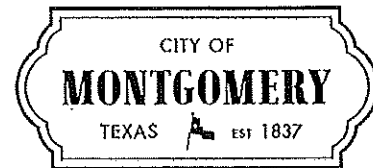


City of Montgomery, TX
Economic Development Corporation
Grant Application



Company Name: Montgomery Welcome Center / Conroe/Lake Conroe Chamber of Commerce			
Company Contact: Debby Dykes		Title: Specialist	
Best Phone: 936-597-3020		Alt. Phone: 713-303-1810	
Email Address: info@montgomerywelcomecenter.org			
Physical Address: 21499 Eva St, Suite B		City, State, Zip: Montgomery, Tx 77356	
Mailing Address (if different):		City, State, Zip:	
Applicant's years of experience in this business: 12		How long has his business been located in Montgomery? 12+	
Do you own or lease this facility? <input type="checkbox"/> OWN <input type="checkbox"/> LEASE		If leased, please provide owner information and a copy of lease agreement. Owner Name: _____ Owner Phone: _____	
Provide a detailed description of the proposed project as "Exhibit A" attached Funds for Police at Freedom Fest			
What is the estimated total cost of the project? (Include supporting information, ie estimates/quotes as "Exhibit B" attached)			\$
How much funding are you requesting from the MEDC for this project? (Typical grants are awarded at 1/3 the total project cost or up to \$5,000)			\$ not to exceed \$3000
Are you requesting an exception for additional funding on this project? (Please provide additional supporting evidence for this request as "Exhibit C")			\$
When will this project begin? 07/05/2025		What is the estimated completion date? 07/05/2025	
Attach all drawings of planned improvements as "Exhibit D"			
Include a description of expected commercial revitalization impact & sales tax revenue impact as "Exhibit E"			
If this project will employ Montgomery vendors, please supply details as "Exhibit F"			
Applicant's Signature: <u>Debby Dykes</u> Title: <u>Specialist</u> Date: <u>05/14/2025</u>			
OFFICE USE:			
Date Application Received:	Date Presented to Board:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	
Performance Agreement Received:	Project Completion Date:	Funding Date:	Check Number:

**Montgomery Economic Development Corporation Grant
PERFORMANCE AGREEMENT**

THIS PERFORMANCE AGREEMENT is made and entered into as of 05/14/2025, (date) by and between THE MONTGOMERY ECONOMIC DEVELOPMENT CORPORATION (MEDC) and

Montgomery Welcome Center / Conroe COFC (Grant Awardee), whose business address is 21499 Eva Ste, Suite B, Montgomery TX 77356.

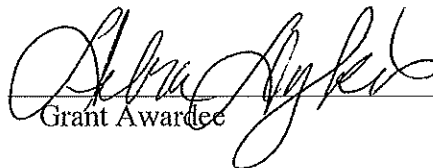
In consideration of the mutual covenants herein contained and, intending to be legally bound hereby, the MEDC and Grant Awardee agree as follows:

1. Grant Awardee will complete the grant application.
2. MEDC will notify Grant Awardee by U.S. Mail.
3. In the event that the property covered by the grant is leased, the Grant Awardee must provide the city with a letter of approval from the property owner for said improvements to commence.
4. Grant Awardee must submit plans to city for proper approvals and proper city permits.
5. A proposed project must start after grant approval and be completed within six (6) months of the date of this agreement or according to the terms of this agreement.
6. When the project is complete, the Grant Awardee must request the MEDC to verify completion and costs.
7. Grant Awardee must agree to maintain said enhancements/improvements for a period of time not less than twelve (12) months.
8. Upon notification by staff that the project has been completed and a satisfactory Performance Agreement has been executed by both parties, the MEDC will transfer awarded funds to the Grant Awardee for reimbursement of costs up to the awarded amount at the specified matching ratio.
9. Only costs from a vendor for purchased labor or materials will be recognized for matching funds. Costs for the applicant's employee labor or in-stock materials are not eligible for reimbursement.
10. MEDC may, at its sole discretion, extend the period of performance.
11. The MEDC Representative will verify start of work and completion of work.
12. No grant reimbursement funds will be paid until the project is complete. Cost incurred prior to the date of the grant approval may not be recognized for matching funds.

Date of Completion. The date of completion of the project is established as 07/05/2025.

Payment. At completion of project MEDC agrees to make the following payment in U.S. funds to Grant Awardee, provided Grant Awardee complies with all of the covenants and stipulations contained in this Agreement.

