOULD YOUR EVENT REQUIRE A LANE OR ROAD CLOSURE, OR TRAFFIC EQUIPMENT SET-UP, ADDITIONAL FEES (SALARY/LABOR AND EXPENSE REIMBURSEMENTS) WILL VARY AND YOU SHOULD REQUEST A COST ESTIMATE FROM THE SPECIAL EVENTS COORDINATOR.

SHOULD YOUR EVENT REQUIRE SECURITY, AND YOU HAVE HIRED OR INTEND TO HIRE THE GALVESTON POLICE DEPARTMENT, ADDITIONAL FEES WILL VARY BASED ON THE AMOUNT OF PERSONNEL AND HOURS NEEDED DURING THE COURSE OF THE EVENT. YOU WILL BE PROVIDED AN ESTIMATE FROM THE GALVESTON POLICE DEPARTMENT UPON REQUEST.

ADDITIONAL FEES TO CONSIDER WHEN PLANNING YOUR EVENT INCLUDE THE COST OF INSURANCE, AND ANY OTHER PERMITS OR REQUESTS REQUIRED FROM ENTITIES OUTSIDE OF THE CITY OF GALVESTON.

WHEN IS PAYMENT DUE?

YOU WILL BE INVOICED FOR THE SERVICES OR PERMITS REQUESTED AFTER YOUR APPLICATION HAS BEEN SUBMITTED. PAYMENT MUST BE RECEIVED BY THE SPECIAL EVENTS COORDINATOR NO LATER THAN 1 WEEK PRIOR TO THE START OF YOUR EVENT. IF THE COST ESTIMATE YOU ARE PROVIDED IS DIFFERENT FROM THE ACTUAL/FINAL AMOUNT, YOU WILL BE BILLED FOR OR REFUNDED THE REMAINING AMOUNT POST-EVENT.

WHEN DO I NEED TO SUBMIT MY SPECIAL EVENT APPLICATION BY?

A COMPLETED APPLICATION MAY BE FILED AS EARLY AS 180 DAYS BEFORE THE EVENT, BUT MUST BE RECEIVED NO LATER THAN 75 DAYS BEFORE THE ACTUAL EVENT DATE.

FOR MORE INFORMATION ON THE SPECIAL EVENT PERMIT PROCESS, PLEASE REFER TO THE CITY OF GALVESTON'S SPECIAL EVENT PERMIT APPLICATION GUIDELINES. A COPY OF THESE GUIDELINES IS AVAILABLE UPON REQUEST. YOU MAY ALSO CONTACT THE SPECIAL EVENTS COORDINATOR IF YOU HAVE ANY ADDITIONAL QUESTIONS OR CONCERNS.

SPECIAL EVENT APPLICATION CHECKLIST

THANK YOU FOR COMPLETING YOUR SPECIAL EVENT PERMIT APPLICATION. BEFORE YOU SUBMIT YOUR APPLICATION TO THE CITY OF GALVESTON, PLEASE MAKE SURE THAT THE FOLLOWING STEPS HAVE BEEN COMPLETED:

HAVE YOU?

- SIGNED AND DATED YOUR APPLICATION?
- ATTACHED A WRITTEN COMMUNICATION FROM THE CHIEF OFFICER OF THE HOST ORGANIZATION AUTHORIZING THE APPLICANT AND/OR PROFESSIONAL EVENT ORGANIZER TO APPLY FOR THIS SPECIAL EVENT PERMIT ON THEIR BEHALF?
- ATTACHED YOUR SITE PLAN / ROUTE MAP?
- ATTACHED A COPY OF YOUR IRS 501(c) TAX EXEMPTION LETTER IF APPLICABLE?
- REQUESTED OR SUBMITTED AN EVENT ENTRY FEE EXEMPTION WAIVER APPLICATION IF APPLICABLE? (THIS MAY BE SUBMITTED AFTER THE APPLICATION HAS BEEN TURNED IN, BUT MUST BE RECEIVED AT LEAST 10 DAYS PRIOR TO THE EVENT BEGINNING).
- ATTACHED OR COMPLETED YOUR EVENT SECURITY PLAN?
- ATTACHED OR COMPLETED YOUR EVENT MEDICAL PLAN?
- ATTACHED OR COMPLETED YOUR ACCESSIBILITY AND/OR PARKING/SHUTTLE PLAN?
- REQUESTED OR SUBMITTED A LOUDSPEAKER PERMIT APPLICATION IF APPLICABLE? (THIS MAY BE SUBMITTED AFTER THE APPLICATION HAS BEEN TURNED IN, BUT MUST BE RECEIVED AT LEAST 10 DAYS PRIOR TO THE EVENT BEGINNING).
- ATTACHED OR COMPLETED YOUR CONCESSIONAIRES / VENDORS PLAN?
- ATTACHED OR COMPLETED YOUR SANITATION & RECYCLING PLAN?
- ATTACHED OR COMPLETED YOUR MARKETING AND/OR MITIGATION OF IMPACT PLAN?
- ATTACHED A CERTIFICATE OF INSURANCE LISTING THE CITY OF GALVESTON AS ADDITIONAL INSURED? (THIS MAY BE SUBMITTED AFTER THE APPLICATION HAS BEEN TURNED IN, BUT MUST BE RECEIVED AT LEAST 10 DAYS PRIOR TO THE EVENT BEGINNING).

SUBMIT YOUR COMPLETED PERMIT APPLICATION BY MAIL TO:

CITY OF GALVESTON
ATTN: SPECIAL EVENTS COORDINATOR
2222 28TH STREET
GALVESTON, TEXAS 77550

YOUR CONTACT AT THE CITY OF GALVESTON WILL BE:

MEGAN PIERCE, SPECIAL EVENTS COORDINATOR
2222 28TH STREET, GALVESTON, TEXAS 77550
OFFICE: (409) 797-3705 / FAX: (409) 877-1553
EMAIL: MPIERCE@GALVESTONTX.GOV

YOU MAY ALSO SUBMIT YOUR SPECIAL EVENT PERMIT APPLICATION AND ANY ATTACHMENTS TO THE EMAIL ABOVE.