



Special Event Application

SECTION 1 – APPLICANT INFORMATION

Application Date: _____ Name of Organization (if applicable): _____

Contact Name: _____ On-Site Contact (if different than applicant): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell Phone #: _____

Email: _____

SECTION 2 – REQUIRED DOCUMENTS *(The below forms, if applicable, must be submitted and kept on file in the Recreation Department.)*

- \$1,000,000 Minimum Liability Insurance coverage listing the City of Weatherford as a certificate holder is REQUIRED if you are utilizing public property areas.
- Is Organization Non-Profit? YES NO If so, Tax Exempt # (Federal 9-digit ID): ____ - ____ - ____
- Will there be any ticket sales or merchandise sales at this event? YES NO
 - If tickets or merchandise will be sold, Sales Tax Payor # (11-digit ID): _____

(By checking the following box, I acknowledge that I will report sales tax to Weatherford Jurisdiction #2184026.)

SECTION 3 – EVENT INFORMATION

Event Dates: _____ # of Anticipated Attendees: _____

Event Name: _____

Description of Event: _____

Event Hours: _____ Set-Up Date and Hour(s): _____ Removal Date and Hour(s): _____

Event Location: _____

Will the Event Be Held On: Public Street Public Property Private Property

Check All that Apply:

<input type="checkbox"/> Trash Removal	<input type="checkbox"/> Use of Restrooms/Port-O-Let	<input type="checkbox"/> Temporary Signage
<input type="checkbox"/> Temporary Utilities	<input type="checkbox"/> Speakers/Podiums/Amplified Sound	<input type="checkbox"/> Animals
<input type="checkbox"/> Traffic Control	<input type="checkbox"/> Barricades	<input type="checkbox"/> Street Closure(s)*
<input type="checkbox"/> On-Site Prep Food*	<input type="checkbox"/> Pre-Packaged Food*	<input type="checkbox"/> Alcohol*

If Street Closures, Food, or Alcohol boxes are checked, please fill out appropriate sections on Page 2 of this application.

SECTION 4 – STREET CLOSURES *(Only fill out if this section is applicable to event)*

Street Name: _____

From: _____ To: _____

Beginning Date: _____ Time: _____ Ending Date: _____ Time: _____

Street Name: _____

From: _____ To: _____

Beginning Date: _____ Time: _____ Ending Date: _____ Time: _____

SECTION 5 – FOOD & ALCOHOL *(Only fill out if this section is applicable to event)*

Pre-Packaged Food:

What facilities will you be obtaining food from? _____

In general, what types of food/beverages will you provide? _____

On-Site Food Prep:

Do you have a mobile unit or catering operation? Yes No If so, a copy of the most recent food inspection report either from your local health department or by the state, will need to be provided and also a copy of your operating permit.

How will overhead protection be provided to prevent possible cross-contamination of exposed food, clean equipment, and single-service/use articles? _____

In general, what types of food/beverages will be served? _____

Will there be any ready-to-eat, potentially hazardous foods that will need to be kept/maintained cold at 41F or below or hot held at 135F or above? Yes No If yes, what type of equipment will be used to keep foods at the proper cold/hot holding temperatures? _____

What utensils will be furnished to keep food employees from contacting exposed, ready-to-eat foods with their bare hands? *(Suggested to use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment.)* _____

Will utensils, plates, cups, and condiments be furnished? Yes No If so, will they be pre-packaged and single-service/use articles? _____

Will alcohol be served? Yes No If so, how will it be served? (bottles, cans, etc.) _____

How do you plan to police and monitor consumption? _____