



CITY OF DENTON

SPECIAL EVENT PERMIT MASTER APPLICATION

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Special Events One-Stop Shop
321 E. McKinney St.
Denton, TX 76201

CITY OF DENTON | Special Event Permit Application

Applicant Information:

Applicant Name: _____ Mobile Number: _____
 Street Address: _____ City, State, Zip: _____
 Email Address: _____ HOT Funds or Cash Sponsor Recipient? Yes No
 Applicant is, check all that apply: Event Organizer On-site Emergency Contact Organization Representative

Organization Information: Same as Applicant

Organization: _____ Mobile Number: _____
 Street Address: _____ City, State, Zip: _____
 Email Address: _____ Current HOT Funds Recipient? Yes No
 Type of Organization, check all that apply: Nonprofit Board/Committee School Business Volunteer Individual Other

Event Information:

Event Name: _____ Event Date(s): _____
 Event Location: _____ Total Event Attendance: _____

Select all that apply:

Applicant Booth: Food/Drink (distribute or sell) Alcohol (distribute or sell) Merchandise (distribute or sell)
Vendor Booths: Food/Drink (distribute or sell) Alcohol (distribute or sell) Merchandise (distribute or sell)
Amplified Sound: Live Music DJ Music Stage Speech and/or Announcements
Activities: Run/Bike Race Parade Games/Crafts/Arts Inflatable(s) Carnival/Fair
Service Needs: Police Security Fire/EMS Street Closure(s) Parks Solid Waste
Admission: Free Open to the Public Event Fundraising Event Ticketed Private Event

Please provide a brief description of your event:

	Day of the Week	Date and Year	Set-up Time	Start Time	End Time	Take-Down Time Frame	Daily Attendance
DAY 1							
DAY 2							
DAY 3							
DAY 4							
DAY 5							

Additional Details, as Needed:

Event:

Date(s):

Communications and Crowd Management

Lead Coordinator and/or Volunteer:

Mobile Number:

Method of Crowd Communication:

i.e. PA system, megaphone, etc.

Number of Event Staff:

Method of Event Staff Communication:

i.e. hand-held radios, mobile phone, etc.

Number of Volunteers:

Method of Event Staff Identification:

i.e. uniforms, event shirts, badges, etc.

Number of Vendors:

Attendance to Event Staff Ratio:

i.e. one staff for every 250 attendees

Total Guest Attendance:

Crowd Control Measures to be Used:

Booth and Mobile Truck Vendors: A list of ALL vendors and their location on the Site Map is required and due at the time of the permit application. Vendors on the list, must match the Site Map and the receipts of Park Vendor Permits obtained prior to the event or thereafter.

Event Security Management

Lead Coordinator and/or Volunteer:

Mobile Number:

Public Security Service Provider:

i.e. City of Denton PD, Denton County, etc.

Mobile Number:

Private Security Service Provider:

i.e. if you plan to use security guards

Mobile Number:

Fire Prevention & Emergency Medical Management

Lead Coordinator and/or Volunteer:

Mobile Number:

Head of Medical Support:

i.e. Denton EMS, hospital, medical clinic, etc:

Mobile Number:

List On-site EMS and First Aid Location(s):

List Types of Fire Prevention and Suppression Devices & Vehicles:

Confirm the following are identified on the Site Map or Public Safety Map for larger events:

- First-aid station(s) Fire Lanes Fire Extinguishers EMS entry-exit access points Public entry-exit access points& parking

Emergency Command Post | Missing Person, Weather Emergency, etc.

In the event of extreme weather or other emergencies, the City of Denton will refer to the Command Post and the individual listed below as the point person for emergency updates, announcements, cancellations, and/or other event emergency communications.

Lead Coordinator and/or Volunteer:

Mobile Number:

Describe the Location and Functionality of the Emergency Command Post:

List Current Weather Emergency Shelters that have been Approved for this Event:

City of Denton Police and Fire Department will have final authority and approval of your Public Safety Plan.

Event:

Date(s):

Public or Private Event

Will your event be open to the public?

