



# CITY OF PORT ARANSAS

## SPECIAL EVENT PERMIT APPLICATION – HARBOR

(PLEASE PRINT)

|                                                                                                                                                                                     |       |                                                                                                                                                                                                  |                                                         |                                                                                                      |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------|
| Today's date:                                                                                                                                                                       |       |                                                                                                                                                                                                  |                                                         | Received:                                                                                            |                      |
| <b>PERMIT APPLICANT</b>                                                                                                                                                             |       |                                                                                                                                                                                                  |                                                         |                                                                                                      |                      |
| Name of Organization/Business:                                                                                                                                                      |       |                                                                                                                                                                                                  |                                                         |                                                                                                      |                      |
| Last Name:                                                                                                                                                                          |       | First:                                                                                                                                                                                           | Middle:                                                 | Email Address:                                                                                       |                      |
| Event Planner – Company Name:                                                                                                                                                       |       |                                                                                                                                                                                                  |                                                         | Email Address:                                                                                       |                      |
| Contact Name:                                                                                                                                                                       |       |                                                                                                                                                                                                  |                                                         | Phone #                                                                                              |                      |
| Mailing Address /P.O. Box:                                                                                                                                                          |       | City:                                                                                                                                                                                            |                                                         | State:                                                                                               | ZIP Code:            |
| Event Type: Check one                                                                                                                                                               |       |                                                                                                                                                                                                  | Event Date:                                             |                                                                                                      | Expected Attendance: |
| <input type="checkbox"/> Wedding <input type="checkbox"/> Reception <input type="checkbox"/> Birthday Party <input type="checkbox"/> Family Reunion <input type="checkbox"/> Other: |       |                                                                                                                                                                                                  |                                                         |                                                                                                      |                      |
| <b>EVENT INFORMATION AND LOCATION</b>                                                                                                                                               |       |                                                                                                                                                                                                  |                                                         |                                                                                                      |                      |
| Official Event Name:                                                                                                                                                                |       |                                                                                                                                                                                                  |                                                         |                                                                                                      |                      |
| Description of Event:                                                                                                                                                               |       |                                                                                                                                                                                                  |                                                         |                                                                                                      |                      |
| Event History: Is this a first-time event? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                 |       |                                                                                                                                                                                                  |                                                         |                                                                                                      |                      |
| Is the event open to the general public? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                   |       |                                                                                                                                                                                                  |                                                         |                                                                                                      |                      |
| Multi-day Event?                                                                                                                                                                    |       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                         |                                                         | Event Date: _____ to _____                                                                           |                      |
| Set-up                                                                                                                                                                              | Date: | Start:                                                                                                                                                                                           | Finish:                                                 | Catered event?                                                                                       |                      |
|                                                                                                                                                                                     |       | <input type="checkbox"/> AM <input type="checkbox"/> PM                                                                                                                                          | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> Yes <input type="checkbox"/> No                                             |                      |
| Event                                                                                                                                                                               | Date: | Start:                                                                                                                                                                                           | Finish:                                                 | Caterers Name:                                                                                       |                      |
|                                                                                                                                                                                     |       | <input type="checkbox"/> AM <input type="checkbox"/> PM                                                                                                                                          | <input type="checkbox"/> AM <input type="checkbox"/> PM |                                                                                                      |                      |
| Clean-Up                                                                                                                                                                            | Date: | Start:                                                                                                                                                                                           | Finish:                                                 | Caterers Telephone #                                                                                 |                      |
|                                                                                                                                                                                     |       | <input type="checkbox"/> AM <input type="checkbox"/> PM                                                                                                                                          | <input type="checkbox"/> AM <input type="checkbox"/> PM |                                                                                                      |                      |
| Will Alcohol be Served?                                                                                                                                                             |       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                         |                                                         | How will alcohol be distributed?                                                                     |                      |
|                                                                                                                                                                                     |       |                                                                                                                                                                                                  |                                                         | <input type="checkbox"/> Bartender <input type="checkbox"/> Self-Serve                               |                      |
| Will music be provided?                                                                                                                                                             |       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                         |                                                         | <input type="checkbox"/> Band <input type="checkbox"/> DJ <input type="checkbox"/> City Sound System |                      |
| Location of Event?                                                                                                                                                                  |       | <input type="checkbox"/> Captain Lounge <input type="checkbox"/> Chili Field <input type="checkbox"/> Soccer Field <input type="checkbox"/> Amphitheater <input type="checkbox"/> Large Pavilion |                                                         |                                                                                                      |                      |

Events with 100 attendees or more; or events that provide alcohol require the provision of licensed, bonded, 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? ☐ Yes ☐ No

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 barrels \_\_\_ Weights \_\_\_ Sandbags

**NO USE OF STAKES ARE ALLOWED UNLESS SPECIAL PERMISSION IS GIVEN**

#### CLEAN-UP/TRASH

Contact name responsible for event clean-up: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### NOTES ABOUT YOUR EVENT

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 Lounge \$350.00/ day
- Special Event Permit Fee \$50.00/ event

**\*CLEAN UP/DAMAGE DEPOSITS ARE ACCEPTED AS CHECK AND MONEY ORDER ONLY. NO CASH OR CREDIT CARDS ACCEPTED FOR DEPOSITS.**

David Parsons City Manager : \_\_\_\_\_ Date : \_\_\_\_\_