

SPECIAL EVENT PERMIT
Application Packet

INSTRUCTIONS

Below is the list of forms provided in this packet with instructions for completing the same. This packet must be completed in full and returned in its entirety to the City Manager of the City of Paris **at least 60 days prior to the event.**

A \$100.00 non-refundable permit fee must accompany this packet.

1. ***Application***

Carefully read the instructions at the top of the application. Failure to complete this application correctly and completely may result in the denial of the application. You are not precluded from filing another application if your original application is returned to you due to incomplete information.

2. ***Required Plans***

Each plan form requests information that is required before a permit can be issued. Please complete each form in its entirety.

3. ***Permission for Use of Private Parking Lot***

Make as many copies of this form as are needed and make certain that the attachments requested are included.

4. ***Agreement***

Failure or refusal to sign this agreement will result in the application being returned without review.

5. ***Hold Harmless***

Failure or refusal to sign this agreement will result in the application being returned without review.

REQUIRED ATTACHMENTS

1. ***Certificate of Insurance***

Attach hereto a copy of a certificate of special event insurance providing at least \$250,000.00 per person and \$500,000.00 for any single occurrence for bodily injury or death and \$100,000.00 for any single occurrence for injury to or destruction of property, indemnifying all persons for any and all damages, personal injuries or property damages sustained in or upon the property for which use is requested, or any part thereof, as the result of the negligence of the applicant, the applicant's invitees, agents, servants or employees. It is expressly provided that such insurance policy or policies shall, and must, be written and issued by a reputable insurance company, or companies, showing the CITY OF PARIS, TEXAS, as an additional insured, subject to approval by the City Attorney of the City of Paris. Such policy shall be written so that the CITY will be notified of cancellation or of any restrictive amendment of the policy immediately. Notice shall be by telephone to the City Clerk of the City of Paris, (903) 785-7511, ext. 248.

2. ***Permits***

Make certain that copies of all permits required by each plan are attached thereto.

CITY OF PARIS

SWORN APPLICATION FOR A SPECIAL EVENT PERMIT

PLEASE READ CAREFULLY: PLEASE COMPLETE THIS APPLICATION IN FULL AND SIGN ALL ACCOMPANYING AGREEMENTS. ANY APPLICATION WHICH LACKS NECESSARY INFORMATION OR WHICH IS INCOMPLETE IN ANY WAY WILL BE DENIED; HOWEVER, YOU ARE NOT PRECLUDED FROM FILING A SUBSEQUENT APPLICATION. IF MORE SPACE IS NEEDED TO ANSWER A QUESTION THAN IS PROVIDED ON THE APPLICATION FORM, PLEASE ATTACH AN ADDITIONAL SHEET, OR SHEETS, AND NUMBER THE ANSWERS ACCORDINGLY. **(APPLICATION FOR A SPECIAL EVENT PERMIT MUST BE MADE BY A PERSON HAVING MANAGEMENT OR SUPERVISION OF THE EVENT.) PLEASE TYPE OR PRINT CLEARLY.**

DATE: _____

1. FULL NAME OF APPLICANT: _____
BUSINESS ADDRESS AND TELEPHONE NUMBER: _____
PERMANENT ADDRESS AND TELEPHONE NUMBER: _____
LOCAL ADDRESS AND TELEPHONE NUMBER, IF DIFFERENT: _____

DRIVER'S LICENSE NUMBER, STATE: _____
2. IF APPLICABLE, NAME OF NONPROFIT ORGANIZATION REPRESENTING: _____

ADDRESS AND TELEPHONE NUMBER: _____
CONTACT PERSON: _____
LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF THE OFFICERS AND DIRECTORS OR TRUSTEES OF THE ORGANIZATION:

3. IF APPLICABLE, NAME OF CORPORATION: _____
STATE ORGANIZED UNDER: _____
MAILING ADDRESS: _____
BUSINESS LOCATION AND TELEPHONE NUMBER: _____

CONTACT PERSON: _____
LOCAL BRANCH ADDRESS AND TELEPHONE NUMBER, IF APPLICABLE: _____

LOCAL BRANCH CONTACT PERSON, IF APPLICABLE: _____
LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL OFFICERS AND DIRECTORS OR TRUSTEES OF THE CORPORATION:

4. DATE(S) ON WHICH EVENT WILL TAKE PLACE: _____
5. APPROXIMATE START AND STOP TIMES OF THE EVENT: _____
6. DATES UPON WHICH AND HOURS DURING WHICH CLOSURE OR USE IS REQUESTED: _____

