

CITY OF GOLIAD
P.O. BOX 939 361-645-3454
GOLIAD, TEXAS 77963

DATE RECEIVED _____
TIME _____ BY _____

SPECIAL EVENT PERMIT APPLICATION

1. DATE(S) OF EVENT _____ TIME OF EVENT _____
2. NAME OF EVENT _____
3. NAME OF ORGANIZATION OR INDIVIDUAL SPONSORING EVENT _____
ADDRESS _____ TELEPHONE NO _____
4. CHAIRMAN OF ORGANIZATION _____
5. WILL A PARADE BE HELD WITH THE EVENT ____ YES ____ NO IF YES, ATTACH PARADE ROUTE
6. WILL ALCOHOLIC BEVERAGES BE SERVED AT THE EVENT ____ YES ____ NO
IF YES, INDICATE WHO THE HOLDER OF THE TABC PERMIT IS _____
AND, INDICATE WHERE BEVERAGES WILL BE SERVED _____
SERVING IN GLASS CONTAINERS STRICTLY PROHIBITED

7. IS ORGANIZATION REQUESTING TO CLOSE CITY STREETS FOR THE EVENT? ____ YES ____ NO
IF YES; REASON FOR CLOSING OF STREETS _____
NAME OF STREETS TO BE CLOSED _____
TIME STREETS WILL BE CLOSED _____

8. WILL BARRICADES BE USED AT THE EVENT ____ YES ____ NO
IF YES, ATTACH MAP INDICATING PLACEMENT OF BARRICADES
9. ASSEMBLY AND DISASSEMBLY POINT OF EVENT LOCATION _____
10. DESCRIBE METHOD TO BE USED FOR TRASH COLLECTION AND DISPOSAL _____

OWNER/ADDRESS/TELEPHONE _____ ****BANNERS****

THERE IS A MINIMUM FEE OF \$25.00 CHARGED BY THE GOLIAD VOLUNTEER FIRE DEPARTMENT FOR HANGING OF EACH BANNER. CURRENT TEXAS DEPARTMENT OF TRANSPORTATION REGULATIONS DOES NOT ALLOW ANY LANGUAGE DESIGNATING THE DONOR OF THE BANNER TO BE PLACED ON THE BANNER WITHOUT THEIR WRITTEN PERMISSION. THE CITY DOES NOT OBTAIN THIS PERMISSION FOR THE ORGANIZATION WISHING TO HANG A BANNER. PRIOR WRITTEN PERMISSION MUST BE OBTAINED BEFORE A BANNER LISTING THE NAME OF THE BANNER DONOR CAN BE HUNG.

SIGNATURE OF APPLICANT _____ DATE _____

***NOTE* APPLICATIONS FOR EVENTS REQUESTED DURING A PARADE WILL NOT BE GRANTED.**
****NOTE** NO SPIKES OR ANY TYPE OF MATERIALS MAY BE DRIVEN OR ANCHORED IN CITY STREETS.**

RELEASE AND INDEMNIFICATION STATEMENT

IN CONSIDERATION OF THE USE OF THE ABOVE DESCRIBED CITY PROPERTY FOR THE PURPOSE LISTED IN THE ABOVE DESCRIBED SPECIAL EVENT APPLICATION, THE UNDERSIGNED AGREES TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE CITY OF GOLIAD, ITS OFFICERS, AGENCIES AND EMPLOYEES FROM AND AGAINST ALL LIABILITIES, CLAIMS, SUITS OR DEMANDS FOR INJURIES TO ANY PERSON AND/OR PROPERTY ARISING OUT OF THE UNDERSIGNED'S PARTICIPATION IN SUCH ACTIVITY. THE UNDERSIGNED FURTHER AGREES TO PAY FOR ANY DAMAGES TO CITY PROPERTY OR INJURIES TO PERSONS HE OR SHE MAY CAUSE BY PARTICIPATING IN SUCH ACTIVITIES. FURTHERMORE, THE UNDERSIGNED RECOGNIZES AND AGREES THAT HE OR SHE IS NOT CONSIDERED, FOR ANY PURPOSES, AS AN EMPLOYEE OF THE CITY OF GOLIAD WHILE PARTICIPATING IN SUCH ACTIVITY.

SIGNATURE OF APPLICANT _____ DATE _____
SIGNATURE OF WITNESS _____ DATE _____

APPROVED BY CITY OF GOLIAD DENIED BY CITY OF GOLIAD

DATE _____ SIGNATURE OF CITY OFFICIAL _____

City of Goliad Barricade Equipment Request

Date: _____

I, the undersigned person, authorized to represent the _____ Organization, do hereby request the use of City barricade equipment as described below. In consideration of the use of said barricade equipment, I, on behalf of the above named organization, agree to defend, indemnify and hold harmless the City of Goliad, its officers, agents and employees from, and against, all liabilities, claims, suits or demands for injuries to any person and/or property arising out of the use of said equipment. I further agree to pay for any damages to City property, or to replace same if stolen or damaged beyond repair. Furthermore, I agree that I, nor the organization which I represent, 1-07 BA-NOT IMPORTED F/CSDCam not considered, for any purpose, an employee of the City of Goliad while using the below described property. I also acknowledge that the City of Goliad's use of the below described barricades must receive priority over my use. The City of Goliad reserves the right to refuse issuance of the barricade equipment as requested if they are needed for a city emergency.

Description of barricade equipment requested:

Barricades & Type _____

Cones _____

I agree to pick up the barricade equipment at the City Warehouse at 617 S. Burke Street on the _____ day of _____, _____ at 4:00 p.m

And

I agree to return the barricade equipment to the City Warehouse at 617 S. Burke Street on the _____ day of _____, _____ at 8:30 a.m.

Signed this _____ day of _____, _____.

Signature

Mailing address

Organization represented

Telephone Number

Witness