A set fee of up to \$3000⁰⁰.



Grant Awardee

MEDC President



SPECIAL EVENT PERMIT

Completed application(s) and permit fee are required 30 days prior to the scheduled event date. *Application Submittal does not guarantee permit approval. Incomplete application(s) will not be accepted.*

To submit your application please email events@ci.montgomery.tx.us

Event Information

Name of Event: Freedom Fest 2025

Proposed location of Event: Old Community Center & Historic Downtown

Event Start Date: 07/05/2025

Event End Date: 07/05/2025

Number of Days: 1

Event Start Time: 9:00am

Event End Time: 3:00pm

Total Number of Hours: 6

Anticipated number of attendees per day: approximately 1500

Admission Fee

☒ No, the event is free admission.

☐ Yes, if so, what is the fee? _____

Type of Event

☐ Concert/Dance

☐ Festival/Carnival

☒ Parade

☐ Walk/Run

☐ Other: _____

Event Organizer Information

If an applicant is filling out the application in behalf of the event organizer, please submit a letter of consent.

Name: Debby Dykes - Montgomery Welcome Center - Conroe/Lake Conroe Chamber of Commerce

Address: 21499 Eva St, Suite B, Montgomery Tx 77356

Phone Number: 936-597-3020

Email Address: info@montgomerywelcomecenter.org

Additional Applicants

☒ Check the box if the event host, chairperson or point of contact is the same as stated above.

Name(s):

Address:

Phone Number:

Email Address:

Phone Number:

Email Address:

Property Owner Information

Applicant(s) shall submit a copy of the "property use agreement" from the property owner allowing use of the property for the event.

Name:

Address:

Phone Number (s):

Email Address:

101 Old Plantersville Rd. Montgomery, TX 77316
(936)597-6719

Signs/Banners

Reminder: Signs on the right of way are not allowed.

Will Signs/Banners be utilized at the event?

☒ No

☐ Yes *Separate city permit or TXDOT approval may be required.

Location of the sign: _____

On Site Preparations/Clean-up

Date prep will start: 07/05/2025

Time prep will start: 7:00am

Date cleanup will be completed: 07/05/2025

Time cleanup will be completed: 5:00pm

Please check all the applicable items below

If applicable to the items below, please show them on the site plan required.

☐ None of the below are applicable.

☐ Requesting street closure [Provide site map]

***For street closure on ALL state roads you will have to contact Texas Department of Transportation TxDOT, for approval.**

☒ Food, beverages and/or Merchandise Vendors [Details on page 3.]

☒ Portable Toilets/Portable Building. [Details on Page 3.]

☒ Loudspeakers, PA System, music, etc. [provide Outdoor Sound Amplification Application]

☐ Cooking with chafing fuel or a fryer.

☐ Trailer(s) to be used as living quarters.

☒ Animals part of the event [Details on page 3.]

Reminder: Fireworks are prohibited by the City Code 38-19 & 38-20

Additional Event Set Up

Please check all the items that would be part of the event.

☐ None of the below are applicable.

☐ Stage, Band-shell, stage/trailer Grandstand or Bleachers.

☐ **Fencing:** Proposed location(s) and/or the positioning must be indicated on the event site plan.

☐ **Generator(s): Quantity and sizes:** _____

☒ **Tent(s) - Dimensions/size:** just vendor pop-up canopies at Community Center

☒ Will the tent(s) have any closed sides?

☒ No

☐ Yes, how many sides will be closed? _____

The size(s) and proposed location(s) of tents, canopies or other membrane structures must be indicated on the event site plan.

All tents must be a minimum of 20 feet from existing buildings and vehicular traffic - parked or moving. Staking tents on City property is not permitted, to avoid damage to underground lines Tents must be secured with water barrels or tent weights. A **Certificate of Flame Resistance** for tents, canopies or other membrane structures totaling 200 SqFt. and larger must be provided no later than 10 business days before the event for permit approval. All electrical equipment and installations shall comply with the currently adopted version of the National Electric Code (City Code 18-27).

Amusement Rides/Inflatables/Bounce House(s)

Will amusement rides/inflatables/bounce house(s) be used in conjunction with the event?

☐

No

☒

Yes, the proposed location(s) must be indicated on the event site plan.

Required: Certificate of Inspection and insurance are required for permit.

