WEATHERFORD
18 58
TRUE TEXAS

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 an Additional Insurer and 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

  - o 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:

☐ Trash Removal	☐ Use of Restrooms/Port-O-Let	☐ Temporary Signage
☐ Temporary Utilities	☐ Speakers/Podiums/Amplified Sound	☐ Animals
☐ Traffic Control	☐ Barricades	☐ Street Closure(s)*
☐ On-Site Prep Food*	☐ Pre-Packaged Food*	☐ 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, who will be resposible for the sale and in what form will it be sold? (bottles, cans, etc.) _____

State TABC Permit Number:_____ Date Issued: _____

Please not that a copy of your State Alcoholic Bererage Permit or Renewal Receipt, issued by TABC, Must be included with this application. Failure to include a copy will result in the application being delayed. We will not process the application without this permit.