



CITY OF FULSHEAR

PO Box 279 /6611 W. Cross Creek Bend Ln
Fulshear, Texas 77441
Phone: 281-346-8860 ~ Fax: 281-346-2556
www.fulsheartexas.gov

DESCRIPTION

Event Title _____

Description

Admission

EVENT CATEGORY

- Athletic/Recreation Concert/Performance Circus Exhibits/Misc. Farmer/Outdoor Market
 Carnival Festival/Celebration Dance Museum Special Attraction Parade/Procession/March

Anticipated Attendance Total _____ Per Day _____

Anticipated Participants Total _____ Per Day _____

DATE/TIME

Setup Date _____ Time _____ Day of Week _____

Event Starts Date _____ Time _____ Day of Week _____

Event Ends Date _____ Time _____ Day of Week _____

Dismantle Date _____ Time _____ Day of Week _____

LOCATION

Location Description

NEIGHBORHOOD REGION (Select one or more)

- North Fulshear East Fulshear South Fulshear West Fulshear Downtown Fulshear



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CONTACTS

Host Organization _____

Professional Organizer _____

(Required) Public Contact Name _____

Telephone _____

(Required for internal use only) Non-Public Contact Name _____

Telephone _____

(If different than Public Contact) Media Contact Name _____

Telephone _____

Vendor Contact Name _____

(If different than Public Contact)

Telephone _____ Web Address _____

Yes **No** Is this an annual event? How many years have you been holding this event?

Yes **No** Is your event part of a larger marketing campaign (i.e. Fulshear Freedom Fest, Scarecrow Festival, Festival of lights, etc.)? If yes, please list.

APPLICANT AND HOST ORGANIZATION INFORMATION

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 _____



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Telephone Day _____ Evening _____

Fax _____ Cellular _____ Email _____

Please list any professional event organizer, event service provider, or commercial fund-raiser hired by you that is authorized to work on your behalf to plan, produce and/or manage your event.

Applicant Name _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____

Fax _____ Cellular _____

Email _____

ORGANIZATION STATUS/PROCEEDS/REPORTING

Yes No 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? If yes, please provide amounts:

Yes No Are vendor or other fees required? If yes, please provide amounts:

\$ _____ Estimated gross receipts including ticket, entry, vendor, product and sponsorship sales from this event. Please explain how this amount was computed.

\$ _____ Estimated expenses for this event.

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



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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.
- 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.



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NARRATIVE

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

MEDICAL PLAN

Yes No Have you hired a licensed professional emergency medical services provider to develop and manage your event's medical plan? If yes, please list.

Medical Services Provider _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____

Fax _____ Cellular _____

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.



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SECURITY PLAN

Yes **No** Have you hired a licensed professional security company to develop and manage your event's security plan? If yes, you are required to provide a copy of the security company's valid Private Security License issued by the State of Texas.

Security Organization _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____

Fax _____ Cellular _____

Private Security License # _____

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

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.

Yes **No** Will there be a Clear Path of Travel throughout your event venue? Please describe.



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Yes **No** Have you developed a Disabled Parking and/or Transportation Plan (including the use of public transportation or shuttle services) for your event? Please describe.

Yes **No** Will a minimum of 10% of portable rest rooms at your event be accessible? Please describe.

Yes **No** Will all food, beverage and vending areas be accessible? Please describe.

Yes **No** Will all signage be provided in highly contrasting colors and placed so pedestrian flow will not obstruct its visibility? Please describe.

Yes **No** If telephones are provided, will at least one telephone at each phone bank have a volume control and is hearing aid compatible? Please describe.

Yes **No** If an information center is provided at your event will customer service representatives be available to assist disabled individuals? Please describe.



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Yes **No** 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? Please describe.

PARKING AND SHUTTLE PLAN

Yes **No** Will your event involve the use of a parking and/or shuttle plan?

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

SAFETY EQUIPMENT

Yes **No** Will your event involve the use of traffic safety equipment?

If yes, please list _____

Equipment Company _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____

Fax _____ Cellular _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____

ENTERTAINMENT AND RELATED ACTIVITIES

Yes **No** Are there any musical entertainment features related to your event?

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 _____



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Number of Performers/Bands _____

Performer/Band name and music type _____

Yes **No** Will sound checks be conducted prior to the event?