(INCLUDING ALL SET-UP TIME AND BREAK-DOWN/CLEAN UP)
7. APPROXIMATE NUMBER OF PEOPLE EXPECTED TO ATTEND THE EVENT: _____

8. DESCRIBE THE EVENT, IN DETAIL:

9. IF THE PURPOSE OF THE SPECIAL EVENT IS TO OFFER GOODS FOR SALE, STATE THE KIND, TYPE AND CHARACTER OF SUCH GOODS THAT WILL BE OFFERED FOR SALE:

10. LIST ALL EQUIPMENT TO BE SET UP OR UTILIZED AT THE EVENT (INCLUDE TENTS, DISPLAYS, SANITARY FACILITIES, ETC.):

11. EXACT LOCATION WHERE EVENT WILL TAKE PLACE, IF APPROVED, WITH SPECIFIC STREETS THAT ARE REQUESTED TO BE CLOSED FOR SUCH EVENT:

12. NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL PERSONS WHO WILL BE IN CHARGE OF OR MANAGE THE EVENT (INCLUDE EMERGENCY TELEPHONE NUMBERS WHERE SUCH PERSONS CAN BE REACHED DURING THE EVENT):

13. LIST ALL VENDORS, INCLUDING FOOD VENDORS, AND STATE THE KIND, TYPE AND CHARACTER OF SUCH GOODS THAT WILL BE OFFERED FOR SALE BY SUCH VENDORS (**THIS LIST MUST BE COMPLETE AND CORRECT PRIOR TO THE DATE OF THE EVENT, AND MAY BE AMENDED AT ANY TIME PRIOR THERETO**):

14. IF APPLICABLE, LIST THE LAST THREE (3) PLACES WHERE YOU EITHER CONDUCTED OR WERE A PART OF A SPECIAL EVENT, STATING THE NATURE THEREOF, AND GIVE YOUR FULL ADDRESS AT EACH LOCATION:

1) _____

2) _____

3) _____

15. (A) HAVE YOU OR ANY PERSON LISTED UNDER NUMBER 11 ABOVE BEEN CONVICTED OF THE COMMISSION OF A FELONY IN A COURT OF COMPETENT JURISDICTION WITHIN THREE (3) YEARS OF THE DATE OF THIS APPLICATION? (Circle One)

Y OR N

IF "YES", EXPLAIN: _____

(B) HAVE YOU OR ANY OTHER PERSON ASSOCIATED WITH YOUR ORGANIZATION EVER BEEN
DENIED A SPECIAL EVENT PERMIT, OR ANY OTHER KIND OF PERMIT, BY THE CITY OF PARIS?
(Circle One)

Y OR N

IF "YES", EXPLAIN: _____

16. AUTHORITY TO RELEASE INFORMATION:

"TO THE CHIEF OF POLICE, PARIS POLICE DEPARTMENT:

"I, THE UNDERSIGNED APPLICANT, DO HEREBY AUTHORIZE YOU TO RELEASE TO THE CITY
MANAGER OF THE CITY OF PARIS ANY INFORMATION IN YOUR FILES PERTAINING TO MY
CURRENT OR PREVIOUS LAW ENFORCEMENT/CRIMINAL JUSTICE RECORD. I DO HEREBY, FOR
MYSELF, MY HEIRS, REPRESENTATIVES AND ASSIGNS, FOREVER RELEASE, DISCHARGE AND
ACQUIT THE CITY OF PARIS, PARIS, TEXAS, ITS PAST, PRESENT AND FUTURE OFFICERS, ELECTED
OFFICIALS, EMPLOYEES, AGENTS, INSURERS AND ATTORNEYS OF AND FROM ANY AND ALL
CLAIMS, SUITS, ACTIONS, CAUSES OF ACTION, DEMANDS, DAMAGES, COSTS, EXPENSES,
ATTORNEY'S FEES AND OTHER COMPENSATION, WHETHER PROPERTY DAMAGE, PERSONAL
INJURY, VIOLATION OF CONSTITUTIONAL OR STATUTORY RIGHTS OR OTHER INJURY, WHETHER
KNOWN OR UNKNOWN, AND WHETHER ASSERTED OR NOT, WHICH MAY, AT ANY TIME, RESULT
TO ME, MY HEIRS, FAMILY OR ASSOCIATES BECAUSE OF YOUR COMPLIANCE WITH THIS
AUTHORIZATION AND REQUEST TO RELEASE INFORMATION, OR ANY ATTEMPT TO COMPLY
WITH THE SAME. I AM ALSO FURNISHING TO YOU MY DATE OF BIRTH ON A VOLUNTARY BASIS
TO FACILITATE THE LOCATION OF RECORDS IN CONNECTION WITH THIS RELEASE."