YES If yes, the following is required:
General Liability Insurance Certificate

Parade, Block Party, City Streets, Parking Lots

Do you plan to close, block, or use a City street, trail, or sidewalk?

Do you plan to close a street that will impact residents & businesses?

Do you plan to use a private parking lot or other private property?

YES If yes, the following is required:
Street Closure & Notification Form
Street Closure & Notification Form
Letter with Written Permission

Attendance, Tents, and Stage

Do you anticipate 1,000+ event attendees or street/sidewalk spectators?

Do you plan to use a tent larger than 400 sq ft or a canopy in excess of 700 sq ft?

Do you plan to use a large stage for performances?

YES If yes, the following is required:
Fire Operational Permit
Fire Operational Permit
Fire Operational Permit

Food, Drinks, or Merchandise Vendor Booths

Will your vendor(s) serve or sell food, drinks, and/or merchandise on City property?

Will you serve or sell food, drinks, and/or merchandise on City property?

Will you have food truck(s) that will serve or sell food or drinks on City property?

YES If yes, the following is required:
Vendor List
Park Vendor and Temp. Food Permit
Vendor List

Sanitation, Water, Waste Water, and Recycling

Will you need a dumpster and/or ClearStream® container for your event?

Will you or vendors need to dispose of water per Consumer Health requirements?

Will you need assistance developing a Trash and Recycling Plan for your event?

YES If yes, the following is required:
Solid Waste Service Request
Temporary Food Permit
Solid Waste Service Request

Amplified Sound at Outdoor Festivals and/or Events

Will you have amplified sound over 70 dba?

Will you have amplified sound Monday-Saturday, after 10 p.m.

Will you have amplified sound anytime on a Sunday?

Will you have amplified sound over 65 dba on a Sunday?

YES If yes, the following is required:
A Letter of Request for an exception to the noise ordinance is required and must be submitted 90 days in advance of the event for City Council's consideration.

Alcohol on City-Owned Property

Do you or a vendor plan to serve or sell alcohol in a parking lot or in the street?

Do you or a vendor plan to serve or sell alcohol on City-owned property?

Do you or a vendor plan to serve or sell alcohol in a park?

Do you plan to apply for a temporary TABC permit for your event?

Do you plan to partner with a vendor who is licensed/permitted by TABC?

YES If yes, the following is required:
TABC License and/or Permit
City Council's Approval,
TABC Permit, Police
Park Board and City Council's Approval, TABC Permit, Police
Liquor Liability Insurance is required by the TABC permit holder that is serving or selling the alcohol.

Requests for Services by City Departments

Will you need to place portable restrooms on City property?

Will you need to request an in-kind City service in the form of co-sponsorship?

Will you need to borrow portable trash and recycle containers?

Will you have five (5) or more vendor booths at your event?

YES If yes, the following is required:
Parks Service Request and Approval
City Council Letter of Request
Solid Waste Container Loan Form
Park Vendor Permit Agreement

None of the above apply to my request for a Special Event Permit

None of the above apply

CITY OF DENTON | Street Closure Request

Applicant Name:

Event Name:

Date of Street Closure Request:

Purpose of Request:

Type of Request: Parade Block Party March Run/Walk Bike Street Festival Parking Lot Party Other

Rolling Street Closure Request | Parade, March, Fun Run or Similar; complete all that apply

Assemble Time:

Assemble Location:

Start Time:

Disassemble Location:

End Time:

Length or Distance of Parade, Fun Run, or Other:

Street Closure and Notification Form is required.

Estimated Number of Entries: Participants Vehicles Bikes Spectators Animals

Full Street or Parking Lot Closure Request | Complete all that apply

Start Closure Time:

Street(s) Closure Location:

End Closure Time:

Parking Lot Location:

Street Closure and Notification Form is required.

