

ABOUT THE EVENT

Event Name: _____

Location: _____

Be descriptive. **An event site map is REQUIRED to be submitted to SERC committee 60 days prior to event.**

Anticipated Attendance: _____

Description of Event: _____

HOW MANY TIMES THIS EVENT HAS BEEN HOSTED BEFORE?

1st time

2 – 4 times

5 or more times

Location: _____

CHOOSE THE BEST DESCRIPTION OF THE EVENT:

Festival

Birthday Party/Picnic

Movie Screening

Charitable/Fundraising

Parade (City and CISD use only)

Community/Neighborhood

Private Event

Concert or Live Performance

Run/Walk (complete Run/Walk section)

Other: _____

EVENT ACTIVITIES INCLUDE (CHECK ALL THE APPLY):

Amusement Rides / Inflatables

Food - sampled, served or sold

Animals / Petting Zoo

Products / Services – given away, sampled or sold

Announcements / Speeches

Live Music

Information / Literature Distribution

Movie Screening

DJ / Recorded Music

Street Closure

Other: _____

THE EVENT IS:

Private

Free & open to the general public

Entry by participation or registration fee

Entry by admission fee or ticket

Admission information (if applicable):

Include entry or participant fees, ticket prices, donations, and / or fees based on activity.

POLICE / SECURITY SERVICES :

Security personnel includes (check all that apply). Supporting documentaion may be required.

Event staff How many: _____ Date(s) and time(s): _____

Volunteers How many: _____ Date(s) and time(s): _____

Private security How many: _____ Date(s) and time(s): _____

Company name: _____

Contact name and number: _____

Off duty police How many: _____ Date(s) and time(s): _____

Have you made arrangements with the police? Yes No

If no, you will be provided the information on how to make arrangements.

If yes, provide the following information for the person you made arrangements with:

Contact name: _____ Phone number: _____

TRAFFIC SAFETY EQUIPMENT :

Will your event require traffic cones or barricades? Yes No

If yes, indicate the type of equipment and how many will be used (estimates are accepted):

Traffic cones How many: _____ Barricades How many: _____

Other: _____

When will the traffic equipment be set-up? Date(s): _____ Time(s): _____

When will the traffic equipment be removed? Date(s): _____ Time(s): _____

Are you requesting use of City traffic equipment? Yes No

Be advised there may be a charge for equipment and personnel. Availability is not guaranteed.

Streets can not be blocked without prior approval.

ELECTRICAL SERVICES :

How will electrical service be supplied? Generator Public Utilities Both

List contractor / supplier: _____

Explain services in detail: _____

TEMPORARY TENTS & STRUCTURES :

Will the event have a tent(s) larger than 10' x 20' ? Yes No

List the # of tents & sizes: _____

STREET CLOSURES:

Does the event propose closing, blocking or using City streets and/or parking lots? Yes No

If Yes, please list all streets, intersections and parking lots that apply: _____

Street Closings to begin on date: _____ Start Time: _____ End Time: _____

Will any businesses be impacted by the proposed road closure? Yes No

INSURANCE

All events taking place on City of Coppell property must provide a certificate of liability insurance & endorsement page. The City of Coppell must be listed as an "Additional Insured" in the amount of \$1 million on both pages. Please list the date of event and location on this certificate and submit at least 1 month before your event.

The City of Coppell reserves the right to increase the insurance limits based on the nature and degree of risks to the public.

If you have questions regarding City insurance coverage, please inquire with City of Coppell staff after submitting the application.

HOLD HARMLESS CLAUSE

Applicant / organization shall assume all risks incident to or in connection with the approved activity and shall be solely responsible for damage or injury, of whatever kind or nature, to person or property, directly or indirectly arising out of or in connection with the approved activity or the conduct of applicant's operation. Applicant hereby expressly agrees to defend and save the City, it's officers, agents, employees and representatives harmless from any penalties for violation of any law, ordinance, or regulation affecting its activity and from any and all claims, suits, losses, damages or injuries directly or indirectly arising out of or in connection with the approved activities or conduct of its operation or resulting from the negligence or intentional acts or omissions of applicant or its officers, agents, and employees. Furthermore, by signing this Application, applicant hereby agrees to waive any and all claims that applicant may have against the City, it's officers, agents, employees, and representatives arising out of or in connection with the revocation or cancellation of an event permit.

Signature

Date

Contract Agreement

Applicant / organization has thoroughly read through, understands and agrees to all conditions listed on this application.

Signature

Date

To be determined by the Special Event Review Committee:

Certificate of liability Insurance & endorsement agreement naming the City of Coppell as additional insured is required. No Yes

The Special Event Review Committee recommends _____ dedicated police unit(s) with _____ officer(s) assigned to the event. The

Special Event Review Committee recommends _____ dedicated ambulance(s) with _____ paramedic(s) assigned to the event.

CITY OF COPPELL SPECIAL EVENT REVIEW COMMITTEE APPROVAL:

Building Inspections _____ HR/Risk Mgmt. _____ Special Event Sup. _____

Emergency Mgmt. _____ Parks & Rec _____ Special Event Sup. _____

Environmental Health _____ Police _____ Date _____

Fire Marshal _____ Streets _____

Please return application to the Special Events Supervisor at ssmith@coppelltx.gov. For more information call 972-462-5100.