



SPECIAL EVENT APPLICATION

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

Phone: (817) 430-0941

Email: customerservice@westlake-tx.org

All Special Events must comply with Ordinance 850 regarding special event rules and regulations.

Special Event Permit Application Fee \$250 / Tent Permit Fee \$200

Office Use Only

Date Submitted: _____ Permit ID #: _____
Fees: _____ Received By: _____

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. Applicants must submit their application 30 days before the day of the event. Please allow 2 weeks (10 days) 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 permit desk at Westlake Town Hall.

Application Checklist

- Site Plan Diagram
- Description of Event
- Application Fee
- Certificate of Liability / Proof of Insurance
- Health Permit for food & beverage sales and potable water
- TABC Permit for alcohol sales
- Solid waste collection arrangements
- 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



SPECIAL EVENT APPLICATION

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

Phone: (817) 430-0941

Email: customerservice@westlake-tx.org

Applicant Information

Applicant's Name: _____

Company Name: _____

Address: _____

Town, State, ZIP: _____

Email: _____

Phone: _____

Owner Information

Owner's Name: _____

Property Address: _____

Town, State, ZIP: _____

Email: _____

Phone: _____

Description of Event

Name of the Event: _____

Event Address: _____

Start Date: _____ End Date: _____

Start Time: _____ End Time: _____

Anticipated Attendance: _____ Parking Spaces: _____

Description of Event: (Please include types of activities) _____



SPECIAL EVENT APPLICATION

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

Phone: (817) 430-0941

Email: customerservice@westlake-tx.org

Other Event Information

- Is this a residential location?** Yes No
- Will this event exceed 500 persons?** Yes No
- Will portions of streets be closed?** Yes No
If yes, provide a traffic control plan.
- Will alcohol be sold or served?** Yes No
If yes, a copy of a TABC permit is required at time of submittal.
- Will merchandise, food, or beverages be served?** Yes No
If yes, a permit through Tarrant County Public Health must be obtained.
- Are you requesting Police services?** Yes No
- Are you requesting on site Fire-EMS services?** Yes No
- Will a live band be present at the event?** Yes No
- Will tent or canopies over 400s.f. be used at this event?** Yes No
If yes, tents must meet requirements outlined in the IBC and IFC.
- Will fireworks/pyrotechnic displays be used at the event?** Yes No
If yes, a copy of the approved permit by the State Fire Marshal must be submitted and must meet the requirements of the IFC.

Site Plan Checklist

A site plan must be submitted that details the following:

- | | |
|--|---|
| <input type="checkbox"/> Cooking Areas | <input type="checkbox"/> Solid waste facilities |
| <input type="checkbox"/> Fuel Storage | <input type="checkbox"/> Street Closures |
| <input type="checkbox"/> Management Offices | <input type="checkbox"/> Temporary Structures |
| <input type="checkbox"/> Medical Treatment Areas | <input type="checkbox"/> Traffic Control Plan |
| <input type="checkbox"/> Parking Plan | <input type="checkbox"/> Vehicle Egress |
| <input type="checkbox"/> Public Areas – fences & gates | <input type="checkbox"/> Vehicle Ingress |
| <input type="checkbox"/> Restrooms | <input type="checkbox"/> Water Supplies (potable water) |



SPECIAL EVENT PERMIT APPLICATION

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

Phone: (817) 430-0941

Email: customerservice@westlake-tx.org

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 TOWN, 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 EXPRESSLY UNDERSTOOD AND AGREED THAT TOWN 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 TOWN 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 TOWN, AND TOWN 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 TOWN AND NOT AS AN EXCLUSIVE REMEDY. I HAVE READ AND UNDERSTAND THE SPECIAL EVENTS ORDINANCE AND AGREE TO TERMS OF SAID POLICY.

Applicant Name: _____ Owner Name: _____

Applicant Signature: _____ Owner Signature: _____

Date: _____ Date: _____