Street Closure Request Questionnaire

Will there be possession or consumption of alcoholic beverages?	Yes	No	TABC permit requirement
Will your event have first aid and/or water stations on the route?	Yes	No	Site Map requirement
Will your event reuse a traffic plan from a barricade company?	Yes	No	Traffic Control Plan requirement
Will your event start and stop at two different locations?	Yes	No	Site Map requirement
Will your route cross intersections with traffic signals?	Yes	No	Traffic Control Plan requirement
Will your event have a street stage, vendors, food trucks and/or tents?	Yes	No	Site Map requirement
Will your event have live music, amplified sound, or loudspeakers?	Yes	No	Site Map requirement
Will one or more sidewalks or trails be obstructed or closed in?	Yes	No	Site Map requirement
Will your event have equipment in the street for an extended time?	Yes	No	Site Map requirement

ACKNOWLEDGMENT | Check that you have read and understand each requirement:

I ACKNOWLEDGE that a map of the route is required; hand drawn maps are not accepted.

I ACKNOWLEDGE that a Traffic Control Plan is required for street closure requests, unless told otherwise.

I ACKNOWLEDGE that use of a private parking lot will require Written Right of Possession from the property owner.

I ACKNOWLEDGE that the Street Closure Form and Street Closure Notification Form may be required.

By signing, I acknowledge that I understand the Temporary Food Service Requirements.

Applicant Signature:

Date:



CITY OF DENTON | Street Closure Form

Applicant Name:

Event Name:

Date of Street Closure Request:

Purpose of Request:

Type of Closure: Lane Closure Street Closure Sidewalk Closure Street Crossing (intersection) Block/Cul-de-Sac

Street/Intersection:

Cross Street | From:

Start Time:

Cross Street | To:

End Time:

Type of Closure: Lane Closure Street Closure Sidewalk Closure Street Crossing (intersection) Block/Cul-de-Sac

Street/Intersection:

Cross Street | From:

Start Time:

Cross Street | To:

End Time:

Type of Closure: Lane Closure Street Closure Sidewalk Closure Street Crossing (intersection) Block/Cul-de-Sac

Street/Intersection:

Cross Street | From:

Start Time:

Cross Street | To:

End Time:

Type of Closure: Lane Closure Street Closure Sidewalk Closure Street Crossing (intersection) Block/Cul-de-Sac

Street/Intersection:

Cross Street | From:

Start Time:

Cross Street | To:

End Time:

Type of Closure: Lane Closure Street Closure Sidewalk Closure Street Crossing (intersection) Block/Cul-de-Sac

Street/Intersection:

Cross Street | From:

Start Time:

Cross Street | To:

End Time:

CITY OF DENTON | Additional Street Closure Form

Applicant Name:

Event Name:

Date of Street
Closure Request:

Purpose
of Request:

Type of Closure: Lane Closure Street Closure Sidewalk Closure Street Crossing (intersection) Block/Cul-de-Sac

Street/Intersection:

Cross Street | From:

Start Time:

Cross Street | To:

End Time:

Type of Closure: Lane Closure Street Closure Sidewalk Closure Street Crossing (intersection) Block/Cul-de-Sac

Street/Intersection:

Cross Street | From:

Start Time:

Cross Street | To:

End Time:

Type of Closure: Lane Closure Street Closure Sidewalk Closure Street Crossing (intersection) Block/Cul-de-Sac

Street/Intersection:

Cross Street | From:

Start Time:

Cross Street | To:

End Time:

Type of Closure: Lane Closure Street Closure Sidewalk Closure Street Crossing (intersection) Block/Cul-de-Sac

Street/Intersection:

Cross Street | From:

Start Time:

Cross Street | To:

End Time:

Type of Closure: Lane Closure Street Closure Sidewalk Closure Street Crossing (intersection) Block/Cul-de-Sac

Street/Intersection:

Cross Street | From:

Start Time:

Cross Street | To:

End Time:



Applicant Name:

Mobile Number:

Street Address:

City, State, Zip:

Email Address:

Event Date:

Event Name:

Estimated Daily Attendance:

Event Location:

Select the Permit(s) Required for this Event:



Carnival, Fair, and Festival Permit, \$200

Submittal Requirements, check to confirm acknowledgment:

- Public Safety Plan and Site Plan
Insurance Certificates for Rides

Tents of Temporary Membrane Structure, \$35 per tent

Submittal Requirements, check to confirm acknowledgment:

- Copy of the flame spread and fire-proofing certificate.
Site Plan showing the location of the tent in relation to lot lines, parked vehicles, and structures.
Floor plan of the tent showing locations of fire extinguishers, exit signs, and "no smoking" signs

Outdoor Assembly Event, \$200

Submittal Requirements, check to confirm acknowledgment:

- Submit a public safety plan, and a site plan showing locations of booths, stages, and structures, first aid stations, information and ticket booths, boundaries of event, fire extinguishers, weather shelters, fire/EMS access roads, assembly areas, approximate occupant amounts, and parking.

