



LEWISVILLE

Deep Roots. Broad Wings. Bright Future.

SPECIAL EVENT PERMIT APPLICATION

**APPLICATION MUST BE SUBMITTED FOR REVIEW AT LEAST
TWO (2) WEEKS PRIOR TO EVENT**

EVENT NAME: _____

EVENT ADDRESS: _____

EVENT DATE: _____

EVENT TIME: _____

**Please provide a copy of your insurance, which needs to include the
following in the Certificate Holder Box:
Additional Insured: City of Lewisville, its officers, agents, employees
and volunteers**

A COPY OF THE SPECIAL EVENT ORDINANCE IS AVAILABLE UPON REQUEST. IF YOU HAVE ANY QUESTIONS, STAFF IS READILY AVAILABLE TO HELP IN ANY WAY.

City of Lewisville
151 W. Church St
Lewisville, Texas 75057
Phone - 972-219-3470
Email - permitting@cityoflewisville.com

Revised: 04/17/2018

DEPARTMENT OF COMMUNITY DEVELOPMENT SPECIAL EVENT APPLICATION

DATE OF EVENT: _____ EVENT HOURS: _____

NAME OF EVENT: _____

ADDRESS OF EVENT: _____

CONTACT NAME: _____ CONTACT NO.: _____

EMAIL ADDRESS: _____

TYPE OF EVENT (IE. CARNIVAL, CIRCUS, OUTDOOR AMUSEMENT, 1 MILE/5 K RUN, ETC.):

BRIEF DESCRIPTION OF EVENT:

HOW MANY PEOPLE DO YOU EXPECT? _____ HOW MANY VEHICLES DO YOU EXPECT? _____

EVENT DAY EMERGENCY CONTACT NAME: _____ PHONE NO.: _____

NAME OF EVENT ORGANIZER: _____ PHONE NO.: _____

ADDRESS: _____

NAME OF EVENT CHAIRMAN: _____ PHONE NO.: _____

ADDRESS: _____

THE SPECIAL EVENT PERMIT IS A "STAND ALONE" PERMIT. ADDITIONAL PERMITS AND RELATED FEES MAY BE CHARGED IF APPLICABLE. ALL FEES MUST BE COLLECTED BEFORE THE SPECIAL EVENT PERMIT CAN BE ISSUED. THE FOLLOWING ADDITIONAL INFORMATION IS REQUIRED AS PART OF THE SPECIAL EVENT PERMIT APPLICATION.

HEALTH

IS EVENT PRIVATE OR OPEN TO THE PUBLIC?

IS FOOD BEING SERVED?

WHAT KIND OF COOKING EQUIPMENT WILL BE USED? (ONLY COMMERCIAL TYPE WILL BE ALLOWED, EXEMPTION-BLOCK PARTY)

WHAT KIND OF REFRIGERATION EQUIPMENT? (ONLY COMMERCIAL TYPE WILL BE ALLOWED, EXEMPTION-BLOCK PARTY)

NAME OF FOOD VENDORS: _____ ADDRESS: _____ PHONE NO.: _____

(USE SEPARATE SHEET OF PAPER IF NECESSARY)

WILL YOU HAVE PORTABLE SANITARY FACILITIES?

NAME OF THE SANITARY FACILITY VENDOR: _____ PHONE NO.: _____

WILL YOU HAVE A SOLID WASTE DUMPSTER?

NAME OF SOLID WASTE VENDOR: _____ PHONE NO. _____

ANIMAL SERVICES

ARE ANIMALS IN THE EVENT (PROOF OF RABIES VACCINE REQUIRED)?

WILL YOU HAVE ANY PROHIBITED/REGULATED ANIMALS?

TYPE OF ANIMAL:	HOW MANY?	VACCINE RECEIVED? <small>(ONE CERTIFICATE FOR EACH ANIMAL)</small>

BUILDING/ELECTRICAL/PLUMBING

WILL THERE BE ANY TEMPORARY STRUCTURES/STAGES? (PROVIDE LOCATION DRAWING)

IF SO, PLEASE LIST SQUARE FOOTAGE OF EACH:

WILL YOU NEED TEMPORARY POWER? (PROVIDE LOCATION DRAWING)

IF SO, HOW MANY GENERATORS?

BANNER SIGNS ARE ALLOWED ON BUILDINGS ONLY. (SEE ATTACHED APPLICATION)

FIRE PREVENTION

WILL YOU HAVE TENTS OVER 200 SQUARE FEET? (PROVIDE LOCATION DRAWING)
(NO SMOKING SIGNS AND 5LB ABC EXTINGUISHER REQUIRED)

WILL YOU HAVE BOUNCE HOUSES OVER 200 SQUARE FEET? (PROVIDE LOCATION DRAWING)

WILL YOU HAVE OTHER AIR SUPPORTED STRUCTURES? (PROVIDE LOCATION DRAWING)

WILL THERE BE FIREWORKS OF ANY KIND? (PROVIDE LIST OF DEVICES)

PUBLIC SERVICES

WILL YOU NEED ANY PUBLIC STREET CLOSURES?

