



Park Usage/ Special Events Application

Complete and return this application to the City of Odessa Parks and Recreation Department Thirty Days(30) prior to the scheduled event, unless a shorter time period is approved by the Parks Director

Odessa Police Special Events Permit - Applicable to your event by the following conditions pursuant to Article 1-15 of the City Code:

1. An event on public property that will cause an interruption of traffic, including but not limited to the closing of a city street, the direction of traffic or the posting of safety signs or devices.
2. Use of loudspeakers, sound amplifiers or musical instruments, which will create excessive or unreasonable noise within 200 linear feet of a residential area.
3. An event that will include a fireworks display.
4. A circus or carnival not within a permanent building or on government-owned property.
5. A Special Event Parade (as defined by City Ordinance).

Date of Application/ Today's Date:	
APPLICANT/EVENT HOST INFORMATION:	
NAME/ CONTACT Person:	
ADDRESS:	
Best PHONE number:	
EMAIL address:	
EVENT INFORMATION:	
* DATE of event: _____ EVENT START/END TIME: _____	
* LOCATION of park property/facility requested: _____	
* DESCRIPTION of event: Title, Type (please be as detailed as possible so that we may help you)	
* Are you a NON-PROFIT (501c3)? <u>YES / NO</u> Please attach a Copy of Certificate	
Estimated ATTENDANCE: (include organizers, volunteers, participants, and spectators)	
Estimated SETUP TIME:	Estimated TEARDOWN TIME:

SPECIAL EVENT/ LIABILITY INSURANCE

Do you have SPECIAL EVENT/ LIABILITY INSURANCE for your event as specified by the attached Parks Usage Events Policy and Procedures: YES / NO

PUBLIC PARTICIPATION

Are you advertising/inviting the PUBLIC to PARTICIPATE? YES / NO

FOOD/DRINKS SERVED

Will FOOD/DRINKS be served? YES / NO

If yes, did you verify with Ector County Health Department for Health Permit? YES / NO

** Please call - Ector County Health Department - (432) 498-4141*

** Reminder - You will be liable for the food/drinks served at your event*

FEES CHARGED / VENDORS

Is this event FREE to participate? YES / NO

** If no, please list what/whom the money is benefiting.*

Will there be any VENDORS selling food/merchandise at your event? YES / NO

** If yes, did you accepting a fee/percentage toward your organization? YES / NO*

** How many vendors will be on-site?*

** Please list location of each vendor:*

AMPLIFIED SOUND/MUSIC

Will your event contain LIVE MUSIC/ AMPLIFIED SOUND? YES / NO

** What time will music/ sound begin & end? _____*

** Describe/ List music proposed:*

ELECTRICITY NEEDS

Will your event require ELECTRICITY? YES / NO

** If yes, limited electricity is available at the following parks:*

-Memorial Gardens Park, McKinney Park, Noel Plaza Park, Woodson Park

All other parks not listed, you will need to secure your own generator.

RENTAL/ REQUESTED CITY EQUIPMENT

Will the event require the use of any City equipment? YES / NO

If yes, please **circle** equipment requested.

Mobile Stage

Tent #1

Tent #2

Pavilion

Community Center

Court/Field

** Reminder: Refer to Policy and Procedures section for rental fees & deposit (if necessary)*

ACTIVITIES/ ENTERTAINMENT / JUMPERS/ SIGNAGE

What types of ACTIVITIES or ENTERTAINMENT planned for the event?

* Please describe event in detail: (please be as detailed as possible so that we may help you)

Will there be INFLATABLE play equipment (JUMPERS) at the event? YES / NO

* If yes, are they on the approved list? YES / NO

* If yes, which company did you hire?

** Reminder: You must comply with Section 1-13-19 of the Code of Ordinances regulating the use of inflatable play equipment in city parks.*

Will any SIGNS and/or BANNERS be used for event? YES / NO

* If yes, please describe:

* What is proposed location of signs/ banners?

** Reminder: All signs/banners must conform to City Ordinances and be approved by the Director of Parks and Recreation*

Is there a draft of an event flyer OR preliminary event agenda? YES / NO

TRAFFIC CONTROL

Will your event cross any roadways? YES / NO

* If Yes, which roads/intersections? Please Explain (road closures, traffic management)

SECURITY

Are you providing any type of SECURITY for your event? YES / NO

* If yes, what type?

TRASH/ WASTE

Will extra TRASH BARRELS or DUMPSTERS be needed for event? YES / NO

* If yes, Number of Trash Barrels or Dumpsters needed: _____

* If yes, Location of Trash Barrels needed:

CITY SPONSORSHIP REQUEST

Do you request CITY SPONSORSHIP Assistance? YES / NO

* If yes, please request and complete the City Sponsorship Application

OTHER

Other REQUESTS: Please Explain (i.e. Special Requests, Further Information, Port-a-potties & location)

APPLICATION PROCESS:

Once the information above is obtained, it will be sent for review and evaluated on the above content. Once the above items are achieved, a final approval is required by the Director of Parks & Recreation. Upon review and approval, we will make contact with you about your event. If you have any questions about the above information, please contact us below.

CONTACT INFORMATION:

Parks and Recreation, 1100 W. 42nd Street, Odessa, TX 79764

Phone: (432) 368-3548, Email: challmark@odessa-tx.gov

ACKNOWLEDGEMENT:

By signing below, I acknowledge that I am authorized to sign this application; I have read and agree to abide by the City of Odessa's Park Usage Events Policy and Procedures which are attached hereto. I understand that this application is subject to review and approval of the Director of Parks and Recreation.

Printed Name

Title

Signature

Event Host Organization