Exhibits and Trade Shows, \$200

Submittal Requirements, check to confirm acknowledgment:

- Submit a Public Safety Plan and Site Map that shows location of booths, stages, and structures; first aid stations, information and ticket booths, fire extinguishers, marked exits, and parking.

Permit Inspection Request (date & time):

Permit Inspection Location Request:

An operational permit shall remain in effect until reissued, renewed, or revoked, or for such a period of time as specified in the permit. Permits are not transferable and any change in occupancy, operation, tenancy, or ownership shall require that a new permit be issued. Issued permits shall be kept on the premises designated therein at all times and shall be readily available for inspection.

By signing, I acknowledge and understand the requirements listed above.

Applicant Signature:

Date:





Applicant Name: Mobile Number:
 Street Address: City, State, Zip:
 Email Address: Event Date:
 Event Name: Estimated Daily Attendance:
 Event Location:

Select the Service Request(s) for this Event:

Event Security | 3-hour Minimum per Police Officer

The rate of pay for an off-duty police officer is \$40 per hour and for a supervisor police officer is \$45 per hour. There is a 3-hour minimum for Public Safety Security requests.

Emergency Medical Services (EMS) | 4-hour Minimum per EMS Personnel

The rate of pay for Emergency Ambulance Standby, paramedics, patient transport, and other applicable fees are set forth in Ordinance 2010-204. There is a 4-hour minimum for EMS requests.

Examples of objective standards used to determine the number personnel:

- Event alcohol consumption
- Time, date, and length of event
- Impact of adj. residential/commercial areas
- Traffic Control Plan requirements
- Estimated number of attendees
- Vehicular/pedestrian traffic conditions

THIS SECTION WILL BE COMPLETED BY CITY STAFF BASED ON THE SELECTION ABOVE AND EVENT LOGISTICS.

Police Department	# of Personnel	Total Hours	Total Cost	Staff Initials
Total Off-Duty Officers @ \$40 per hour	Length of Request and/or Event	=		
Total Off-Duty Supervisors @ \$45 per hour	Length of Request and/or Event	=		
Police Escort Fee for Rolling Street Closures	Length of Request and/or Event	=		

Total Due to the Police Department:

Fire and Rescue	# of Personnel	Total Hours	Total Cost	Staff Initials
Total Ambulance Standby @ \$150 per hour	Length of Request and/or Event	=		
Total Paramedics on Standby @ \$60 per hour	Length of Request and/or Event	=		
Total Incident Command Officer @ \$60 per hour	Length of Request and/or Event	=		

Total Due to the Fire and Rescue Department:



CITY OF DENTON | Trash and Recycling Service Request



Applicant Name:

Mobile Number:

Street Address:

City, State, Zip:

Event Name:

Email Address:

Event Location:

Event Date(s):

Tax ID or Solid Waste Acct. #

Driver's License #:

Driver's license and social security numbers are required if a Tax ID or Solid Waste account number are not provided.

Last four digits Social Security #:

Select a Trash and Recycling Strategy:

Use Trash and Recycle Containers in the Park

Use Fee-Based Services For Dumpster Container

Use ClearStream® Loan Program, at no cost

Use both Dumpsters and the ClearStream® Loan Program

FREE Container Loan Program | Special Event Recycle and Trash Equipment Form

ClearStream® Loan Program unless replacement fees are applied	Quantity Borrowed	Quantity Returned	Replacement Cost per unit	Replacement or Damage Charges	Date Returned (completed by staff)
ClearStream® CycleMax - Blue Frame			\$48		
ClearStream® CycleMax - Green Frame			\$25		
ClearStream® PaperMax - Blue Lid			\$48		
ClearStream® PaperMax - Green Lid			\$25		
ClearStream® Green Compost - Lid			\$25		
ClearStream® Transporter			\$560		
ClearStream® Base			\$28		
Recycle/Don't Litter Banner			\$80		
Total					