IF SO, WHAT STREETS ARE TO BE CLOSED? (IE. MILL STREET AT CHURCH, BOTH SIDES)

FROM WHAT TIME TO WHAT TIME ARE THEY TO BE CLOSED?

ARE ANY OF THESE CLOSURES TO BE MANNED TO ASSIST IN ENTRY/EXIT OF VENDORS? (EXEMPTION-BLOCK PARTY)

IF SO PLEASE LIST, INCLUDE TIMES TO BE MANNED.

WILL YOU NEED SWEEPERS BEFORE AND/OR AFTER THE EVENT? (CITY SPONSORED EVENTS ONLY)

WHERE ARE THE PARKING AREAS LOCATED? (INCLUDE DRAWING)

IF THIS EVENT IS A PARADE/SPORTING EVENT, WHERE IS THE ROUTE, STAGING, AND DISBANDING AREAS?
(INCLUDE A DRAWING)

IN CASE OF RAINOUT, STATE CANCELLATION DATE AND TIME:
(EXAMPLE-EVENT IS AT 2:00PM ON SATURDAY, RAINOUT CANCELLATION IS AT 1:00 PM SATURDAY OR POSTPONEMENT IS UNTIL 4:00 PM)

POLICE DEPARTMENT

WILL THERE BE MUSIC, LIVE OR OTHERWISE?

WHAT HOURS WILL THE MUSIC BE PLAYING?

WILL YOU NEED SECURITY/POLICE OFFICERS AT YOUR EVENT?

IF SO, HOW MANY OFFICERS?

FROM WHAT TIME TO WHAT TIME?

WILL YOU NEED A POLICE VEHICLE ON-SITE?

IF SO, FROM WHAT TIME TO WHAT TIME?

FIRE DEPARTMENT

WILL YOU NEED ANY EMERGENCY MEDICAL PERSONNEL/APPARATUS ON-SITE?

IF SO, FROM WHAT TIME TO WHAT TIME?

WILL YOU NEED ANY FIRE OFFICERS/APPARATUS AT YOUR EVENT?

IF SO, HOW MANY OFFICERS?

FROM WHAT TIME TO WHAT TIME?

PARK AND LEISURE SERVICES

WILL ANY PUBLIC PARKS/FACILITIES BE USED IN YOUR EVENT?

IF SO, WHAT PARK/FACILITY?

FROM WHAT TIME TO WHAT TIME?

INDEMNIFICATION

(REFER TO SECTION 5.1.13 OF THE ORDINANCE)

(Event Chairman Name) _____ does hereby agree to indemnify the City of Lewisville, Texas, its officers, employees, agents, and servants from and against all claims and suits for damages, injuries to persons (including death), and/or property damages, losses, and expenses, including costs and attorney's fees arising out of or resulting from (Event Chairman Name) _____'s special event, including all such causes or action based upon common, constitutional or statutory law, based on whole or in part upon allegations of negligent or intentional acts on the part of (Event Chairman Name) _____, its agents, servants, employees, suppliers, licensees, invitees, and/or subcontractors whether or not such claims are based in whole or in part upon the negligent acts or omissions of the City of Lewisville, Texas, its officers, agents, employees, and servants.

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

ACTIVITY FEES

EVENT ACTIVITY PERMITS:	QUANTITY	FEE	TOTAL AMOUNT DUE
ADMINISTRATION FEE		\$ 15.50	
CARNIVAL, CIRCUS, AND/OR COMMERCIAL OUTDOOR AMUSEMENT (EACH)		\$ 250.00	
BARRICADING, 1ST & 2ND CLOSURES		\$ 80.00	
EACH ADDITIONAL CLOSURE		\$ 10.00	
EACH ADDITIONAL SIGN		\$ 2.50	
NEXT DAY INSPECTION		\$ 40.00	
PARKS & LEISURE (PER MAN HOUR)		TOP OT + 18%	
POLICE (PER MAN HOUR)		BASE OT CPT	
PUBLIC WORKS (PER MAN HOUR)		TOP OT + 18%	
FD STAFFING (PER MAN HOUR)		BASE OT CPT	
FD APPARATUS PER HOUR		\$ 70.00	
EMERGENCY MEDICAL APPARATUS PER HOUR		\$ 41.50	

SPECIAL EVENT FEES:

ADDITIONAL PERMITS:

TEMP FOOD SVC, \$50.00 1ST DAY		\$ 50.00	
TEMP FOOD SVC, \$10.00 EA ADDITIONAL DAY (10 DAY MAX)		\$ 10.00	
TENT, \$50 EACH TENT OVER 200 SF		\$ 50.00	
BANNER, \$25 UP TO 50 SF, 30 DAYS		\$ 25.00	

ADDITIONAL PERMIT FEES:

TOTAL AMOUNT DUE:

DEPARTMENT APPROVALS

DEPARTMENT COMMENTS TO BE PRINTED ON PERMIT	DATE	SIGNATURE
BUILDING INSP		
HEALTH		
FIRE PREV		
FIRE DEPT		
PALS		
POLICE DEPT		
PUBLIC SERVICES		
ANIMAL SERVICES		
HUMAN RESOURCES		
COMMUNITY RELATIONS		