

City of Granbury Festival, Special Event & Parade Application

Completed Festival, Special Event & Parade Applications must be completed and submitted a minimum of 30 days prior to the event. If the event includes a parade on Pearl or Houston Streets, applications must be submitted at least 60 days prior to the event.

Name of Festival/Event/Parade:	
Date(s) of Event:	Day(s) of Event:
List Start Times and Ending Times for Event Days	s:
	n location. For Parades, include route, assembly location ecessary). Parade routes using Pearl or Houston Street nust be submitted 60 days prior to the event.
Parade or Circumstances Requiring Street Closu	ure(s) or Traffic Control:
Number of participants in the parade:	Number of expected spectators for the parade:
Date and time of parade:	
Types of participants (people, animals, vehicles,	etc.):
Will any street closures be necessary? \square Yes	\square No
What times will closures be necessary?	

If so, what streets do you propose to close? (Provide a diagram of the proposed route):		
Will traffic control be necessary? \square Yes \square No		
Police Department Approval:		
GISD Parking Lot Required?		
Event: Number of people expected to attend the Event: Total number of vendors:		
Food/Health Permits: Number of Food Vendors, if any: Will you have any cooking competitions? (Cook-off, Wine Walk, etc)		
If answered "Yes", contact the Permit Department at 817-573-1114 Ext. 1694, for a list of temporary health permit requirements and an application. Health Permit Applications must be received, and associated fees paid <u>at least 3 days</u> prior to the event.		
Electricity: Will electricity be used by Vendors? □ Yes □ No		
If answered "Yes", contact the Electric Department for electrical availability <u>2 weeks prior</u> to the event at 817-573-7030. ALL major events must have a Master Electrician on site!!		
Signs: Will there be any signage associated with the event? \square Yes \square No		
Will signage be displayed for dates beyond the time period of the event permit? \Box Yes \Box No		
If answered "Yes", please contact the Building Department at 817-573-1114 to discuss sign permit applications and sign requirements.		
Description of signage (include type and square footage for all signs or provide graphic if available):		
Location/s of signage:		

Highway Banners: ☐ Yes ☐ No				
If answered "Yes", TxDOT must be contacted for banner placement, <u>a minimum of 2 weeks</u> prior to placement. TxDOT form #2057 can be obtained from the TxDOT office in Stephenville.				
Fireworks: Do you plan on a public display of fireworks? □ Yes □ No				
If answered "Yes", Fire Marshal approval is required: Date of approval:				
Copy of State Fire Marshal approval attached? \square Yes \square No				
Alcohol: Alcoholic beverages (on-site possession and consumption): \Box Yes \Box No				
If answered "Yes", TABC approval is required: Date of approval:				
Copy of TABC approval attached? $\ \square$ Yes $\ \square$ No				
Insurance: Have you provided a copy of your Liability Insurance?: □ Yes □ No				
Insurance Company Name:Coverage Amount:				
A certificate of liability insurance listing the City of Granbury as co-insured. Specifically, coverage sha				
be at a minimum:				
i. For events or festivals on public property, a Combined Single Limit of \$200,000 (two hundresthousand dollars) per occurrence for Bodily Injury and Property Damage, with a \$1,000,000 (on million dollar) general aggregate; and;				
ii. For events or festivals on private property, where the applicant is a non-profit a \$1,000,000 (one million dollar) general aggregate.				
iii. The State Department of Transportation must also be listed at co-insured if State Highway closure is requested.				
iv. Additional Insured Certificate Holder "City of Granbury" 116 West Bridge Street, Granbury, Texa				
76048.				
Site Plan: A detailed site plan <u>must be submitted</u> with this application. The Site Plan <u>must include</u> existing buildin locations, and proposed stage, tent and barricade locations, if used. If alcohol will be sold, served, or consumed during your event, <u>you must show alcohol secured fenced area(s) and security points</u> .				
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Tents:Tent(s) (20' x 40') requires space of 40' x 50': \square Yes \square No
Number of tents required:
If answered "Yes", what location?
Date of Install: Date of Dismantle:
Dig test reports are required prior to tent installation. You must contact 1-800-DIG-TESS (1-800-344 8377) to order your dig test. Dig test orders must be made <u>at least 5 days prior to the event</u> and no more than 14 days prior to the event. <u>There is no cost for the dig test.</u>
Barricades: Barricades required?: □ Yes □ No Number of barricades required:
If answered "Yes", what location?
Date of Delivery: Date of Pick-up:
Cones: Cones required?: □ Yes □ No Number of cones required:
If answered "Yes", what location?
Date of Delivery: Date of Pick-up:
Trash Cans: Trash cans required?: □ Yes □ No Number of trash cans required:
If answered "Yes", what location/s?
Date of Delivery: Date of Pick-up:
The City of Granbury <u>is NOT responsible for trash pick-up</u> . Please make arrangements for trash to be picked up after your event.
Dumpsters: Dumpsters required?: □ No Number of dumpsters required:
If answered "No", what arrangements have been made for trash collection and removal for the event?
If answered "Yes", what location/s?
Date of Delivery: Date of Pick-up:

