



SPECIAL EVENTS PERMIT APPLICATION

Event Title: _____ Event Location: _____

Applicant Name: _____ Date of Application: _____

Street Address: _____

Phone Number: _____ Email: _____

Check all that apply: Individual Organization For-profit Non-profit

Organization: _____ Authorized Rep: _____

Address: _____

Event Coordinator: _____ Phone: _____ Email: _____

On-Site Contact Day of Event: _____ Phone: _____

Event Start Date: _____ Event End Date (cannot exceed 3 days) : _____

Event Set Up Time (no earlier than 7:00am) : _____ Event Tear Down Time(no later than 10:00pm) :

Please indicate the start & stop times for each day of the event.

Event Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
Stop Time							

Number of People Expected to Attend: _____ Number of Vehicles in Event: _____

Number of Animals in Event: _____ Types of Animals in Event: _____

Number of Tents/Temporary Structures: _____ Number of Inflatable's: _____

Will food or beverages be sold: Yes* No Will waste water be required: Yes No

Will alcoholic beverages be sold: Yes* No Will solid disposal be required: Yes No

Will amplified sound equipment be used: Yes No Will off site parking be utilized: Yes No

Will Signage be displayed: Yes * No Will parking spaces be utilized: Yes No

Has security & traffic control been arranged: Yes No

**Requires a permit, certificate, or license
(See Special Events Permit Guide)*

Check all components that will be part of your event. Additional fess and other permits or reservations may be required

- | | | | | |
|---------------------------------------------|------------------------------------------|----------------------------------------|-----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Banners/Signs | <input type="checkbox"/> Park Property | <input type="checkbox"/> Electricity | <input type="checkbox"/> Police Security |
| <input type="checkbox"/> Barricades/Cones | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Beverages | <input type="checkbox"/> Merchandise Sales |
| <input type="checkbox"/> Portable Restrooms | <input type="checkbox"/> Special Parking | <input type="checkbox"/> Food | <input type="checkbox"/> Liquid Propane | <input type="checkbox"/> Street Cleaning |
| <input type="checkbox"/> Bleachers/Seating | <input type="checkbox"/> Street Closures | <input type="checkbox"/> Fencing | <input type="checkbox"/> Water Hydrant | <input type="checkbox"/> Other: _____ |



Event & Equipment Layout:

Please attach a map or sketch of the event indicating the following:

Parking Areas

Entrances & Exits

Restrooms & Dumpsters

Plan of Evacuation & Proposed Fire Lanes

First Aid Stations

Fireworks Launch Area & Fall-out Zone

Amplified Devices & Loudspeakers

Temporary Structures & Tents



Suggested Map Symbols:

- | | | | |
|----------------|----------------------|---------------------|-------------------------|
| → Parade Route | ■ Assembly Area | ■ Disbanding Area | -----> Evacuation Route |
| X Barricade | ◆ Loudspeaker | ✚ First Aid Station | 🗑 Dumpster |
| ☾ Restroom | 🏠 Temp Structure | ▲ Tent | ☆ Amusement Ride |
| P Parking Area | ● Volunteer (number) | | |



INDEMNITY AGREEMENT

In consideration of the City of Hutto (hereinafter "City") authorizing the temporary closure of certain streets, rights-of-way or other City property, namely: _____ (location) for the use of _____ (hereinafter, Sponsor) for, _____ (event), the parties agree as follows:

For the _____ event, held on _____, Sponsor hereby agrees to indemnify, protect, and hold harmless the City of Hutto, its agents, officers and employees from and against any and all liability or alleged liability in any form whatsoever including but not limited to all claims, demands, suits, judgments or causes of action of every kind and character, including the cost of defense thereof, for any injury to, including death of persons and any losses for damages to property caused by or alleged to be caused, arising out of, or alleged to arise out of, either directly or indirectly from any cause whatsoever in connection with or incidental to the temporary closure of certain streets, rights-of-way or other City property, as described above, unless said claims, demands, causes of actions are caused by the sole negligence of the City, its agents, officers or employees. The Sponsor specifically agrees to so indemnify, protect, and hold harmless the City from and against any and all liability that may be made or pursued by any agent, employee, officer or other person connected to Sponsor or by any person who is a participant or bystander at Sponsor's event in connection with or incidental to the temporary closure described above which is alleged to be attributed to any condition of or upon the City's property, facilities, material, or equipment. The Sponsor also agrees to waive any and all claims it may have against City resulting from or arising out of claims and suits covered by this Agreement and agrees that any insurance carrier involved shall not be entitled to subrogation under any circumstances against City, its agents, officers and employees. Sponsor further agrees to release the City its agents, officers and employees from all claims, demands, suits, causes or action or judgments which Sponsor ever had, now has, or may have in the future or any claim to have against the City, arising out of or in any way connected with the temporary closure described above, unless said claims, demands, suits, causes or action or judgments are caused by the sole negligence of the City, its employees, agents, or servants.

I have read the provisions above and agree to the terms of these provisions.

_____	_____	_____
Sponsor Name	Signature	Date
_____	_____	_____
City Manager, Hutto, Texas	Signature	Date



For City Office Use Only

Payment Information:

Applicant Number: _____ Amount Paid: _____

Type of Payment: Credit Card Cash Check # _____ Other: _____

Received By: _____ Date Received: _____

Comments: _____

Additional Equipment & Personnel:

Equipment: _____

Public Safety Personnel: _____ x _____ = _____

Public Work Personnel: _____ x _____ = _____

Total Additional Charges: _____

Application Reviewed & Approved

City Manager: _____ Date: _____

Development Services: _____ Date: _____

Fire: _____ Date: _____

Parks: _____ Date: _____

Police: _____ Date: _____

Public Works: _____ Date: _____

Comms/Marketing: _____ Date: _____