

**CITY OF
ANGLETON**
Mass Gathering
Application

Event Name: Tribute to Emilio NAVAIRA
Concert

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: Jim Lwa

Company: PACA

Primary Phone: _____ Secondary Phone: (____) ____ - _____

Address: _____

Email Address: [REDACTED]

Name of the Event: Tribute to Emilio Navaira Concert

SUBMIT FINANCIAL STATEMENT THAT REFLECTS THE FUNDS BEING SUPPLIED TO FINANCE THE MASS GATHERING AND EACH PERSON SUPPLYING THE FUNDS.

PROPERTY

Property Owner Name: City of Angleton Phone: _____

Address: Vet. Memorial Park

Email Address: _____

The 911 address of the property on which the event will be held: _____

SUBMIT CERTIFIED COPY OF THE AGREEMENT BETWEEN PROMOTER AND PROPERTY OWNER.

Description of location (consider attaching a diagram and/or area map):

Address of mass gathering: 115 E Magnolia Ave.

Dates of proposed gathering: June 29th (Set up June 28th)

EVENT INFORMATION

Event time from: 1pm am/pm on 6/29/24 until 11pm am/pm on 6/29/24

Expected number of attendees: 500

Maximum # of persons the promoter will allow to attend: 1,000?

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 promoter's preparations for supervising minors who may attend the event.

Just like the prior events i've had we have APD & our staff as well.

Performers:

Name and address of each performer who has agreed to appear at the mass gathering:

Emilio Tribute Band San Antonio & Nashville
Stefani Montiel - San Antonio
Can not give out address -

Name and address of each performer's agent: Universal Latin Potent TX
PO-Box 212

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:

Plenty of water, Toilets, Trash Cans, Noise Ord.
3 Food Trucks Permitted from City Hall
1st Aid Station & FD Access St.

Describe the Toilet facilities, meeting minimum standards noted above:

12 Toilets Including HC & HANDWASH

Describe Vector Control, meeting minimum standards noted above:

Every Detail is and will be assigned to staff

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:

This is a one day event BLESS will take care
of sanitation & my staff will clean grounds

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:

It will be just as concerts in the park
every may & sept. It will not exceed to max

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.

Food and Beverage Safety Requirements – All vendors will be subject to fire and health inspections and must meet the minimum standards noted above.

Describe the steps taken to ensure the physical health/safety of the persons attending:

APD & staff, water stations, 1st aid

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 between the promoter and ambulance service indicating the number of ambulances, emergency 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 Authority, meeting the minimum standard for medical and nursing care noted above:

N/A

Final Site Clean Up Plan

The promoter must include a site clean-up plan for returning the site to its pre-event condition, meeting the minimum standards for final site clean up noted above.

SECURITY AND PUBLIC SAFETY COMPLIANCE:

Following the minimum standards of the Texas Administrative Code, Title 37, Chapter 1, Subchapter L, Section 1.161-1.169,

Describe the method promoter will use to ensure maximum number of attendees is not exceeded:

We Fence in our Area & Keep Hard Count

Describe the preparations you will take to provide traffic control and physical security, including a copy of a contract or agreement between the promoter and the City of Angleton Police Department and/or Brazoria County Sheriff's Department listing the exact number of off-duty police officer and deputies to be on site at the mass gathering, submitting a security plan and how security will be handled for the event:

5 officer same as last concert will coordinate with officer Lt. Parsons of Chief Valdez

Describe the steps you will take to ensure that the mass gathering will be conducted in an orderly manner:

Fenced Perimeter, Regulated Parking

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 at all times during the event:

Stage Side

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");
3. 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;
8. All food preparation and food service locations;
9. All water supply locations, marked with blue "W";
10. 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.

yes we carry a 2 million aggregated liability Ins. Policy

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: Jim Luna (PACA)

By: _____

Signature 

Printed Name Jim Luna

Title: _____

Date: _____

WHEN APPLICATION IS COMPLETE, TURN APPLICATION AND ALL REQUIRED DOCUMENTS IN TO THE CITY MANAGER AT 121 S. VELASCO, ANGLETON, TEXAS.

FOR OFFICE USE ONLY:

Angleton Police Department:

Approved or Denied

By:

Name: _____

Signature: _____ Date: ____/____/____

Notes: _____

Angleton Health Authority:

Approved or Denied

By:

Name: _____

Signature: _____ Date: ____/____/____

Notes: _____

Angleton Fire Marshal:

Approved or Denied

By:

Name: _____

Signature: _____ Date: ____/____/____

Notes: _____
