



SPECIAL EVENT APPLICATION

Special Event Review Committee

Instructions:

Please fill out the attached application and all requested materials for the review of your application. An application will not be processed or a date confirmed until all materials have been submitted. Please allow 3 weeks from the date of submittal to receive final approval. Upon approval of your event, you will receive an email stating approval and the permit can be picked up from the Community Development permit desk at Keller Town Hall.

Application Checklist:

- Site Diagram
- Detailed Summary of Event
- Certificate of Liability Insurance
- Park Special Use Permit (If event is occurring on city property or parkland)
- Pavilion Reservation Form (If applicable)
- If event location property is owned by someone other than the applicant, a signed memo stating that the applicant has permission to use the property must be attached
- If event location will impact any businesses (for instance: their parking, or access to their business), a signed memo by all affected business owners stating that they approve of the event must be attached

I have received and read a copy of the requirements that pertain to my event:

Please initial:

- _ Special Events Policy
- _ Food Vendor (Food tent requirements and/or mobile food unit)
- _ Tent Membrane Structure Requirements
- _ EMS Requirements
- _ Police Requirements
- _ Pyrotechnics Display
- _ Carnival Rides

Submit application to:

1100 BEAR CREEK PARKWAY (PHYSICAL)
KELLER, TX 76248

PO BOX 770 (MAILING)
KELLER, TX 76244

FAX: 817-743-4193

PHONE: 817-743-4052

EMAIL: jbasham@cityofkeller.com

Revised 04.26.16



SPECIAL EVENT APPLICATION

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DATE SUBMITTED: _____

PERMIT NO. _____

EVENT – PLEASE PRINT

APPLICATION FEE: \$25 FOR PROFIT \$0 NON PROFIT

EVENT NAME: _____ EVENT DATE(S): _____

EVENT LOCATION: _____ SET UP DATE & TIME: _____

HOST/ORGANIZATION: _____ EVENT OPERATIONAL TIME: _____

CONTACT: _____ TEAR DOWN DATE & TIME: _____

CONTACT PHONE: _____ ALTERNATE CONTACT: _____

CONTACT EMAIL: _____ ALTERNATE PHONE: _____

CONTACT ADDRESS: _____ ALTERNATE EMAIL: _____

PROPERTY OWNER CONTACT:

NAME : _____

EMAIL: _____

PHONE: _____

ADDRESS: _____

EVENT DESCRIPTION-PLEASE PRINT

ANTICIPATED ATTENDANCE: _____

GENERAL DESCRIPTION: (Please include types of activities, structures, parking, rides, food, canopies, large tents, etc...)

Will you have food trucks/food vendors: YES/NO

If yes, they are required to obtain a permit through the Fire Marshal and through Tarrant County Public Health.

Will you be serving alcohol? YES/NO

If yes, police officers are required on site.

Will you be requesting Police? YES/NO

Will you be requesting on-site EMS? YES/NO

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INDEMNITY CLAUSE

USER, BY EXECUTING THIS SPECIAL EVENT APPLICATION AND THE MUTUAL CONSIDERATION CONTAINED HEREIN WHICH IS ACKNOWLEDGED AND AGREED, HEREBY AGREES TO INDEMNIFY, HOLD HARMLESS, AND DEFEND THE CITY, ITS OFFICERS, AGENTS, AND EMPLOYEES FROM AND AGAINST ALL LIABILITY FOR ANY AND ALL CLAIMS, SUITS, DEMANDS, AND/OR ACTIONS FOR DAMAGES TO PERSON (INCLUDING DEATH), PROPERTY DAMAGE (INCLUDING LOSS OF USE), AND EXPENSES INCLUDING COURT COSTS AND ATTORNEY'S FEES AND OTHER REASONABLE COSTS OCCASIONED BY OR ARISING OUT OF USERS OF PUBLIC SPACES AND/OR ACTIVITIES CONDUCTED IN CONNECTION WITH OR INCIDENTAL TO THE REQUESTED PERMIT AND ARISING OUT OF OR RESULTING FROM THE INTENTIONAL ACTS OR NEGLIGENCE OF USER, ITS OFFICERS, AGENTS, EMPLOYEES OR PERSONS PARTICIPATING IN THE EVENT SPONSORED BY THE USER.

USER MUST FURTHER AGREE THAT IT SHALL, AT ALL TIMES, EXERCISE REASONABLE PRECAUTIONS ON BEHALF OF, AND BE SOLELY RESPONSIBLE FOR THE SAFETY OF ITS OFFICERS, AGENTS, EMPLOYEES, PARTICIPANTS, VISITORS AND OTHER PERSONS, AS WELL AS THEIR PROPERTY, WHILE IN OR ON THE PUBLIC SPACES OR INVOLVED IN ACTIVITIES IN CONNECTION WITH OR INCIDENTAL TO THE PERMITTED USE OF THE PUBLIC SPACES UNDER THIS PERMIT. IT IS EXPRESSEDLY UNDERSTOOD AND AGREED THAT CITY SHALL NOT BE LIABLE OR RESPONSIBLE FOR THE NEGLIGENCE OF USER, ITS AGENTS, SERVANTS, EMPLOYEES, CUSTOMERS, VISITORS, AND PARTICIPANTS.

IT WILL BE FURTHER AGREED WITH RESPECT TO THE ABOVE INDEMNITY, THAT CITY AND USER WILL PROVIDE THE OTHER WITH PROMPT AND TIMELY NOTICE OF ANY EVENT COVERED IN ANY WAY, DIRECTLY OR INDIRECTLY, CONTINGENTLY OR OTHERWISE AFFECT OR MIGHT AFFECT THE USER OR CITY, AND CITY SHALL HAVE THE RIGHT TO COMPROMISE AND DEFEND THE SAME EXTENT OF ITS OWN INTERESTS.

USER WILL FURTHER AGREE THAT THIS INDEMNITY PROVISION SHALL BE CONSIDERED AS AN ADDITIONAL REMEDY FOR CITY AND NOT AS AN EXCLUSIVE REMEDY. I HAVE READ AND UNDERSTAND THE SPECIAL EVENTS POLICY AND AGREE TO TERMS OF SAID POLICY.

Applicant Name: _____

Property Owner Name: _____

Applicant Signature: _____

Property Owner Signature: _____

Date: _____

Date: _____

DO NOT WRITE BELOW LINE

Reviewer Signature: _____ Date: _____

Sent for Review Due Date Approved Denied

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