

TOWN OF TROPHY CLUB  
SPECIAL EVENT FORM



SUMMARY OF EVENT

**DESCRIPTION**

Event Title

Description

Admission

Event Category

Athletic/Recreation

Concert/Performance

Parade/Procession/March

Carnival

Farmer/Outdoor Market

Block Party



If yes, please list

## APPLICANT AND HOST ORGANIZATION

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

## ORGANIZATION STATUS/PROCEEDS/REPORTING

Is the Host Organization a commercial entity?

Yes

No

Is the Host Organization a bona fide tax exempt, nonprofit entity? If yes, you must attach to this application a copy of your IRS 501(C) tax exemption letter providing proof and certifying your current tax exempt, nonprofit status.

Yes

No

Are patron admission, entry or participant fees required?

Yes

No

If yes, please provide amounts

Are vendor fees required?

Yes

No

If yes, please provide amounts

Estimated gross receipts including ticket, entry, vendor, product and sponsorship sales from this event.

Please explain how this was computed

Estimated expense for this event

What is the projected distribution or net dollar amount the Host Organization will receive from this event?

## **SITE PLAN/ROUTE MAP**

Your event site plan/route map should be submitted in blueprint or CAD format 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.

An outline of where you plan to place all signs for the event. The outline should include the time you request to place signage and when it will be picked up.

The location of fencing, barriers and/or barricades. Indicate any removable fencing for emergency access.

The provision of minimum twenty foot (20') emergency access lanes throughout the event venue.

The location of first aid facilities and ambulances.

The location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, beer gardens, cooking areas, trash containers and dumpsters, and other temporary structures.

A detail or close-up of the food booth and cooking area configuration including booth identification of all vendors cooking with flammable gases or barbecue grills

Generator locations and/or source of electricity.

Placement of vehicles and/or trailers.

Exit locations for outdoor events that are fenced and/or locations within tents and tent structures.

Identification of all event components that meet accessibility standards.

Other related event components not listed above.

## NARRATIVE

Please provide a narrative and timeline of your event. You may provide this information as an attachment if necessary.

## SECURITY PLAN

Have you hired a licensed professional security company to develop and manage your event's security plan?

Yes          No

Security Organization

Address

Street

City

State

Zip

Telephone

Please describe your security plan including crowd control, internal security or venue safety, or attach the plan to this application.

## MEDICAL PLAN

Have you hired a licensed professional emergency medical services provider to develop and manage your event's medical plan?

Yes

No

If yes, please list

Medical Services Provider

Address

Street

City

State

Zip

Telephone

Please describe your medical plan including your communications plan, the number, certification levels (MD, RN, Paramedic, EMT) and types of resources that will be at your event and the manner in which they will be managed and deployed. Your plan should include hours of setup and dismantle of medical aid areas. You may attach the plan to this application if necessary.

## ACCESSIBILITY PLAN

This checklist is intended to serve as a planning guideline and may not be inclusive of all City, County, State and Federal access requirements. 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 a minimum of 10% of portable rest rooms at your event be accessible?

Yes

No

Please describe

Will all food, beverage and vending areas be accessible?

Yes

No

Please describe

Will all signage be provided in highly contrasting colors and placed so pedestrian flow will not obstruct its visibility?

Yes

No

Please describe

If telephones are provided, will at least one telephone at each phone bank have a volume control and is hearing aid compatible?

Yes

No

Please describe

If an information center is provided at your event will customer service representatives be available to assist disabled individuals?

Yes

No

Please describe

If all areas of your event venue cannot be made accessible will maps or programs be made available to show the location of accessible rest rooms, parking, phones (if any), drinking fountains, and first aid stations?

Yes

No

Please describe

## **PARKING AND SHUTTLE PLAN**

Will your event involve the use of a parking and/or shuttle plan?

Yes

No

If yes, please describe or provide an attachment of your plan

## SAFETY EQUIPMENT

Will your event involve the use of traffic safety equipment?

