

Community Special Event Application

* * Office Use Only * * Committee Review (\$250) Non-Committee Review (\$50)

Expedited Review (+\$100)

Reservation Deposit (\$100) Other Fees:

Total Fee:

Please be advised:

- •Submitting an application does not guarantee approval of permit.
- •Proof of insurance is required for all events taking place on City property.
- •Your application is not complete until you have submitted the application and paid the associated fee(s).
- •Additional information, documentation, permits and fees may be required based on event activities.
- •Applications can be submitted no more than 8 months in advance and no later than 90 days prior to the event. Applications submitted after the 90 day mark will be subject to an expedited review fee.
- •All details must be finalized and presented to SERC committee in person 60 days prior to event.

The information requested on this Community Special Event Application will be used to determine approval for your event. Any misrepresentation in this application or deviation from the final approved conditions may result in the immediate revocation of the approval, the halting of the event, forfeiture of the applicant's rental deposit, and possible loss of ability to host future events.

APPLICANT INFORMATION

Community Special	Event Applications may be made	by Corporat	e and coppen residents only	' -
Applicant Name:	· · · · · · · · · · · · · · · · · · ·			
Are you 18 years of a	ge or older?	Yes	No	
Are you representing t	the host organization?	Yes	No	
Will you be the on-site	point of contact during the event?	Yes	No	
Phone:	Er	nail:		
				<u> </u>
	ding zip code) for correspondence r			
Host Organization Na	me:			
EIN / Federal Tax ID#:				
Is it a non-profit organ	ization with 501(c)(3) status? Yes f the 501(c)(3) certificate or support	3	No	
Alternate contact that wi	Il be on-site during the event.			
On-site contact name:		Cell		
Identify the point of cont	act for public inquiries – general inform	ation, volunte	er, vendor/sponsor inquiries, etc.	
Public contact name a	nd title:			
Phone:	Cell:		Email:	

Event Name:			
Location:			
	pe submitted to SERC committee 60 days prior to event.		
Anticipated Attendance:			
Description of Event:			
HOW MANY TIMES THIS EVENT HAS BEEN HO	STED BEFORE?		
1st time 2 – 4 times 5 or m	ore times Location:		
CHOOSE THE BEST DESCRIPTION OF THE EV	ENT.		
Festival	Birthday Party/Picnic		
Movie Screening	Charitable/Fundraising		
Parade (City and CISD use only)	Community/Neighborhood		
Private Event	Concert or Live Performance		
Run/Walk (complete Run/Walk section)	Other:		
ran, rank (complete ran, rank couldn)	<u> </u>		
EVENT ACTIVITIES INCLUDE (CHECK ALL THE	APPLY):		
Amusement Rides / Inflatables	Food - sampled, served or sold		
Animals / Petting Zoo	Products / Services – given away, sampled or sold		
Announcements / Speeches	Live Music		
Information / Literature Distribution	Movie Screening		
DJ / Recorded Music	Street Closure		
Other:			
THE EVENT IS:			
Private	Free & open to the general public		
Entry by participation or registration fee	Entry by admission fee or ticket		
Admission information (if applicable):			
Include entry or participant fees, ticket prices, donation	ns, and / or tees based on activity.		

PROMOTION:					
ndicate how the event will	be marketed, pron	noted or	advertised.		
Event Web Site(s)	Web Address:				
Social Media	URL(s):				
Other:					
EVENT TIMELINE:					
Park pavilions are booked or 3 PM to 7 PM. The rentator these activities.				•	= -
	Date(s)		Start Time:		End Time:
Event Date					
Event Set-Up					
Event Breakdown					
RUN / WALK					
take place a month and are 501(c)3 non-profit organizate of this nature are also subje	tion. Runs must follo	ow routes	specified by Cop	pell Parks a	and Recreation. Events
1 mile		ce (if appl 5K	icable). —	Other	Distance
1 mile Please mark your expected	d attendance:	5K	, 	Other	Distance
1 mile Please mark your expected Number of Partic	d attendance:	5K	, 	Other	Distance
1 mile Please mark your expected Number of Partice 1-99	d attendance:	5K Rental F \$150	, 	Other	Distance
Please mark your expected Number of Partice 1-99 100-199	d attendance:	5K Rental F \$150 \$250	, 	Other	Distance
1 mile Please mark your expected Number of Partice 1-99	d attendance:	5K Rental F \$150	, 	Other	Distance
1 mile Please mark your expected Number of Partice 1-99 100-199 200-299 300+ This fee covers: Parkal of the Phillips Paverage be requested at an acceptance of the park and trail system.	d attendance: ipants ilion for 4 hours on iditional cost. The 0	Rental F \$150 \$250 \$350 \$450 I the day Grand pa	of your event. A t	ime block o	of 4 additional hours d at an additional cost.
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1 mile Please mark your expected Number of Partice 1-99 100-199 200-299 300+ This fee covers: Rental of the Phillips Paverage be requested at an act of Parks staff to provide trast of A site restoration fee to see the park and trail system. SIGNS & BANNERS: Will signs or banners be end.	d attendance: ipants ilion for 4 hours on ditional cost. The 0 h pick-up after you upport the costs as rected to advertise ed to display the base	Rental F \$150 \$250 \$350 \$450 the day Grand pa ur event. ssociated	of your event. A to vilion can also be with maintenance	ime block of requested se and resto	of 4 additional hours d at an additional cost. oration due to usage of No

