



## Parks & Recreation

City of Pearland  
 4141 Bailey Road  
 Pearland, Texas 77584  
 Phone: 281.412.8900 | Fax: 281.412.8911  
 pearlandtx.gov

# Special Event Permit Application

To apply for a Special Event Permit, complete this application. Submit this application form, in both a hard copy and on disk or email along with an Event site plan, safety plan and a **\$100 Application Fee** payable to the *City of Pearland*, c/o the Recreation Superintendent. ***This Application must be received at least sixty (60) days prior to your event to be considered for approval.***

Event Name:	
Event Start Date:	Event End Date:
Annual Event: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 <sup>st</sup> Time Event: <input type="checkbox"/> Longevity of Event: _____ Alcohol Served: <input type="checkbox"/> Yes <input type="checkbox"/> No
Event Category: all that apply)	Community Festival: <input type="checkbox"/> Concert: <input type="checkbox"/> Circus: <input type="checkbox"/> Bike Race/Tour: <input type="checkbox"/> (Check Run/Walk: <input type="checkbox"/> Parade: <input type="checkbox"/> Athletic Event: <input type="checkbox"/> Carnival/Fair: <input type="checkbox"/> Other (specify): _____
Event Organizer:	Corporate ID#:
Street Address:	Non-Profit Corp.:
City:	State: _____ Zip: _____
Primary Contact:	Email: _____
Phone #:	Fax #: _____ Cell #: _____
Additional Event Partner:	
Primary Contact:	
Phone #:	Cell #:
Additional Event Partner:	
Primary Contact:	
Phone #:	Cell #:
Event Sponsors:	
Description of Event: (Provide thorough details of event activities, programs and schedule)	
Event Venue/Site(s): (Explain what sites will be used and the activities at each)	
Admission/Entry Fee:	In Advance: _____ Day Of: _____
Overall Attendance Estimate:	Largest One-time Attendance Estimate:

Event Schedule		
<b>Event Start Date:</b>	Time Open to Public:	Time Closed to Public:
	Actual Event Start Time:	Actual Event End Time:
	Music / Sound Start Time: (including sound checks)	Music / Sound End Time:
	Alcohol Service Start Time:	Alcohol Service End Time:
<b>2<sup>nd</sup> Event Date:</b>		
	Time Open to Public:	Time Closed to Public:
	Actual Event Start Time:	Actual Event End Time:
	Music / Sound Start Time: (including sound checks)	Music / Sound End Time:
	Alcohol Service Start Time:	Alcohol Service End Time:
<b>3<sup>rd</sup> Event Date:</b>		
	Time Open to Public:	Time Closed to Public:
	Actual Event Start Time:	Actual Event End Time:
	Music / Sound Start Time: (including sound checks)	Music / Sound End Time:
	Alcohol Service Start Time:	Alcohol Service End Time:
<b>4<sup>th</sup> Event Date:</b>		
	Time Open to Public:	Time Closed to Public:
	Actual Event Start Time:	Actual Event End Time:
	Music / Sound Start Time: (including sound checks)	Music / Sound End Time:
	Alcohol Service Start Time:	Alcohol Service End Time:
<b>5<sup>th</sup> Event Date:</b>		
	Time Open to Public:	Time Closed to Public:
	Actual Event Start Time:	Actual Event End Time:
	Music / Sound Start Time: (including sound checks)	Music / Sound End Time:
	Alcohol Service Start Time:	Alcohol Service End Time:

Event Venue Set-up & Break-down Information		
Event Venue Set-up Date(s):	Set-up Start Time:	Set-up Finish Time:
Venue Break-down Date(s):	Break-down Start Time:	Break-down Finish Time:
Additional Venue(s) or Site(s) required for Event Set-up or Staging of Equipment:		
Requested Street(s) to be Closed: (Street closures may require City Council approval)		
Proposed Date(s) & Times of Street Closures:		

**Event Equipment / Elements You Will Be Supplying**  
(Check & complete all that apply)

Dumpsters:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Quantity:	
Portable Toilets:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Quantity:	
Trash Cans:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Quantity:	
Recycling Containers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Quantity:	
Banners or Signs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Quantity:	
Fencing, Barricades:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	
Special Lighting:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Shuttle Service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Site Decorations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Catered Food:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Live Entertainment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Security:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Traffic Control:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Stage, bleachers or other structures:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Quantity:	Describe:
Event Web site or hot-line phone #:	<input type="checkbox"/> Yes <input type="checkbox"/> No	URL or Phone #:	
Fireworks, fires or pyrotechnics:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Name of Fireworks Contractor:		Phone #:	
Booths, exhibits or displays:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Quantity:	Describe:
Tents or canopies:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Quantity:	Size – Sq. Ft.:
Vehicles / Trailers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Quantity:	Describe:
Animals:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Quantity:	Describe:
VIP Area:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Describe:
Amplified Music / Sound:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Describe:
Rides, inflatables other amusement items:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Quantity:	Describe:

## Event Equipment / Elements Needed from the City of Pearland

(Check and complete all that apply. Fees will vary)

Electrical Service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
Water Service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
First Aid Service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
Crowd-control Barricades:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
Unique Grounds Preparation Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
Traffic Control:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
Security:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duties:
Other City Services:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:

## Event Merchant & Vendors Information

<b>Food Served/ Sold at Event:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	# Vendors:	# Non-Profit Vendors:	# For-Profit Vendors:
	# Food Vendors Needing Electricity:		# Food Vendors Needing Water:
<b>Cooking Method:</b> (Check all that apply)	Charcoal: <input type="checkbox"/>	Gas/Propane: <input type="checkbox"/>	Electric: <input type="checkbox"/> Other: <input type="checkbox"/>
<b>Merchandise Sold at Event:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	# Vendors:	# Non-Profit Vendors:	# For-Profit Vendors:
	# Food Vendors Needing Electricity:		# Food Vendors Needing Water:
<b>Other Items / Services Sold:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Items/Services:		
	# Vendors:	# Non-Profit Vendors:	# For-Profit Vendors:
	# Vendors Needing Electricity:		# Vendors Needing Water:

Describe your anticipated needs for crowd control, Police, Event Security, First Aid Services and Disabled Parking.

Outline in detail the duties your event staff will perform during the event, include such items as staffing entry and exit points, beer/wine garden area(s), stage area(s), clean up of debris and litter during and post-event, supervision of parking areas, etc.. How many Event staff members will you have on site during the Event, and how will you obtain these event staff?

Describe your plans for notifying residents and businesses whose traffic patterns and operations are affected by your Special Event?

Outline your plans for marketing and promoting your Special Event, include information on all media and other sources of promotion.

### Liability Insurance Information

A Certificate of Insurance for this Event must be presented to the City of Pearland (c/o Recreation Superintendent) no later than 15 calendar days prior to the Start Date of the Event. If the information requested below is not available when Application is submitted, it can be added later, but not later than the 15 day deadline previously noted.

Insurance Agency:		Agent's Name:	
Business Phone:	Policy #:	Policy \$ Limits:	
Address:			

