



SPECIAL EVENT PERMIT APPLICATION

Town of Westlake | 1500 Solana Boulevard, Building 7, Suite 7200 | Westlake, TX 76262

Telephone: (817) 430-0941 | Fax: (817) 430-1812

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Special Event Permit Application Fee \$250

Applicant Information

Today's Date: _____

Contact Name: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Phone # : _____ Fax # : _____

Description of Special Event

Name of the Event: _____

Event Address: _____

Date(s) of the Event: _____

Start Time: _____ End Time: _____ Participant Number: _____

Describe Event: _____

Misc Event Information

Sound equipment used: yes no Health Permit obtained: yes no Signs/banners used: yes no

Live band used: yes no Will food be cooked: yes no Portable toilets used: yes no

D.J. Setup yes no Alcohol sold/served: yes no Live animals present: yes no

Number of parking spots: #_____ Canopies/tents used: yes no

A Site Plan Must be Submitted Detailing the Following that apply

<input type="checkbox"/> location of the event	<input type="checkbox"/> parking areas	<input type="checkbox"/> vendor booths	<input type="checkbox"/> ADA compliance
<input type="checkbox"/> the ingress (entrance)	<input type="checkbox"/> tents/canopies	<input type="checkbox"/> electrical hook-ups	<input type="checkbox"/> water fountains
<input type="checkbox"/> the egress (exit)	<input type="checkbox"/> band stand/stage	<input type="checkbox"/> speaker hook-ups	<input type="checkbox"/> tables/chairs
<input type="checkbox"/> the fire exit plan	<input type="checkbox"/> restrooms	<input type="checkbox"/> food/beverage booths	<input type="checkbox"/> support vehicles

Additional Permits, if applicable.

<input type="checkbox"/> Proof of Insurance	<input type="checkbox"/> Outdoor Assembly	<input type="checkbox"/> Burn/Flame Permit *	<input type="checkbox"/> Parade/Float Permit
<input type="checkbox"/> Tent/Canopy Permit	<input type="checkbox"/> Fireworks Permit *	<input type="checkbox"/> Temp Sign Permit	<input type="checkbox"/> Carnival/Fair Permit

* Requires 72 hour notice

Signature: _____ **Date:** _____

Office Use Only

Date: _____ Payment: _____ Permit Number: _____

Approved by: _____