POLICE / SECURIT	TY SERVICES:			
Security personnel include	les (check all that a	pply). Supporting d	ocumentaion may be	required.
Event staff	How many:	Date(s) and t	ime(s):	
Volunteers	How many:	Date(s) and t	ime(s):	
Private security	How many:	Date(s) and t	ime(s):	
Company name: _				
Contact name and	I number:			
Off duty police	How many:	Date(s) and t	ime(s):	
Have you n	nade arrangements	with the police?	Yes No	
If no, you will be p	rovided the informa	tion on how to mak	e arrangements.	
If yes, provide the	following information	n for the person yo	ou made arrangements	s with:
Contact name:		Phone n	umber:	
TRAFFIC SAFETY	EQUIPMENT:			
Will your event require tra	affic cones or barric	ades? Yes	No	
If yes, indicate the type of	of equipment and ho	w many will be use	ed (estimates are acce	pted):
Traffic cones	How many:	В	arricades Hov	w many:
Other:				
When will the traffic equi	oment be set-up?	Date(s):	Time(s): _	
When will the traffic equi	pment be removed?	o Date(s):	Time(s): _	
Are you requesting use of Be advised there may be	, , ,			aranteed.
Streets can not be b				
ELECTRICAL SER				
How will electrical service		Generator	Public Utilities	Both
List contractor / supplier: Explain services in detail				
Explain services in detail	•			
TEMPORARY TEN	TS & STRUCTU	JRES :		
Will the event have a tent	(s) larger than 10' x	20'?	Yes	No
List the # of tents & sizes	:			
STREET CLOSUR	ES:			
Does the event propose	closing, blocking or	using City streets a	and/or parking lots? \	⁄es No
If Yes, please list all stree	ets, intersections an	d parking lots that	apply:	
Street Closings to begin	on date:	Start Tim	e: End	l Time:
Will any businesses be in	npacted by the prop	osed road closure	? Yes	No

INSURANCE

All events taking place on City of Coppell property must provide a certificate of liability insurance & endorsement page. The City of Coppell must be listed as an "Additional Insured" in the amount of \$1 million on both pages. Please list the date of event and location on this certificate and submit at least 1 month before your event.

The City of Coppell reserves the right to increase the insurance limits based on the nature and degree of risks to the public.

If you have questions regarding City insurance coverage, please inquire with City of Coppell staff after submitting the application.

HOLD HARMLESS CLAUSE

Applicant / organization shall assume all risks incident to or in connection with the approved activity and shall be solely responsible for damage or injury, of whatever kind or nature, to person or property, directly or indirectly arising out of or in connection with the approved activity or the conduct of applicant's operation. Applicant hereby expressly agrees to defend and save the City, it's officers, agents, employees and representatives harmless from any penalties for violation of any law, ordinance, or regulation affecting its activity and from any and all claims, suits, losses, damages or injuries directly or indirectly arising out of or in connection with the approved activities or conduct of its operation or resulting from the negligence or intentional acts or omissions of applicant or its officers, agents, and employees. Furthermore, by signing this Application, applicant hereby agrees to waive any and all claims that applicant may have against the City, it's officers, agents, employees, and representatives arising out of or in connection with the revocation or cancellation of an event permit.

employees, and representatives arising out of	or in connection with the revocat	tion or cancellation of an event permit.
Signature		Date
Contract Agreement		
Applicant / organization has throughly read th	rough, understands and agrees t	o all conditions listed on this application.
Signature		Date
To be determined by the Special Event Review		
The state of the s	· ·	coppell as additional insured is requiredNoYes
		nit(s) with officer(s) assigned to the event. The
	s dedicated ambulance(s PPELL SPECIAL EVENT REVIE\	s) with paramedic(s) assigned to the event.
		Special Event Sup.
Emergency Mgmt Environmental Health Fire Marshal	Parks & Rec	Special Event Sup Date