If yes, Start time _____ Finish time _____

Yes **No** Will sound amplification be used? If yes, a Sound Amplification Permit application must be submitted to the City at the same time as this Special Event Permit application.

If yes, Start time _____ Finish time _____

Yes **No** Do you plan to have a patron dance component to either live or recorded music at your event? If yes, please describe. _____

Yes **No** Please describe the sound equipment that will be used for your event.

Yes **No** Will inflatables, hot air balloons or similar devices be used at your event?

If yes, please describe. _____

Yes **No** Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics? If yes, please describe _____

Yes **No** Will your event include the use of any signs, banners, decorations, or special lighting? If yes, please describe _____

Yes **No** Will there be massage activities at your event? If yes, please describe.

Yes **No** Do your event plans include any casino games, bingo games, drawings or lottery opportunities? If yes, please describe. _____

ALCOHOL

Yes **No** Does your event involve the use of alcoholic beverages?

If yes, please check all that apply:

Free/Host Alcohol Alcohol Sales Host and Sale Alcohol Beer

Beer and Wine Beer, Wine and Distilled Spirits



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

FOOD CONCESSIONS OR PREPARATION

Yes **No** Does your event include food concession and/or preparation areas?

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

Yes **No** Do you intend to cook food in the event area?

If yes, please specify method:

Gas Electric Charcoal

Other (specify) _____

CONCESSIONAIRES

Yes **No** Will items or services be sold at your event? If yes, please describe or attach a complete list of vendors and include a sample of the vendor pass that will be used.

Yes **No** Will items or services sold at your event present unique liability issues (e.g. body piercing, massage, animal rides, etc.)? 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 sufficient availability of both ADA accessible and non-accessible facilities in the immediate area of the event site which will be available to the public during your event.



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Yes **No** Do you plan to provide portable rest room facilities at your event?

If yes, total number of portable toilets _____

Number of ADA accessible portable toilets _____ If

no, please explain.

Rest Room Company _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____

Fax _____ Cellular _____

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 _____ (One

for every increment of 400 people)

Sanitation Company _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____

Fax _____ Cellular _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____



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

MITIGATION OF IMPACT

Yes **No** 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. If no, please explain.

Yes **No** Have you meet 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. If no, please explain.

Yes **No** Do you have a sample of the notice that you propose to distribute two weeks prior to your event? If yes, please attach. If no, please explain.

MARKETING AND PUBLIC RELATIONS

Yes **No** Will this event be marketed, promoted, or advertised in any manner? If yes, please describe.

Yes **No** Will there be live media coverage during the event? If yes, please describe.

Yes **No** Will media vehicles be parked within the event venue? If yes, please describe safety plan.



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Yes **No** Do you have a plan to control or limit the placement and/or distribution of promotional signage, stickers, and other items? If yes, please describe.

INSURANCE REQUIREMENTS

Name of Insurance Agency _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____

Fax _____ Cellular _____

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 City of Fulshear Municipal Ordinance Code and I understand that this application is made subject to the rules and regulations established by the City Council and/or the City Manager or the City Manager's designee. Applicant agrees to comply will all other requirements of the City, County, State, Federal Government, and any other applicable entity which may pertain to the use of the Event venue and the conduct of the Event. 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 City of Fulshear.



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Print Name of Applicant/Host Organization _____

Title _____

Signature _____

Date _____

Print Name of Professional Event Organizer _____

Title _____

Signature _____

Date _____

Thank you for completing your Special Event Permit Application. Before you submit your application to the City of Fulshear, please make sure that the following steps have been completed.

Have you?

Signed and dated your application?

Attached your event site plan?



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- Attached your event security plan?
- Provided a copy of your security company's Private Security License?
- Attached your event medical plan?
- Attached a copy of your accessibility plan?
- Attached your event parking and shuttle plan?
- Attached a complete entertainment list and schedule?
- Included letters of support or endorsement from impacted entities and community groups within your venue area?
- Provided samples of communications that will be distributed to impacted residents, businesses, schools, places of worship and other entities?
- Attached your Certificate of Insurance?
- Attached a copy of your IRS 501(C) tax exemption letter?

- Included any County, State, Federal or City of Fulshear permits that may be required to hold your event in the selected venue?

Submit your completed permit application to:

City of Fulshear
Planning and Development Department
6611 W. Cross Creek Bend Ln
Fulshear, Texas 77441