

## CHECKLIST FOR APPLICANTS



# THE CITY OF Fredericksburg, Texas

### Special Event Application Checklist

#### ***Required:***

- Completed Special Event Application (pages 2-6)
- Preliminary event site plan, layout, or route (page 7)
- Proof of general liability insurance; due 10 days before first day of set-up

#### ***If Applicable:***

- \$100 Application Fee (first-time events only)
- \$150 Expedited Application Fee (less than 60-days in advance of event date)
- Proof of non-profit status
- Security deposit
- Reservation fee
- Food & Beverage Form (page 8)
- Street Closure Request Form (page 9)
- Proof of host liquor liability insurance

**Mail all documents to:**  
City of Fredericksburg  
Attn: Special Events Coordinator  
126 W. Main Street  
Fredericksburg, TX 78624; or

**Scan and email to:** [specialevents@fbgtx.org](mailto:specialevents@fbgtx.org)

**Questions? Please call (830) 990-2044**

Don't forget to promote your event with the Fredericksburg Convention & Visitors Bureau! Click the link to submit your event:  
<https://www.visitfredericksburgtx.com/partners/event-submission-form/>





## EVENT COMMUNICATION & SECURITY

**During the event what form of communication systems will be used for the following:**

Event Management (internal): \_\_\_\_\_

Public Address (external): \_\_\_\_\_

**Events with 1,000 attendees or more; events lasting past 10 PM; or events which provide alcohol require the provision of licensed, bonded and commissioned private security at the applicant's expense. The number of guards and their hours of duty will be determined by the PARD and the security company based on the type of event and number of attendees.**

What security/law enforcement agency have you hired for your event? \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

Have you contacted Fredericksburg Police Department in relation to your event? \_\_\_ \*Yes or \_\_\_ No

\*If yes, who did you speak with? \_\_\_\_\_

## EQUIPMENT, ACTIVITIES & AMUSEMENTS

**The following equipment, activities, and/or amusements will be at the event:**

\_\_\_ **Generators**; list quantity: \_\_\_ and size(s): \_\_\_\_\_

\_\_\_ **Canopies/Tents larger than 200 sq. ft.**; quantity: \_\_\_ and size(s): \_\_\_\_\_

**Sides?** \_\_\_ Yes \_\_\_ No; if yes, how many sides will be closed? \_\_\_

**How will tents/canopies be secured?** \_\_\_ Water barrels (preferred) \_\_\_ Stakes \_\_\_ Sandbags \_\_\_ Weights

Other (describe): \_\_\_\_\_

\_\_\_ **Stage**; quantity: \_\_\_

**Please check all that apply:**

___ Amplified Sound	___ *Amusement ride; quantity: ___	___ Barricades	___ Bleachers	___ Chairs	___ Dance Floor
___ DJ/Live Music	___ Drone	___ Fencing	___ Fryer	___ **Inflatables and/or Moonwalks; quantity: ___	___ Light Towers
___ Tables	___ Parked cars for display	___ Sale of merchandise	___ Wi-Fi access needed	___ Other: _____	___ Other: _____

\*Name of company providing amusement rides: \_\_\_\_\_ Phone (        ) \_\_\_\_\_

**General liability insurance is required naming the City of Fredericksburg as the certificate holder and additional insured.**

\*\*Name of company providing inflatables/moonwalks: \_\_\_\_\_ Phone (        ) \_\_\_\_\_

**General liability insurance is required naming the City of Fredericksburg as the certificate holder and additional insured.**

## UTILITIES, RESTROOMS & HAND-WASHING STATIONS

Will you need use of **electricity**? \_\_\_ \*YES; \_\_\_ 220V \_\_\_ 110V; \_\_\_ NO ELECTRICITY NEEDED

\*If yes, what will electricity be used for? \_\_\_\_\_

*\*Any electrical work must be made by a licensed electrician. If a licensed electrician is not available, additional power needs must be met by the use of generators and are the responsibility of the event organizer.*

Will you need access to **water**? \_\_\_ \*YES \_\_\_ NO WATER NEEDED

\*If yes, what will water be used for? \_\_\_\_\_

*\*Event organizers must bring their own food grade hose(s). Non-potable water sources at Marktplatz are marked in purple and cannot be used.*

Please indicate the number of **portable restrooms & handwashing stations** you will have at your event, along with delivery date, pick-up date, and contact information below.

