



City of Miles
 110 N. Robinson,
 Miles, TX 76861
 (325) 468-3151 or
 (325) 468-3016 Fax
cityofmiles@milestx.org email

Section 1 – Applicant Information									
Name of Applicant (must be on site during the event)			Today's Date						
Address	City		State	Zip					
Phone Number	Cell Phone Number								
Email	Sales Tax Permit#								
Section 2 – Sponsoring Organization Information									
Corporation/Organization Name of D.B.A.		Type of Organization <input type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other:							
Name of Contact	Email:								
Address	City		State	Zip					
Phone Number	Cell Phone Number								
Section 2 – Event Information									
Name of Event			Anticipated Daily Attendance						
Location of Event/physical address									
Property Owner		Owner Phone							
Owner Email:		Has the property owner given authorization to use property? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Detailed Description of Event									
	Date	Time	Day of Week						
Setup			<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Event Start			<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Event End			<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Teardown			<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Additional Information:									

Section 3 – Event Features		
Will there be an admission charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list all price categories below.
Will there be entertainment? <i>A complete list of entertainment will be required before final approval. Once approved, no changes may be made unless authorized.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach a complete list of entertainment.
Will sound amplification be used at the event? Sound amplification:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain below
Will merchandise and/or food items be sold? <i>Booths will need to be inspected, by organizer, and have proper food handling permits</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach a complete list of vendors
Have you hired a licensed professional emergency medical service provider to manage your event's medical plan? If yes please list below. <i>(Fee may be charged for Emergency Service personnel)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Service Provider	Phone	
Will the event include any of the following? (Indicate on site plan and/or vendor list)		
Tents or Canopies <i>Tents require temporary use permits issued by the city upon Fire Department review (additional fees may be applicable). Temporary tents must adhere to the International Fire Code</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: Complete Tent Worksheet and attach with site plan
Inflatables	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total Sq Ft:
Company	Contact name and phone	
Fireworks/Pyrotechnics <i>(All trash and debris must be removed)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Temporary Fencing Provide accurate dimensions of fenced area on site plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Temporary restrooms or trash collection provided? <i>(All trash and debris must be removed)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Company	Contact name and phone	
Carnival/Amusement Rides A separate Special Use Permit may be required. <i>(additional fees may be applicable)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Company	Contact name and phone	
Signs / Banners A separate Sign Permit may be required if TxDot r.o.w. <i>(additional fees may be applicable)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify location on site map
Company	Contact name and phone	
Will animals be used in conjunction with event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe below.
Description:		
Is this a run, walk or parade? If yes, attach a map identifying assembly location and route on site plan. Must be submitted 21-days prior to event. <i>(Fee may be charged for Public Service Personnel)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 4 – Roadways and Sidewalks			
Does the event propose using, closing or blocking any of the following? If yes, specify location and duration on site map. <i>(Fee may be charged for Public Service personnel)</i>			
City Streets	<input type="checkbox"/> Yes <input type="checkbox"/> No	City Sidewalks	<input type="checkbox"/> Yes <input type="checkbox"/> No
City Right-of-Ways	<input type="checkbox"/> Yes <input type="checkbox"/> No	Public Parking Lots	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5 – Use of City Utilities (Fee may be charged for the use of City Utilities)			
Will any City electric hookups be used?	Yes	No	Electric Location including amperage
Will any City water hookups be used?	Yes	No	Water Location(s)
Will waste water/gray water be generated?	Yes	No	Is so, how will it be disposed?

Section 6 – Alcohol

Will there be alcohol at the event? Yes No

All activities involving alcohol will require the presence of an off-duty police officer. The applicant will be required to pay for an officer to be present for a minimum of 3 hours or the full amount of time that alcohol is served. Consumption of alcohol without the presence of an officer or a violation of the provision of the City Ordinances will result in closure of the event.

The Texas Alcoholic Beverage Commission (TABC) requires specific and specialized permits for selling/serving alcohol. These permits will be based on the parameters and scope of the desired service and the type of event. Due to the numerous scenarios that may be involved in your event, it is impossible to outline the requirements in this application. **It is your responsibility** to contact the TABC office and speak to an Agent who will be the entity for permission and, if approved, provide the exact permit(s) required.

Permission by the City to hold a Special Event does not guarantee permission from TABC to serve/sell alcohol. Your event may be approved by the City but the service and selling of alcohol is the domain of the TABC and may be denied at their discretion.

Permission by the TABC to serve/sell alcohol at a Special Event does not guarantee permission of the City.

Will alcohol be provided free of charge? Yes No

To be considered "free," there cannot be an expectation of receiving money. You cannot charge for admission, ask for donations or accept tips. Doing so would constitute a sale of alcohol and would require a Texas Alcohol Beverage Commission Permit.

Will you be charging an entrance or registration fee? Yes No

Will the alcohol be sold? Yes No

If you answered Yes, a Texas Alcohol Beverage Commission Permit will be required.

