

**City of Granbury Official 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 & Ending times for Event Days:

Location(s) of Event(s) – Specify activity at each location. For Parades, include route, assembly location and ending location. (Use additional pages, if necessary). **Parade routes using Pearl Street or Houston Street requires TXDOT approval – those applications must be submitted 60 days prior to the event.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parade or Circumstances Requiring Street Closure(s) or Traffic Control:**

Number of Participants in the Parade: \_\_\_\_\_ Number of expected Spectators for the Parade: \_\_\_\_\_

Date & Time of Parade: \_\_\_\_\_

Types of Participants (People, Animals, Vehicles, etc.): \_\_\_\_\_

Will any street closures be necessary? Yes \_\_\_\_\_ 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 required? Yes \_\_\_\_\_ No \_\_\_\_\_

Police Department Approval \_\_\_\_\_

GISD Parking Lot Required \_\_\_\_\_ Dates: \_\_\_\_\_

**Event:**

Number of expected Attendance to 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.) Yes \_\_\_\_\_ No \_\_\_\_\_ \*Health Permits are required for “Sampling Foods”

**If “Yes”, contact Health Inspector (817-573-1114 ext. 1694) for list of temporary health permit requirements & application. Health Permit application must be received & fees paid at least 3 days prior to your event.**

**Electricity:**

Will electricity be used by Vendors? Yes \_\_\_\_\_ No \_\_\_\_\_

**If “Yes”, contact the electric department for electrical availability 2 weeks prior to your 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? Yes \_\_\_\_\_ No \_\_\_\_\_

Will signage be displayed for dates beyond the time period of event permit? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please contact our Building Department at 817-573-1114 to discuss sign permit application and sign requirements.**

Description of signage (include type and square footage for all signs or provide graphic if available): \_\_\_\_\_  
\_\_\_\_\_

Location of signage: \_\_\_\_\_

**Highway Banners:** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, TxDOT must be contacted for banner placement. Minimum of two weeks prior to placement. Tx DOT form is: 2057 Can be obtained from TxDOT office in Stephenville**

**Fireworks:**

Do you plan on a public display of fireworks? Yes \_\_\_\_\_ No \_\_\_\_\_

If “Yes”, Date of Approval: \_\_\_\_\_

Copy of State Fire Marshal Approval attached: Yes \_\_\_\_\_ No \_\_\_\_\_

**Alcohol:**

Alcoholic Beverages (On-Site Possession & Consumption): Yes \_\_\_\_\_ No \_\_\_\_\_

If “Yes”, Date of Approval: \_\_\_\_\_

Copy of TABC Approval attached: Yes \_\_\_\_\_ No \_\_\_\_\_

**Insurance:**

Have you provided a copy of your Liability Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Coverage Amt: \_\_\_\_\_

**A certificate of liability insurance listing the city as coinsured. Specifically, coverage shall be at a minimum:**

- i.) For events or festivals on public property, a Combined Single Limit of Two Hundred Thousand Dollars (\$200,000) per occurrence for Bodily Injury and Property Damage, with a One Million Dollar (\$1,000,000) general aggregate; and,
- ii.) For events or festivals on private property where the applicant is a non-profit, One Million Dollar (\$1,000,000) general aggregate.
- iii.) The state department of transportation must also be listed as coinsured if state highway closure is requested.
- iv.) Additional Insured Certificate Holder “**City of Granbury**” 116 W. Bridge St. Granbury, TX 76048

**Site Plan:**

A detailed site plan **must be submitted** with this application. Site plan **must include** existing building locations, and proposed stage, tent and barricade locations if used. If alcohol will be sold, served or consumed during your event, **you must show alcohol secured fenced area(s) and security points.**

**Equipment & Services:** *(Fees apply to stage, tent, barricades, cones and dumpster usage)*

**Stage:**

Stage line System (20’x 24’): Yes \_\_\_\_\_ No \_\_\_\_\_

If “Yes”, What Location? \_\_\_\_\_

Date of Install: \_\_\_\_\_ Date of Dismantle: \_\_\_\_\_

**Tents:**

Tent(s) (20’ x 40’) requires space of 40’x50’ Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Tents Required: \_\_\_\_\_

If “Yes”, What Location(s)? \_\_\_\_\_

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 at least 5 days prior to your event and not more than 14 days prior to your event. There is no cost for the dig test.***

**Barricades:** Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Barricades Required: \_\_\_\_\_

If “Yes”, What Location(s)? \_\_\_\_\_

Date of Delivery: \_\_\_\_\_ Date of Pick-up: \_\_\_\_\_

**Cones:** Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Cones Required: \_\_\_\_\_

If "Yes", What Location(s)? \_\_\_\_\_

Date of Delivery: \_\_\_\_\_ Date of Pick-up: \_\_\_\_\_

**Trash Cans:** Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Trash Cans Required? \_\_\_\_\_

If "Yes", what Location(s)? \_\_\_\_\_

Date of Delivery: \_\_\_\_\_ Date of Pick-up: \_\_\_\_\_

***City of Granbury is NOT responsible for Trash Pick-up. Please make arrangements for Trash to be picked-up after your event.***

**Dumpsters:** Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what arrangements have been made for trash collection and removal for your event?

\_\_\_\_\_

If "Yes", What Location(s) \_\_\_\_\_

Date of Delivery: \_\_\_\_\_ Date of Pick-Up: \_\_\_\_\_ (Dumpster Fees May Apply)

**Tram/Trolley:** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which is preferred and dates of use:

\_\_\_\_\_

**Special Services:** -

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach separate sheet if needed to explain.

***Prior to submission of this application please verify that you have attached the following required attachments. The application cannot be processed until complete.***

1. Proof of Insurance(s)
2. Food Vendor List (Contact name, address, phone number)
- 3.
4. Group food contestant list (Contact name, address, phone number)
5. Street Vendor List (Contact name, address, phone number) (copy of badge that will be worn at event)
- 5 Site Map (on map please indicate barricade, trash cans, cones, etc. placement)
- 6 Street Closure Map

Permit Applicant Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Responsible & individual contact(s) for the event:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Master Electrician Name: \_\_\_\_\_ License # \_\_\_\_\_ Phone: \_\_\_\_\_

**Festival, Special Event and Parade Agreement**

“I have read, understand and agree to all terms and conditions set forth in this permit (THE APPLICANT AND PROPERTY OWNER MAY WANT TO SEEK OUTSIDE LEGAL COUNCIL PRIOR TO SIGNING THE STATEMENT BELOW).

*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 Commissioners Court from all claims, judgments 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 Commissioners Court resulting from my participation in activities including any claims caused by the negligence of the City of Granbury and Hood County Commissioners Court.*

**Property Owner’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(required if on private property & 501c)*

**Permit Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Officer or Authorizing Letter Attached)*

**Permit Co-Applicant Signature (if required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPROVAL:**

**Code Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approval Contingent on the Following Items: \_\_\_\_\_

**Hood County Judge:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**City of Granbury**

**Chief of Police or Deputy Chief:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Health Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Public Works:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parks Department:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Human Resources:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Electric Dept.:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Street Dept:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Disposal :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CVB:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_ (for office use only)

**Number of attachments:** \_\_\_\_\_ (for office use only)