Rides and/or attractions associated at special events shall conform with the statutory rules and regulations set forth in Chapter 21. Article 21.53 of the Texas Insurance Code, designated the Amusement Ride Safety Inspection and Insurance Act, as amended. Certificates of Inspection and insurance will be required

Animals and Livestock

☐

Please check the box if this does not apply to your event.

Will animals (other than pets on a leash) be part of the event?

☐

No

☒

Yes, what type and how many? horses in the parade

Requirements: Hand washing station must be provided and shown on the site plan. Additionally, if horses will be present at the event, each horse must have an Equine Infectious Anemia (EIA) testing form.

Sanitation Services

☐

Please check the box if this does not apply to your event.

Brief explanation on the following

Portable Restrooms

Provider: _____

Trash/Dumpster

Provider: just the dumpsters on site at the community center

The City of Montgomery is subject to request verification for sanitation. Show on the site map where the above will be located.

Event Vendors

☐

Please check the box if this does not apply for your event.

Event organizers must provide a list of planned vendors. In Montgomery, vendors operating solely during the event are not required to obtain permits. However, organizers are accountable for ensuring vendors comply with health and safety regulations.

☒

Will have food vendors during the event hours.

☒

Will have beverages/alcohol vendors during the event hour.

☒

Will have non-food vendors during the event hours.

Will any vendors be using propane? no

Will alcohol be sold or allowed (BYOB) at this event? no

If alcohol is present, the event applicant/host must provide a copy of TABC Permit and proof of Host Liquor Liability insurance.

Parades, Running/Walking Events and Traffic Control

☐ Please check the box if this does not apply for your event.

- ☒ Parade
☐ Run/walk event.
☐ Other Traffic Control
Explain: _____

Parade:

Starting location: Back of MISD Education Service Center

Ending location: Back of MISD Education Service Center

Number of participants: 50+ Number of Vehicles/Floats:
50+

On-Site preparations start time: 7am

Run/Walk:

Distance: (1k, 5k, 10k, etc.) _____ On-Site preparations start time: _____

Any On-site registration: _____

Starting location: _____

Ending location: _____

Insurance Requirements

The City will accept Certificates of Insurance (Ord. 2020-08) or Binders as proof of insurance naming City of Montgomery as additional insured. Insurance coverage must be provided with the Application. The coverage shall contain no special limitations on the scope of protection afforded to the city, its officers, officials, employees, or volunteers.

Commercial General Liability: \$1,000,000 limit per occurrence for bodily injury, personal injury, and property damage. \$2,000,000 Aggregate Per Event. The following shall be listed in the Description of Operation; **"The City of Montgomery, its' officers, officials, employees, boards and commissions, agents, and volunteers are to be covered as "Additional insured", as required by the contract in respect to liability arising out of premises owned, occupied or used by the Festival/Event."**


****The sales tax rate of 8.25% applies within the City of Montgomery. ****

All vendors operating in the City of Montgomery should properly report sales tax from this event as occurring in the City of Montgomery

Additional items, agreements and/or permits may be required depending on the event.

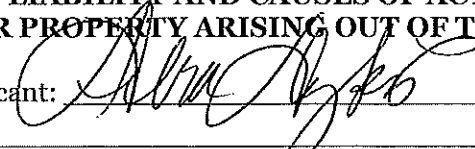
Application submittal does not guarantee permit approval.

I, the undersigned, hereby confirm that the information stated above is true and correct to the best of my knowledge and will abide by the requirements provided in the City of Montgomery Street Festival Application handout.

Signature of Applicant: 

Date: 01/31/2025

I, THE ABOVE SIGNED APPLICANT, AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF MONTGOMERY, ITS OFFICERS, EMPLOYEES, AGENTS, AND REPRESENTATIVES AGAINST ALL CLAIMS OF LIABILITY AND CAUSES OF ACTION RESULTING FROM INJURY OR DAMAGE TO PERSONS OR PROPERTY ARISING OUT OF THE STREET FESTIVAL EVENT.

