

**City of Mount Pleasant**

**APPLICATION  
SPECIAL EVENT APPLICATION**

All requested permits will follow the guidelines established by the city ordinance for special events. Copies of approved permit must be obtained from City Hall. Fees will be assessed according to the city ordinance specifications: Incomplete applications can not be processed.

Application Date (must be at least 30 days prior to the event) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**TYPE OF EVENT**

Fee Must Be Included, Unless Exempt

\_\_\_\_ Parade

\_\_\_\_ \$250.00 Fee is enclosed

\_\_\_\_ Circus

\_\_\_\_ Organization is exempt by ordinance

\_\_\_\_ Carnival

\_\_\_\_ Special Event

**NAME OF EVENT** (if any)

\_\_\_\_\_  
Location \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: From \_\_\_\_\_ to \_\_\_\_\_

**NAME OF SPONSORING ORGANIZATION**

\_\_\_\_\_  
Address \_\_\_\_\_ Contact Number(s) \_\_\_\_\_

**NAME OF APPLICANT**

\_\_\_\_\_  
Address \_\_\_\_\_ Contact Number(s) \_\_\_\_\_

**NAME OF EVENT CHAIRMAN**

\_\_\_\_\_  
Address \_\_\_\_\_ Contact Number(s) \_\_\_\_\_

**Brief Description of the Event and its Purpose**

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**PARADE**

\_\_\_\_\_ A drawing or map of the route is included.

List portions of the streets that will be traversed or occupied by the event:

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Assembling Area \_\_\_\_\_ Time: \_\_\_\_\_

Disbanding Area \_\_\_\_\_ Time: \_\_\_\_\_

**CIRCUS & CARNIVALS**

Must provide the following documentation:

\_\_\_\_\_ Copy of valid "Ride Safety Certification Inspection Report" is attached for each ride.

\_\_\_\_\_ Original Certificate of Public Liability Insurance by a company licensed in the State of Texas with minimum limits of liability is attached:

- (a) \$250,000 per person
- (b) \$500,000 per occurrence for bodily injury or death, and
- (c) \$100,000 per occurrence per property damage.

\_\_\_\_\_ Proof of Sanitary facilities provided of location is attached.

\_\_\_\_\_ Proof that the owners of abutting property to the event have been notified in writing is attached.

**Signature of Event Chairperson** \_\_\_\_\_

**Director of Community Services** \_\_\_\_\_  Approved  Denied

Reason for Denial:

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Copies to be sent to the following individuals upon approval by the Director of Community Services:

\_\_\_\_\_ City Manager \_\_\_\_\_ Police Chief \_\_\_\_\_ Public Works Director \_\_\_\_\_ Fire Chief \_\_\_\_\_ Code Enforcement Director