



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 **\$50 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 st Time Event: <input type="checkbox"/> Longevity of Event: _____ Alcohol Served: <input type="checkbox"/> Yes <input type="checkbox"/> No
Event Category:	Community Festival: <input type="checkbox"/> Concert: <input type="checkbox"/> Circus: <input type="checkbox"/> Bike Race/Tour: <input type="checkbox"/>
(Check all that apply)	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		
Event Start Date:	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:
2nd Event Date:		
	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:
3rd Event Date:		
	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:
4th Event Date:		
	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:
5th Event Date:		
	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

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

Indemnity Agreement:

In consideration for the City of Pearland granting the undersigned Event Organizer representative permission to hold the proposed event on public property and to display, sell or offer for sale wares, services, and/or food or merchandise within the perimeters of their event venue, the undersigned agrees to assume the defense of and indemnify and save harmless the City, its employees, offices and agents against any and all claims, liabilities, judgments, costs, causes of action, damages, expenses, and shall pay all attorney's fees, court costs and other costs incurred in defending such claims, which may accrue against, be charged to, be recovered from or sought to be removed from the City, its employees, officers and agents by reason of or on account of any personal injury or death or damage to property arising from the undersigned's event and associated activities, if such personal injury or death or damage of property is caused by the acts or omissions or negligence of the undersigned, or the undersigned's employees and agents or by such acts, omissions or negligence of any other person subject to the undersigned's control. The City, its employees, officers and agents shall not have to give the undersigned any specific types of notice of such claims.

Witness the following signature (Event Organizer signature)

(Signature)

Witnessed by:

Affidavit of Applicant:

I certify that the information contained in this Special Event Permit Application is true and correct to the best of my knowledge and belief that I understand, and agree to abide by the all regulations, provisions and rules governing Special Events as set forth by the City of Pearland. That I understand that this Application is made subject to the rules and regulations established by the Pearland City Council. I agree to abide by these rules and further certify that, on behalf of the organization, I am authorized to commit that organization, and therefore agree to be financially responsible for any cost and fees that may be incurred by or on behalf of the Event to the City of Pearland.

Applicant

Title (Print or type)

Signature of Applicant (Event Organizer)

Date of Application

A signed hard copy of the Indemnity Agreement and Affidavit of Applicant portions of this Special Event Permit Application must be provided to the City before an Application will be considered fully executed. Submit a hard copy and an electronic version (either email or disk) of this Special Event Permit Application to Monica Montoya, Recreation Superintendent, City of Pearland Parks & Recreation.

Pearland Parks & Recreation
4141 Bailey Rd., Pearland, Texas 77584

Phone: 281.412.8937

Fax: 281.412.8911

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