TABC License # _____ Expiration _____

Section 7 – Insurance Requirements

The City of Miles has established insurance requirements for organizations, users, vendors and contractors entering into agreements with the City for the purpose of special events and activities. Before commencing use or services under an agreement with the City of Miles, a certificate of insurance that complies with the requirements referenced below must be furnished.

All special event applicants shall name the City of Miles as an "Additional Insured" on all policies, and shall reflect this on a Certificate of Liability Insurance. Applicant shall obtain Certificates of Liability Insurance from all vendors participating in this event unless covered under the applicant's insurance policy. Separate Certificates of Insurance Liability shall be provided by all carnival and amusement companies and firework production companies and shall name the City of Miles as "Additional Insured." Additional coverage may be required depending upon the nature and scope of the event. The City of Miles reserves the right to evaluate the liability of each event and assess the required insurance limits. Event permits will not be issued until all insurance requirements are satisfactorily met.

The certificate must show:

1. The City of Miles as "Additional Insured."
2. General Liability Including:
 - Bodily injury
 - Property damage
 - Medical
 - Expense
 - Personal Injury

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Section 8 – Compliance with Laws and City Ordinances

1. The applicant will clean the grounds, remove equipment, and restore the permitted site after the event.
2. The applicant is responsible for providing parking assistance if required.
3. Adequate policing for crowd control must be provided by applicant. Off duty officers are possibly available by calling 325-468-3151.
4. Admission to the event will not be limited to membership nor will any discrimination be made against a person because of race, creed, sex, color, age, or national origin in conducting the event. Admission to view the event will be open to the general public without discrimination on the grounds of race, color, religion, national origin, sex, or age. Participation in the event may be limited to members of the sponsoring group, provided that the group does not unlawfully discriminate against participation in the event on grounds of race, color, religion, national origin, sex, or age. Request for Special Event Application citing special circumstances for participation requiring gender or age discrimination must be accompanied by an exceedingly persuasive justification.
5. If necessary, the applicant will furnish a map showing the area where the special event is to be conducted.

Section 9 – Acknowledgment and Signature

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of event will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local ordinances regulating this type of event or the use of any land or buildings.

I hereby certify that I have received the property owners consent to utilize above location for the period of time and purpose stated.

I further understand that any deviation from this Application could result in the City closing down or canceling the Event. I understand that a Special Event Permit must be approved by the City of Miles prior to the occurrence of this Event. The issuance of that permit is contingent upon the compliance with the Special Event Application and acceptance of all listed stipulations or conditions of the Special Event Permit.

Signature:

Date:

Section 10 – Acknowledgment and Signature

Included	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Liability Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Detailed Site Plan and Route Map
<input type="checkbox"/>	<input type="checkbox"/>	Sales Tax Permit
<input type="checkbox"/>	<input type="checkbox"/>	Amusement Ride Certification of Inspection
<input type="checkbox"/>	<input type="checkbox"/>	Tent Permit Application

Public Works <input type="checkbox"/> Approved <input type="checkbox"/> Denied Initials	Remarks
Fire Department <input type="checkbox"/> Approved <input type="checkbox"/> Denied Initials	Remarks
Police Department <input type="checkbox"/> Approved <input type="checkbox"/> Denied Initials	Remarks
Event Center (if applicable) <input type="checkbox"/> Approved <input type="checkbox"/> Denied Initials	Remarks
City Council <input type="checkbox"/> Approved <input type="checkbox"/> Denied Initials	Remarks

Section 1 – Tent Permit Application (if applicable)				
Name of Applicant				Today's Date
Address		City	State	Zip
Phone Number		Cell Phone Number		
Email				
Section 2 – Person/Organization/Contractor Responsible for Erection of Tent				
Organization				
Address		City	State	Zip
Phone Number		Cell Phone Number		
Email				
Section 3 - Tent Information				
Location of Tent			Number of Tents	
Purpose of Tent/Usage Description				
Description of Tent (if multiple list details of each tent)				
Size (ft)	Area (sq ft)	Tent Separation (ft)	Side Walls	Additional Info
1. x			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. x			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. x			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. x			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. x			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Attach site plan which includes the following:				
<ol style="list-style-type: none"> 1. Accurate site plan with dimensions from property lines and other structures 2. Floor plan showing all required exits, no smoking signs, square footage and height of structure 3. Occupant Load per manufacturer guidelines 4. Membrane type and Fire Resistance Certification (must be attached) 5. Locations of fire extinguishers. 6. Location of parking 7. Location and distance of all heat producing equipment 8. Location and distance of all generators 				
Date to be erected			Date to be taken down	
I hereby certify that I have received the property owners consent to erect a temporary tent at the above location for the period of time and purpose stated.				
I agree to meet requirements of the International Fire Code regarding tents and other membrane structures and all other regulations or ordinances of the City. I acknowledge that violations of any of the codes, regulations or ordinances will result in immediate revocation of this permit.				
Signature				Date
Public Works <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Notes/Special Conditions:		
Fire Department <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Notes/Special Conditions:		
Fee - Date Paid		Amount Paid		Permit Issued (Number)