PARADE OR SPECIAL EVENT APPLICATION

Ordinance No. 3107 (06.24.2025) | Revised Application (06.24.2025)

OFFICE USE ONLY – DEPARTMENT REVIEW

☐ Committee Review ☐ Department Budget Required for Approval

☐ Expedited Review Required

☐ Committee Review Not Required

Permit Fee: $200.00 Receipt # _____ Date: _____

Notice to Applicant – your application fee of $200 is non-refundable and due upon submission.

EVENT INFORMATION

Event Name / Title: _____

Event Type: ☐ Carnival / Circus ☐ Concert / Festival ☐ Church Event
☐ Ceremony ☐ Filming / Promotional ☐ Fundraiser
☐ Parade / March ☐ Peaceful Protest / Rally ☐ Run/Walk/Cycle
☐ Other _____

Expected Attendance: _____

Location of Event: _____

Event Description: _____

(Include website if applicable) _____

_____

_____

Event Flyer: ☐ Yes (include copy with application) ☐ No

EVENT LOCATION & MAPS

Event Location: ☐ Terrell City Park (documentation by Parks Department required)
☐ Downtown (documentation by Downtown Project Manager required)
☐ City-owned facility (approval required)
☐ City ROW or Parking Area (approval required)
☐ Private Property
☐ Other: _____
☐ Road closure requested
Provide detail: _____

_____

_____

Name of Location: _____

Address of Location: _____

_____

EVENT SCHEDULE & TIMEFRAME

List details of dates and times of your event and set-up

Is this a multiple day event: ☐ Yes ☐ No

Event Start Date: _____ Start Time: _____

Event End Date: _____ End Time: _____

Set-up Date: _____ Set-up Start Time: _____

Teardown Date: _____ Teardown End Time: _____

EVENT ACTIVITIES, ENTERTAINMENT, & EQUIPMENT

If open to the public and food will be served, a separate Temporary Food Service Permit will be needed. All mobile food trucks must have an annual permit to operate within the City of Terrell.

Temporary commercial events, which include a carnival, circus, animal rides or amusement rides (including bounce houses) must provide a certificate of liability insurance indicating a valid insurance policy in the amount of not less than $1,000,000 for liability against injuries suffered by any person while using any of the amusement rides or devices.

Access to restrooms shall be made available to all attendees, including handicap accessible facilities. The owner, operator, and sponsor(s) are responsible for providing proper cleaning, sanitizing, and disposal services for the portable toilets.

Food / Food Vendors:	☐ Yes	☐ No
Jumpers / Bounce Houses	☐ Yes	☐ No
Tents	☐ Yes	☐ No
Amplified Sound / PA System	☐ Yes	☐ No
Event Entertainment	☐ Yes	☐ No
Stage	☐ Yes	☐ No
Portable Restrooms	☐ Yes	☐ No
Animals	☐ Yes	☐ No
Signage	☐ Yes	☐ No
Electricity	☐ Yes	☐ No

Additional Information – Please share any additional information or requests below:

_____

_____

_____

SUBMITTALS / ATTACHMENTS

- ☐ Non-Profit certificate: 501(c) 3, 4, 6 (if applicable)
- ☐ Event Layout / Site Map – must include the following:
  - Stages or structures
  - Vendor booths
  - Any fenced areas
  - Any road closure or barricades
  - Amusement locations
  - Kids' zone

- Food / alcohol locations
- Start / finish lines
- Clearly marked parking areas
- Specification of tents, including their number, sizes, and designated locations
- Details about stage(s), including type, location, and dimensions
- Notation of restroom locations and number of portable units
- Information on signage, including type, location, and dimensions

☐ Fire protection
☐ Safety Plan / Traffic Plan
☐ Security Plan – Police protection
☐ Sanitation Plan – details of how the applicant will clean up the area used after event
☐ Event Timeline (schedule of events)
☐ Certificate of Liability Insurance (if applicable)
☐ Health permits (will need to be submitted no less than 3-days prior to the event)
Health inspection is required the day of event, full list of vendors is due no less than 5 days prior to the event.
☐ Copy of agreement or details outlining the arrangement between applicant and promoter

EVENT APPLICANT INFORMATION

Applicant Name: _____
Driver's License: _____ Date of Birth: _____
Address: _____
Contact Phone: (Cell): _____ (Other): _____
Contact Email: _____

On-Site Contact: _____
On-Site Phone: (Cell): _____ (Other): _____
On-Site Email: _____

ACKNOWLEDGEMENT

The Special Event Application will be reviewed by the permitting committee. The Applicant will be notified whether he/she has been given permission to proceed in planning the proposed event. Upon receipt of this application, the City will work hard to complete the approval process within 30-days from the first business day following the submission.

I, the undersigned hereby confirm that the information stated above is true and correct to the best of my knowledge and I have the authority to apply for this event on the event and Organization's behalf.

_____ _____
Signature Date

OFFICE USE ONLY:

To be determined by the Special Event Review Committee:

☐ Certificate of liability insurance & endorsement agreement required

☐ Special Event Review Committee recommends
_____ dedicated police unit(s) with _____ officer(s) assigned to the event

Estimated Budget: $_____

☐ Special Event Review Committee recommends
_____ dedicated ambulance(s) with _____ paramedic(s) assigned to the event

Estimated Budget: $_____

☐ Other budget considerations:
Police Department $_____
Description: _____

Fire Marshal $_____
Description: _____

Public Services $_____
Description: _____

SPECIAL EVENT REVIEW COMMITTEE APPROVAL:

Police Department _____ Date: _____

Fire Marshal: _____ Date: _____

Public Services _____ Date: _____

Budget / Finance Review _____ Date: _____

Special Event Coordinator _____ Date: _____