

City of Elgin Special Event Permit

Community Services Department

802 North Avenue C

P.O. Box 591 Elgin, TX 78621

Phone (512) 229-3213

amiller@ci.elgin.tx.us

www.elgintx.com

Name of Park/Facility _____

Name of Event _____ Date of Event _____

Responsible Party _____

Address _____ City _____ State _____

Phone _____ Cell Phone _____

Email _____

OFFICE USE – Below this line

Refundable Deposit Total= _____ Cash Credit/Debit Card Check # _____

Rental Fee Total= _____ Cash Credit/Debit Card Check # _____

Special Event Fee Total= _____ Cash Credit/Debit Card Check # _____

Signature _____ Date _____

The Special Event Permit is a non-refundable processing fee. The party signing this agreement acknowledges that they have read the rules and guidelines found in City Ordinance no. 2007-11-06-26 & City Ordinance no. 2007-11-06-25 and all other applicable ordinances.

City of Elgin Special Event Check List

This document is to assist you in preparing the information needed to inform the City of Elgin of your request. Please contact the Community Services Department at least 2-6 months in advance of your event.

Annual Events shall have preference in the reservation of a special events venue over other requested reservations for an upcoming year. Event sponsors must submit a letter not later than thirty (30) days after the conclusion of the event to reserve the upcoming year's event dates. Reservations for event dates are subject to cancellation if fees, agreements, permits and other required submissions are not timely received by the City of Elgin.

Please provide a detailed description of the event. If this is a parade or the event includes a request for a parade include a map of the proposed parade route. Include a site map for the event layout including locations of restrooms facilities, first aid etc.

Name of Event _____ Date of Event _____

Location of Event _____ Expected Attendance _____

Primary Contact _____ Phone _____

Email _____

Secondary Contact _____ Phone _____

Email _____

Organization(s) _____

Non-Profit ID _____ Person/Organization Responsible for Fees _____

Billing Address _____ City _____ State _____

What will you need?

- Usage of streets
- Usage of parks
- Usage of parking areas
- Barricades
- Trash & Clean up
- Port-A-Potties
- Electricity
- Electrical Outlets
- Water
- Water/Sewer Outlets
- Will food be served: _____
- Other Requests: _____
- Security
- Traffic Control
- Signs
- EMS Stand-By
- Fire Control
- Insurance
- Inspection
- Assistance of city crews
- Other equipment

Fees for park use and City facilities will apply.