^{*}Dumpster fees may apply

Tram/Trolley: Tram/Trolley required?: □ Yes □ No
If answered "Yes", which is the preferred date/time of use?
Special Services: (Please attach a separate sheet as necessary to provide explanation)
Prior to submission of this application please verify you have attached the following required supporting documentation – the application cannot be processed if incomplete.
 Proof of insurance(s). Food vendor list (contact name(s), address(es), phone number(s)) Group food contestant list (contact name(s), address(es), phone number(s)) Street vendor list (contact name(s), address(es), phone number(s) and copy of badge that will be worn during the event) Site map (please indicate barricade, trash cans, cones, etc. placement on map) Street closure(s) map.
Permit Applicant Name:
Organization:
Address:City:
State: Zip:
Email Address:
Business Phone: Fax:
Emergency Phone: E-mail:
Website:

Name:	
Phone:	
	Woodie.
Name:	
Phone:	Mobile:
Name	
Name:	
Phone:	Mobile:
Master Electrician Name:	
License #	Phone:

Contact(s) Responsible for the Event:

<u>City of Granbury</u> **Festival, Special Event and Parade Agreement**

(THE APPLICANT AND PROPERTY OWNER MAY WANT TO SEEK OUTSIDE LEGAL COUNSEL PRIOR TO SIGNING THE STATEMENT BELOW).

I have read, understand, and agree to all terms and conditions set forth in this permit. I understand that there are dangers inherent in the conduction of a special event, festival, or parade. These dangers include, but are not limited to, accidental falls or other incidents by attendees that may cause personal injury or property damage. Understanding this, I and any other persons, organizations, firms or corporations on whose behalf the application is made, agree to indemnify and hold harmless the City of Granbury and the Hood County Commissioner's Court from all claims, judgements and costs of any nature, including attorney's fees incurred in connection with any legal action brought as a result of my conducting the above-described activity.

I hereby expressly recognize that this agreement and release of liability is a contract pursuant to which I have released any and all claims against the City of Granbury and Hood County Commissioner's Court resulting from my participation in activities including any claims caused by the negligence of the City of Granbury and Hood County Commissioner's Court.

Property Owner's Signature:	Date:
(required if on private property and/or 501c)	
Permit Applicant's Signature:	Date:
(Officer or Authorizing Letter Attached)	
Permit Co-Applicant's Signature:	Date:

Approvals:

Code Official's Sign	nature:	Date:
Approval continge	nt on the following items:	
Hood County Judge	e:	Date:
Chief of Police or D	Deputy Chief:	Date:
Health Inspector:		Date:
Public Works:		Date:
Parks Department:		Date:
Human Resources:		Date:
Electric Departmen	nt:	Date:
Street Department	:	Date:
Waste Disposal: _		Date:
Visitor's Center: _		Date:
	FOR OFFICE USE ONLY	
	Date Received:	
	Number of Attachments:	