CITY OF CALLISBURG 59 CAMPBELL STREET CALLISBURG, TEXAS 76240 PHONE 940-665-9809 & FAX 866-384-1785

SPECIAL EVENT AGREEMENT

EVENT AGREEMENT PROCESS OVERVIEW

- 1. Contact the City of Callisburg at the number listed above.
- 2. Complete as much as possible of the General Event Information and Checklist.
- 3. Return the packet to the City of Callisburg 30 days prior to your event for final review and approval by the City Council.
- 4. Please note some events activities may require additional permits and or associated fees.

| Date of the Event: | | | | | |
|----------------------------|---------|--------------|--|--|--|
| Name of the Event: | | | | | |
| Primary Contact: | | Phone: | | | |
| Fax: | E-Mail: | | | | |
| Address: | | | | | |
| City: | Stat | e: Zip Code: | | | |
| Agreement Received By: | | Date: | | | |
| | | | | | |
| FOR STAFF USE ONLY | | | | | |
| Completed Packet Received: | | | | | |

GENERAL EVENT INFORMATION

| Official Name of Event: | | | | | | | |
|--|-------------------|-----------------------------|--------------|--------------|--------------|--------------|------|
| Event Type 🛛 Fund Raiser | | □ Political □ Entertainment | | ainment | □ Other | | |
| Start Date: | | | End | Date: | | | |
| Briefly describe your event. Be sure to include the purpose of the event and other planned activities. | | | | | ivities. | | |
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| | | | | | | | |
| | | | | | | | |
| Indicate the setup, s | tart, stop, and t | ear down ti | mes for eacl | n day of the | week the eve | nt will be h | eld. |
| | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
| Event Date | | | | | | | |
| Setup Time | | | | | | | |
| Start Time | | | | | | | |
| Stop Time | | | | | | | |
| Tear Down/ Clean Up Complete | | | | | | | |
| Location of Event: | | | | | | | |
| Estimated Attendance: | | | | | | | |
| Will you have: | □ Food □ | Vendors | 🗆 Mus | ic 🗆 | Fireworks | | |
| Secondary Contact | t: | | | Pho | one: | | |
| Fax: | | E-Ma | ail: | | | | |
| Address: | | | | | | | |
| City: State: Zip Code: | | | | | | | |
| | | | | | | | |

Special Event Agreement 2009

SPECIAL EVENTS CHECKLIST

If your event will have: Then: Amplified sound □ Review City Ordinances regarding Noise □ A Parade □ Requires City Council approval Tent or Canopy □ Contact Fire Chief Open Flames or Candles □ Contact Fire Chief □ Fireworks □ Contact Fire Chief Sale of any item in a city park. □ Requires City Council Approval Activities in the park outside of normal □ Requires City Council Approval operating hours. □ Contact Health Department (food handlers Sale of food & non-alcoholic beverages permit required) Pavilion □ Contact City Hall for Scheduling

Have you made arrangements for:

Thru:

| · | 8 | |
|---|--------------------------------------|---|
| | Restroom Facilities/Portable Toilets | □ Private provider |
| | Event Security | □ Sheriff's Department |
| | Event Insurance | □ Private Provider/City to be "Named Insured" |
| | Parking | □ Shuttle from private lots |
| | Electricity | |
| | Generators | Private Provider |
| | Fire Extinguishers | Private Provider |
| | Advertising/Banners/Signs | Private Provider |
| | Event Clean-up | Private Provider |
| | Solid Waste/Trash Pick up/Containers | Private Provider |
| | Traffic Control Plan | □ Provide to Fire Chief |
| | Event Site Plan | □ Provide to Fire Chief |
| | | |

City Council Approval

The City Council must review and approve the Special Event Agreement 30 days before the date of your event. It is recommended that you contact the City regarding your event needs before seeking approval for the Special Event Agreement. Note that some special event activities may require insurance and additional permits with associated fees.