CITY OF ANGLETON ANGLETON Mass Gathering Application

Event Name: JUNETEENTH CELEBRATION

Mass Gathering Permit Application

To be filed at least 45 days before the mass gathering date.

*** Form must be complete in its entirety. Incomplete forms will be rejected.

PROMOTER	
Promoters Name: JUNETEENTH CELEBRATION CON	MITTEE
Company: JUNETEENTH CELEBRATION COMMITTE	E
Primary Phone: (<u>832</u>) <u>921</u> - <u>1744</u> Second	dary Phone: () -
Address: P.O. BOX 1465, CLUTE, TX 77531	
Email Address:	
Name of the Event:JUNETEENTH CELEBRATION	
SUBMIT FINANCIAL STATEMENT THAT REFLECTS THE F	UNDS BEING SUPPLIED TO FINANCE
THE MASS GATHERING AND EACH PERSON SUPPLYING	THE FUNDS.
PROPERTY	
Property Owner Name: CITY OF ANGLETON	Phone: <u>979-849-4364</u> X4101
Address: 700 BATES PARK, ANGLETON, TX 77515	
Email Address: MMAINER@ANGLETON.TX.US	
The 911 address of the property on which the event will be held	: 700 BATES PARK, ANGLETON, TX 77515
SUBMIT CERTIFIED COPY OF THE AGREEMENT BETWEE	N PROMOTER AND PROPERTY OWNER.
Description of location (consider attaching a diagram and/or are CITY PARK	ea map):
Address of mass gathering : 700 BATES PARK, ANGLETC	N, TX 77515
Dates of proposed gathering:_ JUNE 15, 2024	
EVENT INFORMATION	
Event time from: 11 am pm on 6 / 15 / 24 until	8 am/pm pn 6 / 15 / 24
Expected number of attendees:UNKNOWN	
Maximum # of persons the promoter will allow to attend: UNK	NOWN
Will alcohol be served at the event? Yes	No
Will minors be attending the event?Yes	No
If minors will be attending the event, provide a description of the supervising minors who may attend the event.	e promoter's preparations for
PARENTS WILL BE RESPONSIBLE FOR DEPENDE	ENT SUPERVISION

Performers:
Name and address of each performer who has agreed to appear at the mass gathering: NONE
Name and address of each performer's agent: NA
SUBMIT A DESCRIPTION OF THE TERMS OF THE AGREEMENT BETWEEN THE PROMOTER AND
THE PERFORMER HEALTH AND SANITATION COMPLIANCE:
Following the minimum standards of the Texas Administrative Code, Title 25, Section 265.3 (water supply, toilet facilities, vector control, solid waste facilities, noise control, food sanitation, medical and nursing care and final site clean-up)
Describe the water supply, meeting minimum standards noted above: THE GROUP WILL USE PUBLIC WATER SUPPLY VIA RESTROOMS IF NEEDED
Describe the Toilet facilities, meeting minimum standards noted above: THE GROUP WILL USE PUBLIC RESTROOMS DURING PARK HOURS OF OPERATION
Describe Vector Control, meeting minimum standards noted above:
NA

Describe the steps taken to ensure minimum health/sanitation standards will be maintained during the gathering, including the names of the solid waste haulers and liquid waste haulers, with their phone numbers and specify the frequency that the solid and liquid waste will be picked up:

picked up:
ONSITE TRASH RECEPTACLES WILL BE USED AND ADDITIONAL CANS AND LINE
WILL BE PLACED BY PARKS STAFF.
Describe Noise Control, meeting minimum standards noted above, ensuring that noise levels from the event do not exceed 70 decibels measured at the perimeter of the mass gathering site:DJ_AND_BAND_WILL_PLAY_2PM-8:30PM
Food and Beverage Services:
The promoter must attach a list of all permitted mobile food vendors and temporary food service vendors, including vendors providing bar services.
The promoter shall ensure all temporary food service permit applications are submitted to the City Health Authority at least ten (10) days before the event. All food vendors must hold a City Food Vendor Permit.
ood and Beverage Safety Requirements — All vendors will be subject to fire and health aspections and must meet the minimum standards noted above.
Describe the steps taken to ensure the physical health/safety of the persons attending: ALL TEMPORARY FOOD VENDORS WILL FILE FOR THE APPROPRIATE FOOD
PERMIT AT CITY HALL FOR COMPLIANCE.
Describe the preparations taken to provide adequate medical/nursing care to include the total number of Emergency Medical Personnel and their qualifications, including a copy of a contract etween the promoter and ambulance service indicating the number of ambulances, mergency first aid stations and emergency personnel to be on site at the mass gathering and a written plan for evacuation of sick or injured persons to be approved by the City Health uthority, meeting the minimum standard for medical and nursing care noted above:

