Print

Public Events Permit Application - Revised 2022 - Submission #84656

Date Submitted: 7/20/2023

–Please select the type of event you are proposing?

- Parade
- Bike Race
- Marathon
- E Fun Run
- Parking Lot Party
- Concert
- Carnival
- Festival
- Other

If other, please explain the type of event you are proposing

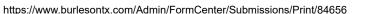
School Dedication run

-Please select all that applies to your proposed event

- Closing or impacting a public street, sidewalk, or trail
- Impacting or hindering the regular flow of traffic
- Blocking or restricting city-owned property
- Sale or distribution of merchandise, food, or beverages on city-owned property
- Erection of a tent equal to or greater than four hundred (400) square feet in area
- Installation of a stage, band-shell, trailer, van, portable building, grandstand, or bleachers
- Placement of portable toilets on city-owned property
- Have an impact on public safety

If your event WILL NOT have an impact on public safety please explain why you feel that way*

NA



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If the answer is YES to any of the below requests the application must be approved by city council and must be submitted at least 90 days before the event is to begin.

Any marketing published before the event is approved by city council is at the risk of the event organizer.

─Will street closures be required?* ┐	If yes, please provide details:	Page not found
● Yes	Miller & Lawson	C
Are you requesting the city to waive fees associated with police	If yes, please provide number of officers and hours requested:	
services?* ● Yes ◎ No	2 for 45 minutes	
Are you requesting the city to waive fees associated with fire services? *	If yes, please provide number of fire personnel and hours requested:	
© Yes		
Are you requesting the city to waive fees associated with the rental of city facilities? *	If yes, please provide the facility and hours requested:	
© Yes ● No		
_If the answer is yes to any of the above days before the event date?	questions, is this submittal at least 90	
☑ Yes☑ No		
If the answer to all of the questions is no the event date?	o, is this submittal at least 60 days before	
☑ Yes☑ No		
First Name*	Last Name*	
The Academy at Nola Dunn	Jackie Garner	

Address1*

201 S. Dobson

City*	State*	Zip*	
Burleson	ТХ	76028	
Email:*	Phone:*		Page no found
jgarner@bisdmail.net	8172453300		<u>R</u>
First Name	Last Name		
Address1			
City	State	Zip	
Email:	Phone:		/2
Proposed location and descr 201 S Dobson St.	iption of property where Publ	ic Event will be held:*	
	without attaching a site plan. A site plan de		

Submit a site plan showing the area where the Public Event is to be held, including the following:

- 1. The location of parking areas available for patrons under the operator's control;
- 2. Location of proposed additional parking;
- 3. Location of entrance, exit, and interior roadways and walk;
- 4. Street closures proposed;
- 5. Structural elements proposed (bounce houses, booths, etc.);
- 6. Location of all first aid stations and emergency medical resources;
- 7. Location, type, and provider of restroom facilities;
- 8. Location and description of water stations;
- 9. Location and number of food stands, and the types of food to be served if known;
- 10. Location, number, type, and provider of solid waste containers;
- 11. Location of any tents;
- 12. Location of operator's headquarters at the gathering;

13. A plan to provide lighting adequate to ensure the comfort and safety of attendees and staff, if event is being held in non-daylight hours;

14. If loudspeakers are to be used, the location and orientation of those speakers shall be shown.

Upload Site Plan*Please ensure nothing is blocking the
street so that an emergency response
vehicle may get to the area in the event
of an emergency.

First Name	Last Name	

Address1





City	State	Zip	
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Phone:			found
			<u>C</u>
Upload Agreement			
Choose File No file chosen			
Submit a certified copy of the agreement			
between the promoter and the property owner.			
Public Event Name*			
School Event			
Type and purpose of event:*			
Dedication ceremony			
Estimated number of attendees:*			
800			
Start Date/Start Time:*	End Date/End	Time:*	
9/22/2023 8:30 AM	9/22/2023	10:45 AM	
─Will there be entertainment?*	- If yos, ploaso r	provide details:	
	li yes, piease p		
Will amusement rides be present?*		provide details, includ	ing
Yes No	name and add	ress of company:	
1			
Will alcohol be served?*]		
💿 Yes 🛛 💿 No			

If yes, please provide type of alcohol (beer, wine, mixed beverages)



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-Will there be food service?*

Yes

No

Plans for solid waste:*

NA

Plans for restroom facilities, including number of restrooms:*

NA

Please provide details of plans to control access to event:*

NA

Please provide details for event security:*

NA

Please provide details for event first aid/medical:*

NA

Please provide details of parking plan:*

NA

Name of Insurance Company:

Address1

City	State	Zip	
Phone:	Contact Perso	/	Page no found
Phone:)n:	
Policy Number:	Upload Insura Choose File No	ance Certificate:	
		, me chosen	
E-signature*		7	
the best of my knowledge. I in this Public Events Permit	plication I agree that all informati agree to adhere to all of the rule . If any changes are made betwe vill contact the City concerning th g those changes.	s and regulations laid out en the time I file this permit	
Ø Agree	Oisagree		
Signature		,	
Jackie Garner			