

CITY OF PORT ARANSAS SPECIAL EVENT PERMIT APPLICATION – HARBOR

(PLEASE PRINT)

| Today's date: | | | | | Receiv | ed: | | |
|---|--------------------------------|--------|-------------|----------|----------------------------------|----------------------|--|--|
| PERMIT APPLICANT | | | | | | | | |
| Name of Organizatio | on/Business: | | | | | | | |
| Last Name: | | First: | | Middle: | Email Address: | | | |
| Event Planner – Company Name: | | | | | Email Address: | | | |
| Contact Name: | | | | | Phone # | | | |
| Mailing Address /P.0 | iling Address /P.O. Box: City: | | | | State: | ZIP Code: | | |
| Event Type: Check one | | | Even | it Date: | | Expected Attendance: | | |
| □ Wedding □ Reception □ Birthday Party □ Family Reunion □Other: | | | | | | | | |
| EVENT INFORMATION AND LOCATION | | | | | | | | |
| Official Event Name: | | | | | | | | |
| Description of Event: | | | | | | | | |
| Event History: Is this a first-time event? Yes No | | | | | | | | |
| Is the event open to the general public? | | | | | | | | |
| Multi-day Event? | 🗆 Yes | □ No E | Event Date: | to | | | | |
| Set-up | Date: | Start: | | Finish: | | Catered event? | | |
| | | | Μ | | | 🗅 Yes 🗅 No | | |
| Event | Date: | Start: | | Finish: | | Caterers Name: | | |
| | | | Μ | | | | | |
| Clean-Up | Date: | Start: | | Finish: | | Caterers Telephone # | | |
| | | | Μ | | | | | |
| Will Alcohol be Served? | | | No | | How will alcohol be distributed? | | | |
| Will music be provided? | | | No | | Band | DJ City Sound System | | |
| Location of Event? Captain Lounge Chili Field Soccer Field Amphitheater Large Pavilion | | | | | | ion | | |

| Events with 100 attendees or more; or events that provide alcohol require the provision of licensed, bonded, and commissioned | d private security | | | | | |
|---|--------------------|--|--|--|--|--|
| Events with the alteridees of more, of events that provide alcohol require the provision of idensed, bolided, and commissioned private security | | | | | | |
| at the applicant's expense. The number of guards and their hours of duty will be determined by the PAPD or the security company based on the | | | | | | |
| type of event and number of attendees. | | | | | | |
| What security/law enforcement agency have you hired? | | | | | | |
| Contact Name: Phone Number: | | | | | | |
| Have you contacted the Port Aransas Police Department about your event yet? | | | | | | |
| If yes, who did you speak with? | | | | | | |
| | | | | | | |

| EQUIPMENT, ACTIVITIES & AMUSEMENTS | | | | | | |
|--|----------------------------------|--|--|--|--|--|
| Generators; list quantity: and size(s): | | | | | | |
| Canopies/Tents larger than 200 Sq Ft; quantity: and size(s): | | | | | | |
| Bouncy House | | | | | | |
| How will tents/canopies/bouncy houses be secured?Water barrelsWeightsSand NO USE OF STAKES ARE ALLOWED UNLESS SPECIAL PERMISSION IS GIVEN | bags | | | | | |
| CLEAN-UP/TRASH | | | | | | |
| Contact name responsible for event clean-up: Phone Pho | Number: | | | | | |
| NOTES ABOUT YOUR EVENT | | | | | | |
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| | | | | | | |
| The above information is complete and correct to the best of my knowledge. I understand that this permit is considered based on the information supplied in the application and that the permit may be denied or revoked if found to be incorrect and/or incomplete. I further understand that the event may be monitored by the City, and that failure to comply with any conditions placed on permit approval or the creation of a public nuisance as defined by applicable state and local law may result in the immediate abatement of the offending activity and/or revocation of the permit. | | | | | | |
| Applicant signature | Date | | | | | |
| | | | | | | |
| FEES | | | | | | |
| Main Pavilion Basic Daily Fee @ \$200.00/ day Non-Profit Dailey Fee @ \$125.00 Sound System @ \$35.00/ day Clean-up/cancellation deposit @ \$400.00/ event Captain's Quarters \$350.00/ day Special Event Permit Fee \$50.00/ event *CLEAN UP/DAMAGE DEPOSITS ARE ACCEPTED AS CHECK AND MONEY ORDER ONLY. N FOR DEPOSITS. | IO CASH OR CREDIT CARDS ACCEPTED | | | | | |

David Parsons City Manager : _____ Date : _____