Requested Pick-up Date and Time:

Actual Pick-up Date and Time: _____

Requested Return Date and Time:

Actual Return Date and Time: _____

The applicant or undersigned has the authority to sign on behalf of the event organizer. Replacement costs will be applied if containers are not returned or returned significantly soiled or damaged beyond use. Terms and Agreement can be found at www.cityofdenton.com for Chapter 24 of the code of ordinances and current rate ordinances. Rates and fees are based on upon the current Rate.

Applicant Signature:

Date:



City Staff Signature: _____ Date: _____





Applicant Name: Mobile Number:
Street Address: City, State, Zip:
Email Address: Event Date:
Event Name: Estimated Daily Attendance:
Event Location:

Select a Service Request from the Parks and Recreation Department:

Additional Picnic Tables

Based on individual park inventory and availability of staff to move tables on event day.

Electricity

Based on individual park inventory and electric pedestals available on-site.

Inflatables in City Parks

The park and location within the park will require approval.

Portable Restrooms

The park and location within the park will require approval.

Self-Haul Waste Management Strategy

Indicate if you need assistance confirming if there's an on-site dumpster.

Self-Haul Waste Management Strategy

Indicate if you need assistance confirming the number of on-site trash and recycle containers.

Pavilion Usage

Indicate if your event includes a park and/or pavilion rental.

Parking Lot Usage

Indicate if your event will ONLY use the existing park parking lot.

Trail Usage

Indicate if your event will impact the use of a trail.

Public Park Restrooms Usage

Indicate if your event includes the use of an on-site park restroom.

Other

Please list or describe your event specific service request:



PERMIT # _____

Applicant Name:	Permit Type:	Tent	Mobile Unit
Vendor Name:	Sales Tax ID#:		
Event Name:	Inspection:		
Event Location:	Event Date(s):		
Phone Number:	Email Address		
Street Address:	City, State, Zip:		

List Menu Items to be Prepared and/or Served On-site:	Food Purchase Location:	Receipt Attached:	
		Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

List foods that will be prepared on-site and the equipment to be used to maintain proper temperature control:

_____	Cooking Equipment:	Electrical	Charcoal	Propane	Gas Grill
_____	Hot or Cold Holding Equipment:	Electrical	Mechanical		
_____	Type of Equip. Using:				
_____	Cooking Equipment:	Electrical	Charcoal	Propane	Gas Grill
_____	Hot or Cold Holding Equipment:	Electrical	Mechanical		
_____	Type of Equip. Using:				
_____	Cooking Equipment:	Electrical	Charcoal	Propane	Gas Grill
_____	Hot or Cold Holding Equipment:	Electrical	Mechanical		
_____	Type of Equip. Using:				
_____	Cooking Equipment:	Electrical	Charcoal	Propane	Gas Grill
_____	Hot or Cold Holding Equipment:	Electrical	Mechanical		
_____	Type of Equip. Using:				

ACKNOWLEDGMENT | Check that you have read and understand each requirement:

- I ACKNOWLEDGE that health permits are approved, issued, and delivered on-site after the inspection.
- I ACKNOWLEDGE that preparation or storage of food in the home is not permitted.
- I ACKNOWLEDGE that food items served without Consumer Health Division approval may result in permit suspension.
- I ACKNOWLEDGE that Temporary Food Service Booth Requirements must be in place before a permit approval and issuance.
- I ACKNOWLEDGE that copies of my food purchase receipts must be submitted with my permit application.
- I ACKNOWLEDGE that the \$35 nonrefundable, Temporary Food Permit Application Fee is due with this application.
- I ACKNOWLEDGE that the food booth requirements and understand that failure to comply with City of Denton ordinances may result in citations for violations and/or closure of the booth until violations are corrected.

By signing, I acknowledge that I understand the Temporary Food Service Requirements.

Applicant Signature: _____	Date: _____
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