PRINTED NAME OF INDIVIDUAL OR COMPANY

DATE OF BIRTH

STREET ADDRESS

(H) _____ (B) _____
HOME AND BUSINESS PHONE NUMBERS

CITY, STATE, ZIP CODE

SIGNATURE OF APPLICANT

STATE OF TEXAS)
)
COUNTY OF LAMAR)

_____ PERSONALLY APPEARED BEFORE ME AND, BEING
BY ME FIRST DULY SWORN, DECLARED THAT HE/SHE SIGNED THIS APPLICATION IN THE
CAPACITY DESIGNATED, IF ANY, AND THAT HE/SHE HAS READ THE ABOVE APPLICATION AND
THAT THE STATEMENTS THEREIN CONTAINED ARE TRUE AND CORRECT.

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ **DAY OF** _____
_____, _____.

NOTARY PUBLIC, STATE OF TEXAS

RETURN FROM CHIEF, PARIS POLICE DEPARTMENT:

BASED UPON MY REVIEW OF THE LAW ENFORCEMENT/CRIMINAL JUSTICE RECORDS OF THE ABOVE APPLICANT, SUCH APPLICANT:

_____ **DOES MEET REQUIREMENTS**
_____ **DOES NOT MEET REQUIREMENTS**

Chief
Paris Police Department

Date

SPECIAL EVENT PERMIT IS HEREBY:

GRANTED/DENIED

Beginning Date: _____
Ending Date: _____

Beginning Time: _____
Ending Time: _____

Fee: \$ _____
Bond: \$ _____

Receipt # _____
Receipt # _____

Date: _____
Date: _____

City Manager

Date

LAYOUT PLAN

1. Attach hereto **two (2) copies** of a detailed map of the site where the event will take place and indicate the approximate location of all vendors, booths, facilities, etc. Changes to this map may be made up to the date of the event; however, the final map must be submitted to and approved by the Committee.

APPROVED:

Planning & Zoning	Date
-------------------	------

Chief	Date
Paris Police Department	

Chief Paris Fire Department	Date
--------------------------------	------

Director _____ Date _____
Emergency Medical Services

DENIED:

REASONS:

Planning & Zoning	Date
-------------------	------

Chief Paris Police Department	Date
----------------------------------	------

Chief _____ Date _____
Paris Fire Department

Director _____ Date _____
Emergency Medical Services

TRAFFIC & FIRE PLAN

1. Attach hereto **two (2) copies** of all permits required in accordance with the Standard Fire Prevention Code, if obtained yet. If not obtained yet, provide copies of such permits at the time they are obtained.
2. Attach hereto **two (2) copies** of a detailed map of the location for which closure is requested showing:
 - a. The route allowed for emergency vehicle passage.
 - b. The exact location of all temporary traffic signing and barricades and show, in detail, the exact detour route for traffic recommended and the location of all detour signs.
 - c. The availability, location, and quantity of parking available for use. It is the responsibility of the applicant to provide adequate enforcement personnel to prevent vehicles from stopping and parking along the main lanes of highway right-of-way and otherwise prevent interference with the main lane of traffic by both vehicles and pedestrians.
 - d. If private parking lots are among those which will be utilized, attach copies of written permission, on forms provided by the City, from the owners of such lots authorizing usage during the event. Signs preventing entry into private lots for which use is not granted is the responsibility of the applicant. Attach **original and one (1) copy**.
 - e. The access route for abutting property owners, if any.

APPROVED:

Planning & Zoning	Date
-------------------	------

Chief	Date
Paris Police Department	

Chief _____ Date _____
Paris Fire Department

Director _____ Date _____
Emergency Medical Services

DENIED:

REASONS:

Planning & Zoning	Date
-------------------	------

Chief	Date
Paris Police Department	

Chief	Date
Paris Fire Department	

Director _____ Date _____
Emergency Medical Services

PERMISSION FOR USE OF PRIVATE PARKING LOT

Address of Property: _____

PLEASE NOTE: If you are the owner of the above property, please attach hereto a copy of the deed evidencing such ownership. If you are the agent for the owner of the above property, please attach hereto a copy of the contract or other agreement evidencing your authority to permit use of such property. If you are the tenant leasing the above property, please attach hereto a copy of the lease or other agreement evidencing such tenancy.

