ROLLINGWOOD
TEXAS

Date Submitted:_____   **Special Event Permit Application**

Event Name:_____

Organizer Name (1):_____   Organization:_____

Organizer Name (2):_____

Requested Date(s):_____/_____/_____ to _____/_____/_____

Requested Time: _____:_____ AM/PM   to _____:_____ AM/PM

Reason for the Event and Event Description:
_____
_____
_____
_____

Location(s): _____
_____

Street Closure: (*show map & itinerary*)   No   Yes

Staff Support Required?   No   Yes   total number requested? _____
Time Requested for Staff _____:_____ AM/PM   to _____:_____ AM/PM

Police Support Required?   No   Yes
Time Requested for Police _____:_____ AM/PM   to _____:_____ AM/PM

Vendors: No   Yes   (Provide list of vendors)

Volunteers: No   Yes
Volunteer Coordinator:_____   _____
                     Name   contact info

Parade or 5k Run: No   Yes   (Provide route map and closure times)

_____   _____
          Applicant Signature   Date

Applicant must attach proof of liability insurance demonstrating the City of Rollingwood as an additional insured.