Yes

No

If yes, please list:

Equipment Company

Address

Street

City

State

Zip

Telephone

Equipment Setup:

Date

Time

Equipment Pickup:

Date

Time

## ENTERTAINMENT AND RELATED ACTIVITIES

Are there any musical entertainment features related to your event?

Yes

No

If yes, complete the following information or provide an attachment listing all bands/performers, type of music, sound check and performance schedule.

Number of Stages

Number of Performers/Bands

Performer/Band name and music  
type

Will sound checks be conducted prior to the event?

Yes

No

If yes, start time:

Finish Time

Will sound amplification be used?

Yes

No

If yes, start time:

Finish Time

Do you plan to have a patron dance component to either live or recorded music at your event?

Yes

No

If yes, please describe:

Please describe the sound equipment that will be used for your event

Will inflatables, hot air balloons or similar devices be used at your event?

Yes

No

If yes, please describe:

Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics?

Yes

No

If yes, please describe:

Will your event include the use of any signs, banners, decorations, or special lighting?

Yes

No

If yes, please describe:

Will there be massage activities at your event?

Yes

No

If yes, please describe:

Do your event plans include any casino games, bingo games, drawings or lottery opportunities?

Yes

No

If yes, please describe:

## ALCOHOL

Does your event involve the use of alcoholic beverages?

Yes

No

If yes, please check all that apply:

Free/Host Alcohol

Alcohol Sales

Host and Alcohol Sale

Beer

Beer and Wine

Beer, Wine, and Distilled Spirits

Please describe your security plan to ensure the safe sale or distribution of alcohol at your event.

## FOOD CONCESSIONS OR PREPARATION

Does your event include food concession and/or preparation areas?

Yes

No

If yes, please describe how food will be served and prepared

Do you intend to cook food in the event area?

Yes

No

If yes, please specify method

Gas

Electric

Charcoal

Other

## CONCESSIONAIRES

Will items or services be sold at your event??

Yes

No

If yes, please describe or attach a complete list of vendors and include a sample of the vendor pass that will be used.

Will items or services sold at your event present unique liability issues (e.g. body piercing, massage, animal rides, etc.)?

Yes

No

If yes, please describe or attach a complete list of vendors.

## PORTABLE REST ROOMS

You are required to provide portable rest room facilities at your event, unless you can substantiate the sufficient availability of both ADA accessible and nonaccessible facilities in the immediate area of the event site which will be available to the public during your event. All applicants hosting an event must follow the chart below to determine the amount of restrooms needed.

## Duration of Event

	1 hrs	2 hrs	3 hrs	4 hrs	5 hrs	6 hrs	7 hrs	8 hrs	9 hrs	10 hrs
50	1	1	1	1	2	2	2	2	2	2
100	2	2	2	2	3	3	3	3	4	4
250	3	3	3	4	4	4	5	5	6	6
500	4	4	5	5	6	6	7	7	8	8
1,000	6	7	8	8	9	9	10	10	11	12
2,000	9	12	15	16	17	17	18	18	19	19
3,000	12	18	22	24	25	26	27	28	29	30
4,000	16	24	29	32	34	35	37	38	39	40
5,000	20	30	36	40	43	44	46	47	48	50
6,000	24	36	44	49	52	53	54	56	58	60
7,000	28	42	52	58	60	62	64	66	68	70
8,000	32	48	60	66	69	72	74	76	78	80
10,000	36	54	68	75	80	84	88	90	95	100

Do you plan to provide portable rest room facilities at your event?

Yes

No

If yes: Total number of portable toilets

Number of ADA accessible portable toilets

If no: Please explain:

Restroom Company

Address Street

City

State

Zip

Telephone

Equipment Setup:

Date

Time

Equipment Pickup:

Date

Time

## SANITATION AND RECYCLING

Number of Trash Cans

Number of Trash Cans with Lids

Number of Dumpsters with Lids

Number of Recycling Containers

Sanitation Company

Address Street

City

State

Zip

Telephone

Equipment Setup: Date  Time

Equipment Pickup: Date  Time

Please describe your plan for cleanup and removal of recyclable goods, waste and garbage during and after your event.