Signature of Applicant: 

Date: 01/31/2025



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/27/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER First Insurance Services of Jasper, Inc. 300 S Wheeler St Jasper TX 75951		CONTACT NAME: Hannah Peveto PHONE (A/C, No, Ext): (409) 384-5761 FAX (A/C, No): (409) 384-3341 E-MAIL ADDRESS: hbarrett@1stinsurance.net	
INSURED CONROE/LAKE CONROE CHAMBER OF COMMERCE PO BOX 486 MONTGOMERY TX 77356		INSURER(S) AFFORDING COVERAGE INSURER A: UNITED STATES LIABILITY INSURANCE CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 25895	

COVERAGES **CERTIFICATE NUMBER:** CL2532718248 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR YWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		NBP1556683F	5/7/2024	5/7/2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

FREEDOM FEST - Event Location: 14420 Liberty St, Montgomery, TX 77356 And
Event Location: 777 Clepper st, Montgomery, TX 77356

The City of Montgomery, its officers, officials, employees, boards and commissions, agents, and volunteers are to be covered as 'Additional Insured,' as required by the contract in respect to liability arising out of premises owned, occupied, or used by the Festival/Event.

CERTIFICATE HOLDER admin@montgomeryareachamber.c CITY OF MONTGOMERY OLD COMMUNITY CENTER BUILDING 101 OLD PLANTERSVILLE RD MONTGOMERY, TX 77316	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Willie Yearly/TBOYD
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City of Montgomery Event Questions

What events qualify for a special event?

Special event means a sports event, pageant, celebration, historical reenactment, entertainment, exhibition, parade, fair, festival, or similar activity that is not a demonstration, engaged in by one or more persons, and could potentially impede traffic, impact city infrastructure or operations, and/or disrupt the general public's quiet enjoyment of their day.

Street means the entire width between the boundary lines of every way publicly maintained, where any part thereof is open to the use of the public for purposes of vehicular travel, including the ditches, drains, median, sidewalk and esplanade thereof, of any public alley, road, street, avenue, parkway or highway which is located within the city.

Street festival means any event, activity or entertainment sponsored by any organization, entity, or individual which may attract 25 or more persons and conducted in whole or in part within any street and for which admission may be charged or at which peddling, hawking, soliciting, transient dealing, or operation of a mobile food unit may occur. The term "street festival" shall not include a rally conducted in support of or opposition to a candidate for political office or a ballot proposition in any election called by a federal, state or local unit of government.

Do vendors need the City of Montgomery?

They will not need to apply for a permit while operating during the event hours as long as the event organizer submits an event vendor list with the permit application. If the vendor plans to operate regularly in Montgomery on other days and hours not regulated by an event organizer, they'll need a separate vendor permit.

https://library.municode.com/tx/montgomery/codes/code_of_ordinances?nodeId=COOR_CH64PESOVE

What are the basic requirements?

- Application must be completed.
- Site map will need to show location along with everything that will part of the event.
- Event insurance covers the event and the City of Montgomery.
- Other requirements will apply based on your event.

For Office Use Only

☐ City Event Special Events Coordinator: _____ Date: 5/6/25

Submittal Received: City Staff: _____ Date: _____

Application Reviewed:

- ☐ **Approved**
☐ **Rejected**

City Administrator: _____

City Secretary: _____

Chief of Police: _____



COMMUNITY BUILDING RESERVATION REQUEST

★ 101 Old Plantersville Rd, Montgomery Texas 77316
★ (936)-597-3304 ★ www.montgomerytexas.gov

DATE(S) REQUESTED: July 05, 2025		
NAME/ORGANIZATION: Montgomery Welcome Center -Conroe/Lake Conroe Chamber of Commerce		
TYPE OF EVENT: Freedom Fest parade, festival and vendor market		
CONTACT NAME: Debby Dykes / Michele Burke		
MAILING ADDRESS: 21499 Eva St, Suite B		
CITY: Montgomery	STATE: Tx	ZIP: 77356
DRIVERS LICENSE: 09863993		EMAIL: info@montgomerywelcomecenter.org
PHONE: <input type="checkbox"/> Cell <input checked="" type="checkbox"/> Work <input type="checkbox"/> Home 936-597-3020		
ESTIMATED ATTENDANCE: 1500 (BUILDING OCCUPANCY LIMIT IS 90)		
WILL THERE BE ALCOHOL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, CONTACT MONTGOMERY POLICE DEPARTMENT AT (936)-597-3604 TO HIRE SECURITY FOR THE EVENT. (MANDATORY)		
TIME SLOT REQUESTED: <input type="checkbox"/> 6AM-NOON <input type="checkbox"/> NOON-6PM <input type="checkbox"/> 6PM-MIDNIGHT <input type="checkbox"/> FULL DAY		