TO THE SPECIAL EVENTS COMMITTEE OF THE CITY OF PARIS, PARIS, TEXAS:

I, _____, (owner/agent/tenant) of the parking lot located at _____, Paris, Texas, do hereby grant permission to _____ to utilize said parking lot during the special event to be held on _____, from the hours of _____ to _____.

Signature

Date

SANITATION & ELECTRIC PLAN

1. State the number of sanitary facilities which will be available to the public:

_____ women _____ men _____ handicapped

2. Attach hereto **two (2) copies** of all permits required under the Standard Electrical Code, if obtained yet. If not obtained yet, provide copies of such permits at the time they are obtained.
3. Describe the sources of electricity to be used, what will be connected to those sources, and if those sources are from private businesses, and attach hereto **two (2) copies** of a detailed map of the location for which closure is requested and show the availability and location of all electrical sources that will be used.

APPROVED:

Planning & Zoning

Date

DENIED:

Planning & Zoning

Date

REASONS:

AGREEMENT

STATE OF TEXAS)
)
COUNTY OF LAMAR)

KNOW ALL MEN BY THESE PRESENTS:

That I, _____, in my designated capacity, if any, do hereby request the CITY OF PARIS, PARIS, TEXAS, to grant to me a Special Event Permit based on the information which I have provided, and in consideration of its doing so, do hereby certify that:

1. GENERAL

(a) I shall assume all costs for the operations associated with the Event, including, but not limited to, plan development, materials, labor, public notification, providing protective barriers and barricades, protection of highway traffic and highway facilities, and all traffic control and temporary signing.

(b) I will avoid or minimize damage, and will, at my own expense, restore or repair damage occurring outside the right-of-way and restore or repair the right-of-way, including roadway and drainage structures, signs, and pavement, etc. to a condition equal to that existing before the closure, and, to the extent practicable, restore the natural environment, including landscape features.

2. COMPLIANCE WITH LAWS

I shall comply with all applicable federal, state and local environmental laws, regulations, ordinances, and any conditions or restrictions required by the COMMITTEE to protect the natural environment and cultural resources of the right-of-way.

3. ADDITIONAL ACKNOWLEDGMENTS AND AGREEMENTS

(a) I acknowledge that the CITY may, at its discretion, deny issuance of a Special Event Permit for any event which does not serve a public purpose and which is not in the best interests of the businesses that are located in the area for which temporary closure is requested and that may be financially affected by such closure.

(b) I acknowledge that the CITY may revoke my permit without notice for any violation of the aforementioned stipulations, any violation of Article II of Chapter 24 of the Code of Ordinances of the City of Paris, Paris, Texas, or any just cause.

PRINTED NAME OF INDIVIDUAL OR COMPANY

SIGNATURE OF APPLICANT

STREET ADDRESS

(H) _____ (B) _____
HOME AND BUSINESS PHONE NUMBERS

CITY, STATE, ZIP CODE

STATE OF TEXAS)
)
COUNTY OF LAMAR)

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed and in the capacity therein stated, in any.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this ____ day of _____, _____.

Notary Public, State of Texas

HOLD HARMLESS

STATE OF TEXAS)
)
COUNTY OF LAMAR)

KNOW ALL MEN BY THESE PRESENTS:

That I, _____, in my designated capacity, if any, do hereby request the CITY OF PARIS, PARIS, TEXAS, to grant to me a Special Event Permit based on the information which I have provided, and in consideration of its doing so, do hereby, for myself, my heirs, representatives, agents, employees and assigns, agree to indemnify and hold harmless the CITY OF PARIS, PARIS, TEXAS, its past, present and future officers, elected officials, employees, agents, insurers and attorneys, from and against any and all claims, suits, actions, causes of action, demands, damages, costs, expenses, attorney's fees and other compensation, whether from property damage, personal injury, violation of constitutional or statutory rights or other injury, whether known or unknown, and whether hereafter asserted or not, growing out of, arising from, or in any way connected with, the granting of such permit or the event for which such permit is granted.

Witness my hand this _____ day of _____, _____.

PRINTED NAME OF INDIVIDUAL OR COMPANY

SIGNATURE OF APPLICANT

STREET ADDRESS

(H)_____(B)_____
HOME AND BUSINESS PHONE NUMBERS

CITY, STATE, ZIP CODE

STATE OF TEXAS)
)
COUNTY OF LAMAR)

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed and in the capacity therein stated, in any.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this _____ day of _____, _____.

Notary Public, State of Texas