aal Site Clean Up Plan
e promoter must include a site clean-up plan for returning the site to it pre-event condition,
eeting the minimum standards for final site clean up noted above.
CURITY AND PUBLIC SAFETY COMPLIANCE:
Following the minimum standards of the Texas Administrative Code, Title 37, Chapter 1, bchapter L, Section 1.161-1.169,
scribe the method promoter will use to ensure maximum number of attendees is not exceeded: HIS IS A COME AND GO EVENT SO MAX OCCUPANCY IS NOT AN ISSUE AT THIS
scribe the preparations you will take to provide traffic control and physical security,
luding a copy of a contract or agreement between the promoter and the City of Angleton
ice Department and/or Brazoria County Sheriff's Department listing the exact number of off- ty police officer and deputies to be on site at the mass gathering, submitting a security plan
how security will be handled for the event: ARTICIPANTS WILL BE ASKED TO FOLLOW ALL TRAFFIC LAWS AND PARK IN
ESIGNATED PARKING AREAS. ANGLETON PD WILL BE ASKED TO DO DRIVE
HROUGH THE PARK.
scribe the steps you will take to ensure that the mass gathering will be conducted in an erly manner:
NETEENTH CELEBRATION COMMITTEE WILL COMMUNICATED TO PARTICPAN
ID ADVERTISE IN ADVANCE SPECIFIC SAFETY PROTOCOL.
SUBMIT PLAN TO ADDRESS HAZARDOUS CONDITIONS, INCLUDING, BUT NOT LIMITED
TO EVACUATION, CANCELLATION OR DELAY OF THE MASS GATHERING.
Identify the locations on the grounds where promoter or representative will be available
Ill times during the event:

BATES PAVILION

If applicable, provide a copy of contract with licensed company or individual providing fireworks or pyrotechnic display. Must be permitted and approved by Fire Marshal.

COMPREHENSIVE SCALED SITE PLAN MUST BE SUBMITTED SHOWING THE COMPLETE LAYOUT OF THE PROPERTY, INCLUDING THE FOLLOWING:

INFORMATION THAT MUST BE SHOWN ON THE SITE PLAN

- 1. Tents, identified with description of use and size;
- 2. Generators (marked with "G");
- Access points, including ingress and egress from each area, tent, lounge, etc.;
- 4. Location of emergency medical services personnel;
- 5. Location of each emergency aid station (marked with red+);
- 6. Location of promoter's headquarters;
- 7. All stage locations with description of use and size:
- All food preparation and food service locations;
- All water supply locations, marked with blue "W";
- All hand-washing and drying facilities that will have running water;
- 11. All solid waste collection locations;
- 12. Location of each toilet, labeled "Men" or "Women" and a description of the type of toilet;
- 13. Location of any hazards on the property such as streams, ponds, steep or uneven terrain;
- 14. Location and number of officers providing traffic control:
- 15. Location and capacity of on-site parking, including location and capacity of parking for recreation vehicles;
- 16. Routes for ingress/egress for attendees;
- 17. Routes for emergency access ingress/egress;
- 18. Location and description for traffic control signage; and
- 19. Locations for lighting,

INDEMNIFICATION PROVISION

THE PROMOTER AGREES TO INDEMNIFY AND HOLD THE CITY OF ANGLETON, ITS OFFICIALS, OFFICERS, EMPLOYEES AND AGENTS HARMLESS FROM ALL COSTS, EXPENSES (INCLUDING REASONABLE ATTORNEY'S FEES) AND DAMAGES TO PERSONS OR PROPERTY ARISING DIRECTLY OR INDIRECTLY AS A RESULT OF THE MASS GATHERING.

Information True and Correct

The undersigned promoter affirms that all of the information provided or to be provided by the promoter is true and correct.

Promoter: Juneteenth Celebr	ation Committee.
Ву:	ADA PIERCE
Signature Doa fleeco	Printed Name
Title: Coordinator	
Date: 4/16/24	
WHEN APPLICATION IS COMPLETE, TURN APPLICA	ATION AND ALL REQUIRED DOCUMENTS IN TO
THE CITY MANAGER AT 121 S. VELASCO, ANGLETO	
FOR OFFICE U	JSE ONLY: ************************************
Angleton Police Department:	
Approved	or Denied
Name: Lupa / Vallez	
Signature: Da	te: 4/17/29
Notes:	,

*****	*********	*****	*****	*******
Angleton Health Au	thority:			
	Approved	or	Denied	
By:				
Name: Myle K	eynolds			
Signature:		_ Date: <u>4</u> _	116/24	
Notes: D\$ 100	u issue a		temp.	tood permits
**************************************	*************	******	******	***********
B				
D	Approved	or	Denied	
Name: Roy He Signature: Pres	tronder			
Signature: Log	Herwooded	Date: 4	16/24	
Notes:				
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