\_\_\_\_\_ # of **regular portable restrooms**      \_\_\_\_\_ # of **ADA portable restrooms**      \_\_\_\_\_ # of **hand-washing stations**

\*Equipment will be delivered on: \_\_\_\_\_ at \_\_\_\_\_ (enter time)

Equipment will be picked up on: \_\_\_\_\_ at \_\_\_\_\_ (enter time)

Sanitation company name: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

When will items be serviced and how often? \_\_\_\_\_

*\*Event organizer or representative must be present for delivery of equipment to ensure proper placement.*

## CLEAN-UP/TRASH-COLLECTING & RECYCLING

Contact name responsible for event clean-up: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_  
 Will a dumpster(s) be delivered?     \*YES; when? \_\_\_\_\_  NO  
 What size dumpster(s)? \_\_\_\_\_  
 What provisions will be made for recycling? \_\_\_\_\_  
*\*Event organizer or representative must be present for delivery of equipment to ensure proper placement.*

## FIRST AID & EMERGENCY VEHICLE ACCESS

Will your event have a first aid station on-site? <input type="checkbox"/> *YES <input type="checkbox"/> NO *Company/Org. Name: _____ Contact Name: _____ Phone: (        ) _____	Events will not be permitted without emergency vehicle access. This access must be available always and events are subject to permit revocation if emergency access lanes are not provided for. Have you reviewed your layout to verify emergency vehicle access? <input type="checkbox"/> YES; <input type="checkbox"/> NO
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## FOOD & BEVERAGE:

<b>Please check all that apply:</b>	<input type="checkbox"/> No food or beverage at event (skip to Signage section)	<input type="checkbox"/> *Sale of food/beverages	<input type="checkbox"/> *Distribution of food/beverages
<i>*A list of approved food &amp; beverage vendors including their name, address and contact number is required at least 10-days prior to your event date; please use the <b>Special Event Food &amp; Beverage Vendor List</b> form on page 8.</i>	<input type="checkbox"/> Event will sell alcohol (including tips/donations). <b>Indicate type:</b> <input type="checkbox"/> Beer <input type="checkbox"/> Wine/Champagne <input type="checkbox"/> Liquor <b>Who will provide the alcohol?</b> _____ <input type="checkbox"/> I need a landlord permission letter in order to obtain a TABC permit for alcohol sales.	<input type="checkbox"/> Event will distribute alcohol at no charge. <b>Indicate type:</b> <input type="checkbox"/> Beer <input type="checkbox"/> Wine/Champagne <input type="checkbox"/> Liquor <b>Who will provide the alcohol?</b> _____	<input type="checkbox"/> Event will not have alcohol.

**Marktplatz events only:** will your event need grey water disposal containers?  \*YES    NO; Enter Qty. (1 or 2): \_\_\_\_\_  
*\*The City owns two (2), 270-gallon containers. Placement of the grey water disposal containers is at the discretion of the Parks Department. Servicing of the grey water containers are the event organizer's responsibility. Containers must be emptied no later than two (2) days after the final event day.*

## RACES, RUNS, & WALKS ONLY

Complete this section if your event includes a race, run or walk.

Are you requesting any street closures for some or all of your route?  \*YES    NO  
*\*Street closure requests must be made two (2) months in advance to City Council for any closure four (4) hours or more. Please consider this timeline when submitting your request. Please use the **Street Closure Request** form found on page 9.*

On-site registration will begin at: \_\_\_\_\_ am/ \_\_\_\_\_ pm @ \_\_\_\_\_ (location)

Starting time (if staggered, please enter all and explain): \_\_\_\_\_

Describe your route, including starting point and disbanding area:

Start: \_\_\_\_\_ (location)

Route: \_\_\_\_\_ (describe distances)

Disband: \_\_\_\_\_ (location)

## PARADES ONLY

Complete this section if your event includes a parade.

Are you requesting any street closures for some or all of your route? \_\_\_ \*YES \_\_\_ NO

*\*Street closure requests must be made two (2) months in advance to City Council for any closure four (4) hours or more. Please consider this timeline when submitting your request. Please use the **Street Closure Request** form found on page 9.*

Parade staging will begin at: \_\_\_\_\_ am/\_\_\_ pm @ \_\_\_\_\_ (location)

Start: \_\_\_\_\_ (location)

Route: \_\_\_\_\_ (describe distances)

Disband: \_\_\_\_\_ (location)

Estimated number of entries/floats: \_\_\_ Will your parade allow animals? \_\_\_ \*YES \_\_\_ NO; if yes, what type? \_\_\_\_\_

\*How will you clean-up animal waste? \_\_\_\_\_

\_\_\_\_ Initial; I agree to follow the City's adopted Parade Safety Rules found on pages 22 & 23 of the Special Events Planning Guide.

