

# Special Event Application

This application must be completed and submitted a minimum of 15 working days prior to your event date. Incomplete applications may result in delay or denial.

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## 1. Event Information

- **Event Name:** \_\_\_\_\_
- **Date(s):** \_\_\_\_\_
- **Setup Start Time:** \_\_\_\_\_ **Event Start Time:** \_\_\_\_\_
- **Event End Time:** \_\_\_\_\_ **Teardown Complete By:** \_\_\_\_\_
- **Event Location / Venue Address:** \_\_\_\_\_
- **Event Type (check all that apply):**
  - Festival/Fair
  - Concert
  - Market
  - Private Event
  - Other: \_\_\_\_\_

## 2. Organizer Contact Information

- **Primary Contact Name:** \_\_\_\_\_
- **Organization/Business Name:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Onsite Contact Name & Number (if different):** \_\_\_\_\_

## 3. Estimated Attendance

- **Total expected attendees:** \_\_\_\_\_
- **Number of vendors/booths:** \_\_\_\_\_

## 6. Safety and Security Plan

- Will you require police/security support?  Yes  No  
If yes, describe:
  
- Will EMS standby services be needed for the event?  Yes  No  
If yes, describe:

### Parking

- Identify designated parking areas for attendees, vendors, and staff:  
Describe:

### Emergency Access

- Confirm clear access will be maintained for emergency vehicles:  
 Yes  No
- Explain emergency access route(s):

**Note:** Events requiring security must coordinate with local law enforcement. Two officers may not be sufficient for large or outdoor events. Any event requesting EMS standby must coordinate with Scurry County EMS.

## 7. Alcohol Sales and Consumption

Will there be alcohol at your event?  Yes  No

If **Yes**, complete the following:

### Type of Alcohol Involvement (check all that apply):

- Alcohol will be **sold**
- Alcohol will be **served but not sold** (e.g., free beer garden)
- Attendees may **BYOB** (Bring Your Own Beverage)

### Responsible Party/Permit Holder:

- Has TABC be contacted about the alcohol sale?  Yes  No

**Note:** No glass containers allowed on City, County, or WTC property.

## 8. Food Trailers, BBQ Pits, & Open Flames

- Will your event include any of the following?
  - Food trucks/trailers
  - BBQ pits
  - Open flames (grills, smokers, etc.)

If checked:

- How many food vendors using trailers/pits? \_\_\_\_\_
- Will propane or open flames be used?  Yes  No
- Fire Extinguishers on site?  Yes  No
- Describe fire safety precautions:

## 9. Vendor Information

- Will you have vendors on-site?  Yes  No

If yes:

- Vendor access time: \_\_\_\_\_
- Vendor exit time: \_\_\_\_\_
- **Vendors must remain inside barricades until released by an authorized person.**

## 10. Animal Attractions

- Will your event include any animals (e.g., petting zoos, pony rides)?

Yes  No

If yes, you are **required** to:

- Notify **City of Snyder Animal Control** and/or **Texas AgriLife**
- Attach all health/safety certifications and insurance documentation
- List all animals to be present: \_\_\_\_\_

Note: City of Snyder Animal Control (325)573-3969, Texas AgriLife (325) 573-5423

## 11. Waste, Sanitation & Cleanup

- Describe your plan for waste disposal, restrooms, and cleanup:
- Does your event require additional dumpsters or roll off's? If so please list number in the plan.

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## 12. Insurance

- Proof of general liability insurance is required.

## 13. Acknowledgments

Please initial each item:

- \_\_\_\_\_ I agree to notify all vendors and participants of relevant safety rules.
- \_\_\_\_\_ I understand that barricades are not to be moved without prior authorization.
- \_\_\_\_\_ I agree to coordinate directly with the local law enforcement for any event requiring security.
- \_\_\_\_\_ I understand failure to provide complete and accurate information may result in denial or revocation of event approval.
- \_\_\_\_\_ I agree to coordinate with Snyder Fire Marshal Office on any required permits.
- \_\_\_\_\_ I do understand that in the event of an emergency, this facility serves the community as an emergency shelter and may be activated.
- \_\_\_\_\_ I understand that if a life-safety emergency occurs, my event may be canceled or rescheduled so emergency operations can be conducted in the Armory.

## Signature

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_