★ TO COMPLETE APPLICATION, ATTACH COPY OF YOUR DRIVER'S LICENSE ★

Applicant Signature: _____

Date Completed: 04/31/2025

Print Name: Debra Dykes

Deposit: \$150.00 (non-alcohol events) Deposit: \$300.00 (events with alcohol)

Reservation Fee: ☐ \$125.00 per time slot ☐ \$250.00 FOR FULL DAY (6AM-12AM)

Community Organizations (requires City Administrator approval): ☐ \$50.00 per reservation

FOR OFFICE USE ONLY

Employee Signature: _____

Deposit Paid: ☐ Date Paid: _____

Rental Fee: _____ Date Paid: _____

If Alcohol, Were Officers Hired? ☐ YES



PUBLIC USE POLICY

★ 101 Old Plantersville Rd, Montgomery Texas 77316
★ (936)-597-3304 ★ www.montgomerytexas.gov

Reservations:

- Reservations may not be made more than one year in advance. To request a reservation, you must be 18 years or older and provide a copy of your valid Driver's License.
- The hours of operation are 6am-12am, 7 days a week.

Deposit:

- A deposit of \$150.00 is required for use of the Community Building before securing the reservation date. Events with alcohol require a deposit of \$300.00.
- The deposit will be mailed to you after an inspection indicates that all rules and regulations have been followed and the key along with the checklist has been returned to City Hall. • Any violation of rules and regulations are subject to deduction or loss of deposit. Violations of the rules and regulations may lead to restriction of future use.

Keys / Checklist:

- Keys are numbered and must be signed for at the time of pick up. You will receive a checklist every time you sign out a key, which needs to be completed and turned in along with the key.
- Lost or unreturned keys are subject to a \$25.00 replacement fee.
- The key and completed checklist must be returned to City Hall by the next business day. You may drop these in the drop box on the front of City Hall.
- The checklist must be returned with the key for the deposit to be refunded. (\$25.00 penalty for not returning the checklist)

Cancellations & Refunds:

- All cancellations must be made 30 days prior to the scheduled event or the rental fee may be deducted from the deposit.

Alcohol:

- Reservations where alcoholic beverages are present are required to hire 2 City of Montgomery Police Department officers. Please call 936-597-4291 for information on fees and scheduling.

Rules of Use:

- If you use streamers or other decorations, they must be attached with tape that will not damage the paint or walls. Nails, tacks, staples and other methods of attachment are not allowed. • No smoking is allowed inside the building.
- You must provide your own cleaning supplies- mops, trash bags, and brooms are provided. • If you want to use a bounce house vendor during your event, you must provide a copy of the company's Certificate of Liability Insurance listing the City of Montgomery as the insured. • The Montgomery Police Department may enter at any time to ensure policies are being followed. A violation of the alcohol policy is subject to immediate cancellation of the event.

** I acknowledge that I have read and understand the above listed information.*

Applicant Signature: _____

Date: 01/31/2025

Print Name: Debra Dykes

If you have any questions or concerns, please call the City of Montgomery at (936) 597-3275.



OUTDOOR SOUND AMPLIFICATION EQUIPMENT PERMIT APPLICATION

A Permit fee of \$30.00 will be charged upon receipt of the completed Application.

DATE OF APPLICATION: 01/31/2025

REQUESTED DATE: 07/05/2025 REQUESTED TIME: 9am-11am

ADDRESS & DESCRIPTION OF LOCATION WHERE SOUND EQUIPMENT WILL BE USED: _____
Old Ice House Pavillion @ McCown and College (to announce parade)

Is this location: ☐ Residential ☐ Non-Residential

APPLICANT INFORMATION

NAME: Montgomery Welcome Center (Debby Dykes and Michele Burke)

ADDRESS: 21499 Eva St, Suite B, Montgomery, Tx 77356

EMAIL: info@montgomerywelcomecenter.org PHONE: 936-597-3020 (713-303-1810 Debby's Cell)

OPERATOR INFORMATION (person who will have charge of the sound amplifying equipment)

NAME: Charlie Way - Way Better Sound AV

ADDRESS: 14593 Austin McComb Rd, Montgomery Tx 77356

EMAIL: charlie@wbsav.com PHONE: 281-974-5764

PURPOSE FOR USE OF SOUND EQUIPMENT: announcing parade

DESCRIPTION OF SOUND EQUIPMENT: amplifier and microphone -

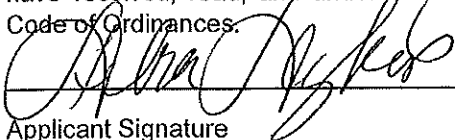
Some soft back ground music during parade