## MITIGATION OF IMPACT

Have you presented your event concept to the officially recognized community groups that represent the venue area? If yes, please attach letters of endorsement or support from each of these groups.

Yes

No

If no, please explain.

Have you met with the residents, businesses, places of worship, schools and other entities that may be directly impacted by your event? If yes, please attach a complete list of these entities.

Yes

No

If no, please explain.

Do you have a sample of the notice that you propose to distribute two weeks prior to your event? If yes, please attach.

Yes

No

If no, please explain.

## MARKETING AND PUBLIC RELATIONS

Primary Contact for Marketing Communications: April Reiling, Public Information Officer, Phone :682-831-4601,  
Email:areiling@trophyclub.org

Will this event be marketed, promoted, or advertised to the general public in any manner?

Yes

No

If yes, please describe.

Are you seeking to partner with the town for this event?

Yes

No

If yes, you must contact April Reiling, Public Information Officer at areiling@trophyclub.org All marketing/communication materials must be approved by the PIO.

Will there be live media coverage during the event?

Yes

No

If yes, please describe.

Do you have a plan to control or limit the placement and/or distribution of promotional signage, stickers, and other items?

Yes

No

If yes, please describe.

## INSURANCE REQUIREMENTS

Insurance and Bonding Required. When a Special Event is partially or fully contained on the Town rights-of-way or on property owned, leased, or controlled by the Town, the Applicant for a Special Event Permit shall furnish the Town with a certificate of insurance stating that the Town of Trophy Club has been added as an additional insured as well as the endorsement page and a surety bond complying with standards established by the Town. The amount of the surety bond and the amount of insurance required may be increased or reduced based upon the type of Special Event, equipment, machinery, location, number of people or animals involved and other pertinent factors or risks associated with the Special Event. An application shall be denied if a valid certificate of insurance and/or a valid surety bond meeting Town specifications and approved by the Town is not provided.

Name of Insurance Company

Address Street

City

State

Zip

Telephone

Contact Name

Policy Type

Policy Amount

Policy Number

## 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 Trophy Club Municipal Code and I understand that this application is made subject to the rules and regulations established by the Town Council and/or the Town Manager or the Town Manager's designee. Applicant agrees to comply with all other requirements of the Town, County, State, Unified Port District, MTDB, Federal Government, and any other applicable entity which may pertain to the use of the Event venue and the conduct of the Event. In the event that a possessory interest subject to property taxation is created by virtue of this use permit, I agree to pay all possessory interest taxes and the Town shall not be liable for the payment of such taxes I further agree that the payment of any such taxes shall not reduce any consideration paid to the Town pursuant to this use permit. 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 costs and fees that may be incurred by or on behalf of the Event to the Town of Trophy Club.

Name of Applicant/Host  
Organizer

Title

Date

Name of Professional Event  
Organizer

Title

Date

## FOR INTERNAL USE

To be determined by the Special Event Review Committee:

Liability Insurance & Endorsement Agreement naming the Town of Trophy Club as additional insured is required.

Yes

No

How many police units does the Special Event Review Committee requires/recommends

How many police officers does the Special Event Review Committee requires/recommends

How many first aid stations does the Special Event Review Committee requires/recommend

How many medical personnel does the Special Event Review Committee requires/recommends

### Town of Trophy Club SPECIAL EVENT REVIEW COMMITTEE APPROVAL:

Police: \_\_\_\_\_ Comments \_\_\_\_\_

Community Development \_\_\_\_\_ Comments \_\_\_\_\_

Fire \_\_\_\_\_ Comments \_\_\_\_\_

Parks & Recreation \_\_\_\_\_ Comments \_\_\_\_\_

Streets \_\_\_\_\_ Comments \_\_\_\_\_

SERC Coordinator \_\_\_\_\_ Comments \_\_\_\_\_

Communications \_\_\_\_\_ Comments \_\_\_\_\_

Date \_\_\_\_\_