## NOTES ABOUT YOUR EVENT (type below):

## SIGNATURE & INDEMNITY AGREEMENT

I, the undersigned, hereby confirm that the information stated above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**I, THE UNDERSIGNED APPLICANT, AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF FREDERICKSBURG, ITS OFFICERS, EMPLOYEES, AGENTS, AND REPRESENTATIVES AGAINST ALL CLAIMS OF LIABILITY AND CAUSES OF ACTION RESULTING FROM INJURY OR DAMAGE TO PERSONS OR PROPERTY ARISING OUT OF THE SPECIAL EVENT.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

----- **END OF APPLICATION** -----

**For City of Fredericksburg Use Only:**

**By signature, the City approves this Event, subject to all requirements:**

\_\_\_\_\_  
Signature of City Manager or Designated Representative

\_\_\_\_\_  
Date

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EVENT SITE PLAN, LAYOUT, OR ROUTE; PAGE 7

Attach or draw your event site plan, layout or route. Include location of booths, stages, first aid, information/ticket booths, registration, generators, start/finish line, moonwalks/amusements, portable restrooms, dumpsters, signs and parking. See examples in the Appendix if you need assistance.





# SPECIAL EVENTS - STREET CLOSURE REQUEST FORM; PAGE 9



Street closure requests must be made two (2) months in advance to City Council for any closure four (4) hours or more. Please consider this timeline when submitting your request. Please also attach the notification letter you will send to abutting property owners (if applicable) with this request to the Special Events Coordinator.

<b>Event Name:</b>	
<b>Event Date(s):</b>	
<b>Contact Name:</b>	
<b>Contact Phone:</b>	(        )

**Closure Area:**

Entire Street     
  Parking Lane Only     
  Partial Street     
  Blocking City owned property  
 Side of street: \_\_\_\_\_ (N,S,E,W)     
 Side of street: \_\_\_\_\_     
 Location: \_\_\_\_\_

Additional details (attach additional pages as needed for more streets and describe details of use below):

**Street Closure Details:**

Street Name	Between (cross street)	And (cross street)	Start Date	Start Time	End Date	End Time
Example:	Crockett Street	Adams Street	Friday, 4/2/18	6:00 PM	Sunday, 4/4/18	12:00 PM

If the event will impact surrounding property owners, a notification letter is required to be sent to property owners at least two weeks prior to the event date. **Attach a copy of the notification letter and a list of addresses the letter will be sent to.**

**Date notice provided:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Street Department:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Police Department:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parks Department:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Event Name:** \_\_\_\_\_

**Date Application Received:** \_\_\_\_\_

**Application Complete:**  YES  
 NO; If no, application return date: \_\_\_\_\_

**First time event app. fee:**  \$100; Payment type: \_\_\_\_\_; date: \_\_\_\_\_  
 Not required

**Expedited application fee**  \$150; Payment type: \_\_\_\_\_; date: \_\_\_\_\_  
 Not required

**Non-profit proof of status:**  YES

**Added to S.E. calendar**  YES

**Added to website calendar:**  YES

**Added to Reservation Software**  YES

**Deposit:**  INCLUDED; AMOUNT \$ \_\_\_\_\_; Type/CK#: \_\_\_\_\_  
 INVOICED; AMOUNT \$ \_\_\_\_\_; Type/CK#: \_\_\_\_\_  
 NOT REQUIRED

**Reservation Fee:**  INCLUDED; AMOUNT \$ \_\_\_\_\_; Type/CK#: \_\_\_\_\_  
 INVOICED; AMOUNT \$ \_\_\_\_\_; Type/CK#: \_\_\_\_\_  
 NOT REQUIRED

**Site plan/layout/route:**  YES; notes: \_\_\_\_\_

**TABC letter needed:**  YES; sent on: \_\_\_\_\_

**Street closure/notifications:**  YES; Street closure request form attached?  
Notes: \_\_\_\_\_

**List of food/beverage vendors:**  YES; notes: \_\_\_\_\_

**Key needed (E1):**  YES; given to: \_\_\_\_\_ on: \_\_\_\_\_  
Returned on: \_\_\_\_\_

**Pavilion lights:** Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Electric Pedestals:**  YES; Quantity: \_\_\_\_\_; location(s): \_\_\_\_\_

**Grey Water Containers:**  YES; Quantity: \_\_\_\_\_; location(s): \_\_\_\_\_

**Banner Hanging:**  YES; banner to be delivered on: \_\_\_\_\_

**MP Vehicle Permits:**  YES; Quantity: \_\_\_\_\_; delivered on: \_\_\_\_\_

**Cord Covers:**  YES; Quantity: \_\_\_\_\_; location(s): \_\_\_\_\_

**S.E. Committee Meeting:**  Required: Date: \_\_\_\_\_;  Not required

**Insurance requirements:**  General liability for event  
 Host liquor liability  
 Amusements/Inflatables/Animals  
 Other rental equipment

**Security required:**  YES;  NO; notes: \_\_\_\_\_

**Additional notes:** \_\_\_\_\_