IMPORTANT REQUIREMENTS:

1. BMI License *If applicable*
2. Amplification Affidavit
3. Completed application
4. Provide Copy of DL

*** NO PERMIT ISSUED BY THE CITY OF MONTGOMERY, PURSUANT TO SECTION 34-97(a)(5) OF THE CITY OF MONTGOMERY CODE OF ORDINANCE, SHALL AUTHORIZE, ALLOW, OR OTHERWISE PERMIT THE PRODUCTION, REPRODUCTION, OR AMPLIFICATION OF SOUND THAT EXCEEDS 75 dB(A) WHEN MEASURED FROM THE PROPERTY LINE OF THE NEAREST RECEIVING PROPERTY.***

I hereby state that the information contained herein is true and correct to the best of my knowledge and belief. And, I have received, read, and understand Chapter 34, Article III, Sections 34.90 through 34-99 of the City of Montgomery Code of Ordinances.


Applicant Signature

01/31/2025
Date



City of Montgomery

101 Old Plantersville Rd.
Montgomery, TX 77316
936-597-6866



Applicant acknowledges that an Event permit does not grant any exceptions for any City of Montgomery ordinances. This includes the City of Montgomery noise ordinance.

Section 34-91. — General prohibitions.

- (a) It shall be unlawful for any person to make, continue, or cause to be made or continued any loud, unnecessary, or unusual noise that annoys, disturbs, injures, or endangers the comfort, repose, health, peace, or safety of others. In determining whether a noise is loud, unnecessary, or unusual, the following factors shall be considered: time of day; proximity to residential structures; whether the noise is recurrent, intermittent, or constant; the volume and intensity; whether the noise has been enhanced in volume or range by any type of electronic or mechanical means; whether the noise is subject to being controlled without unreasonable effort or expense to the creator thereof; and whether the noise exceeds specified dB(A) levels enumerated in the following sections.
- (b) It shall be unlawful for any person to make, assist in making, permit, continue, cause to be made or continued, or permit the continuance of any sound that either exceeds the maximum permitted sound levels specified in section 34-95 or, for purposes of sections 34-92, 34-93 and 34-94, otherwise unreasonably disturbs, injures, or endangers the comfort, repose, health, peace, or safety of others.
- (c) The acts enumerated in the sections of this article, among others, are declared to be loud, disturbing, and unnecessary noises in violation of this article, but such enumeration shall not be deemed to be exclusive.

Applicant acknowledges that if the permit is approved, it does not provide special privilege to violate any state law or city ordinance. If applicant is determined to be in violation, they may be subject to fines and/or cancellation of event.

Signature: _____

Date: _____

Please provide copy of acknowledgement to:


City of Montgomery
Police Department

Freedom Fest

Crafters Market

Kid's Zone
Family Lawn Games

 Bounce Houses

 Food Vendors

 Potties

CLEPPER STREET

Parking

Parking

CRAFTERS
MARKET

Kid's
Zone

Bounce
Houses

~~NOTHING INSIDE~~



Montgomery
Community
Band

 H/W   RR

COLLEGE STREET

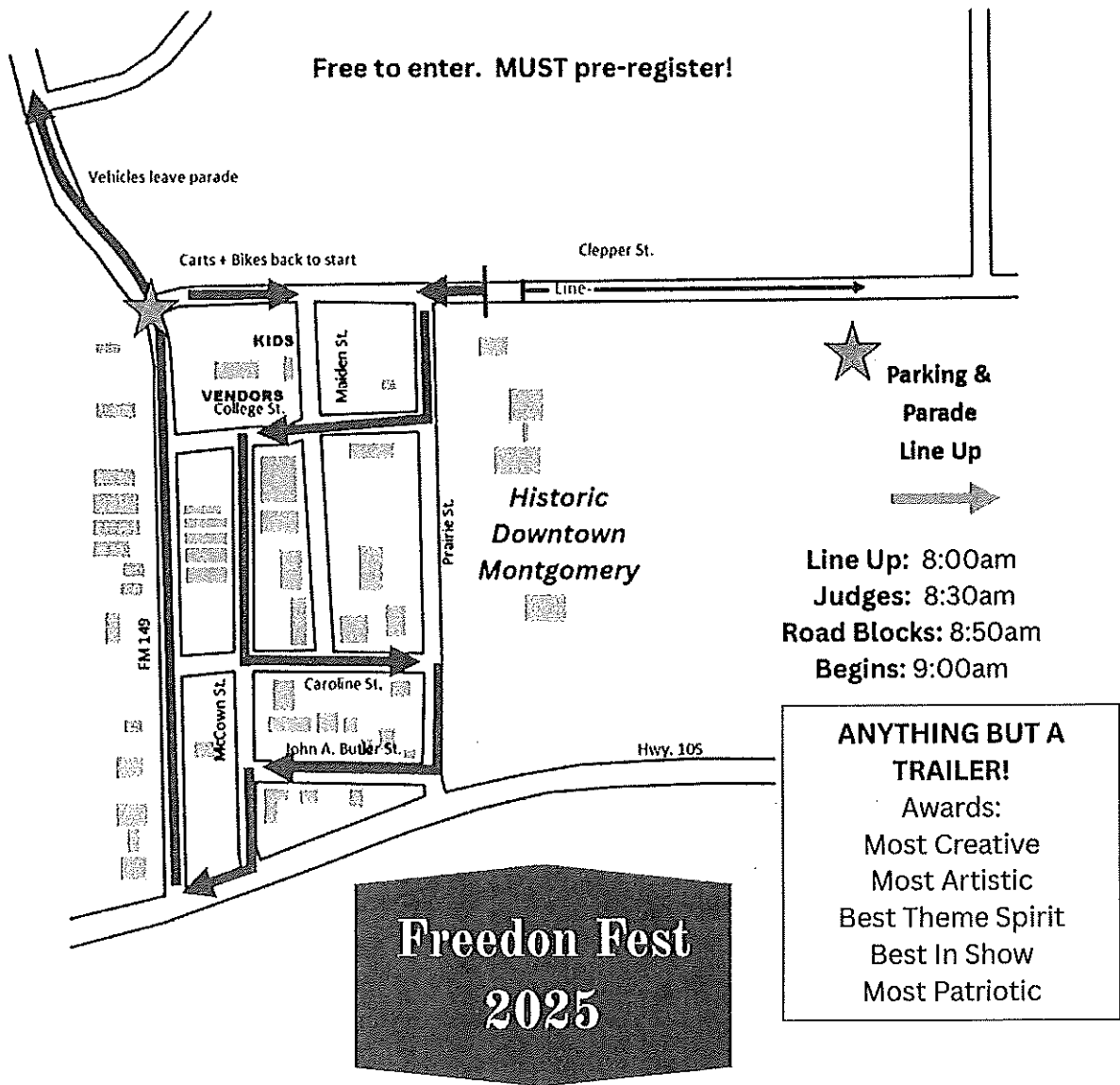
Parking

PARADE
ANNOUNCER

Parking

Parade Route

Theme: Red, White and Boots





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/30/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown Insurance Services, Inc. 10 Falcon Crest Dr., Suite 100 Greenville SC 29607	CONTACT NAME: Madison Gesik PHONE (A/C, No, Ext): (864) 383-5105 FAX (A/C, No): E-MAIL ADDRESS: madison.gesik@bbrown.com
INSURED Great MoonWalks Inc DBA: Great Adventure Moonwalks 19341 Mary Lane Montgomery, TX 77316	INSURER(S) AFFORDING COVERAGE INSURER A: Berkley Specialty Insurance Company INSURER B: Berkley Life and Health Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 31295 64890

COVERAGES**CERTIFICATE NUMBER:** 25-28**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		CGL 0190887 -22	04/24/2025	04/24/2026	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> BI & PD Ded.: \$1,000					MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	OTHER:					PRODUCTS - COMPIOP AGG \$ 2,000,000
						\$
						\$
						\$
						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident) \$
						\$
						\$
						\$
						\$
						\$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	<input type="checkbox"/>				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
B	Participant Accident		PAI L012010916503	04/24/2025	04/24/2026	See Remarks Below

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Proof of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: 00775411

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY Brown & Brown Insurance Services, Inc.		NAMED INSURED Great MoonWalks Inc	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes

Benefit Maximum \$500,000
 Applies During: Per Covered Accident
 Applies To: Accidental Death & Dismemberment Benefits only
 Principal Sum \$25,000
 Time Period for Loss: 365 Days
 Total Benefit Maximum for all Accident Medical: \$25,000
 Deductible: \$100
 Coinsurance Factor for all Covered Expenses: 100%
 Terms of Payment: Full Excess