



CITY OF LOCKHART
SPECIAL ACTIVITY PERMIT APPLICATION



THIS APPLICATION MUST BE SUBMITTED TO THE LOCKHART POLICE DEPARTMENT AT 214 BUFKIN LANE, LOCKHART, TEXAS. THE APPROVAL PROCESS MAY TAKE UP TO 3 BUSINESS DAYS TO COMPLETE.

NOTES: FAILURE TO FILE THE APPLICATION WITH THE LOCKHART POLICE DEPT. IN SUFFICIENT TIME MAY RESULT IN DENIAL OF THE PERMIT FOR THIS ACTIVITY.

IN THE EVENT THERE IS A SITUATION/CONFLICT WITH THE PERMIT, YOU WILL BE CONTACTED BY A MEMBER OF LOCKHART CITY STAFF.

DATE RECEIVED: _____ **BY:** _____

TYPE OF ACTIVITY: _____

DATE(S) OF ACTIVITY: _____

TIMES OF ACTIVITY: _____

ACTIVITY SPONSOR (NAME OF GROUP, ORGANIZATION, OR INDIVIDUAL SPONSORING THE ACTIVITY)

NAME: _____

PHYSICAL ADDRESS: _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

MAILING ADDRESS: _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER: (____) _____ - _____

APPLICANT (NAME OF THE PERSON WHO WILL BE IN CHARGE OF THIS ACTIVITY)

NAME: _____

PHYSICAL ADDRESS: _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

MAILING ADDRESS: _____

TELEPHONE NUMBER: (____) _____ - _____

D.L. # / ID CARD # _____

LOCATION OF ACTIVITY (FACILITY TO BE USED, PARK, ETC.)

PHYSICAL ADDRESS: _____

NAME OF PROPERTY OWNER: _____

OWNERS ADDRESS: _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

MAILING ADDRESS: _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER: (____) _____ - _____

FACILITY DESCRIPTION

WILL YOU BE USING A TENT OR AN AIR SUPPORTED STRUCTURE? YES NO

IF YES, WHAT IS THE SIZE OF THE TENT OR AIR SUPPORTED STRUCTURE? _____

IF YES, IS IT FIRE RETARDENT OR FLAME RESISITANT? YES NO

IF YES, DO YOU HAVE THE CERTIFICATE FOR IT? YES NO

DO YOU HAVE THE REQUIRED NUMBER OF THE FOLLOWING:

FIRE EXISTS? YES NO

FIRE EXTINGUSHERS? YES NO

RESTROOM FACILITITES? YES NO

SANITATION FACILITIES? YES NO

WHAT AREA WILL BE USED FOR VEHICLE PARKING? _____

ADMISSION

IS THE ACTIVITY OPEN TO THE PUBLIC? YES NO

IF NOT, WHO WILL MONITOR ADMITTANCE? _____

WILL AN ENTRANCE FEE BE CHARGED? YES NO

IF YES, HOW MUCH? _____

ESTIMATED NUMBER OF PEOPLE TO ATTEND? _____

ALCOHOLIC BEVERAGES

WILL ALCOHOLIC BEVERAGES BE ALLOWED ON PREMISES? YES NO

IF SO, WHAT TYPE? _____

WILL ALCOHOLIC BEVERAGES BE FOR SALE? YES NO

IF YES, DO YOU HAVE A TEMPORARY ALCOHOLIC BEVERAGE PERMIT ISSUED BY THE TEXAS ALCOHOLIC BEVERAGE COMMISSION? YES NO

IF YES, WHAT IS THE PERMIT NUMBER? _____

WHO HOLDS THE PERMIT LICENSE? _____

FOOD

WILL FOOD BE SOLD? YES NO

IF YES, WHAT TYPE OF FOODS? _____

WILL FOOD BE PREPARED AT THIS LOCATION? YES NO

WILL YOU BE USING HEATING OR COOKING EQUIPMENT? YES NO

IF YES, WHAT TYPE OF EQUIPMENT? _____

IS THE EQUIPMENT INSTALLED AND SECURED PROPERLY? YES NO

DO YOU HAVE A FOOD HANDLERS PERMIT? YES NO

IF YES, DATE OF ISSUE: _____ DATE OF EXPIRATION: _____

WILL FOOD BE CATERED? YES NO

CATERER'S PHONE NUMBER: (____) _____ - _____

AMUSEMENTS

WILL YOU HAVE ANY AMUSEMENTS? YES NO

IF YES, WHAT TYPE: _____

AMPLIFIED SOUND

WILL AMPLIFIED SOUND BE USED (i.e., band, disc jockey, loud speakers, etc.)?

YES NO

IF YES, WHAT TYPE? _____

DURING WHAT HOURS? _____

NO OPERATORS OR ACTIVITY SHALL AT ANY TIME ALONG ANY FACILITY PROPERTY LINE CAUSE A SOUND PRESSURE LEVEL WHICH EXCEEDS THE FOLLOWING DECIBLE LIMITS:

<u>Frequency (Hz)</u>	<u>Maximum db level</u>
0 – 600	58
600 – 2400	50
Above 2400	42

VIOLATION OF THESE SOUND LEVELS IS A CRIME PUNISHIBLE BY A FINE NOT TO EXCEED \$1,000.00.

SECURITY

DO YOU HAVE SECURITY OFFICERS? YES NO HOW MANY? _____

AGENCY PROVIDING SECURITY? _____

ADDRESS: _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER: (_____) _____ - _____

**SECURITY INFORMATION MUST BE PROVIDED TO THE LOCKHART
POLICE DEPARTMENT BEFORE THIS ACTIVITY BEGINS**

POLICE DEPARTMENT

City Use Only/Cost: _____

NUMBER OF OFFICERS REQUIRED (IF PD IS TO PROVIDE SECURITY): _____

HOURS TO BE USED: _____

PARKS

City Use Only/Cost: _____

NUMBER OF PARKS PERSONNEL NEEDED FOR EVENT: _____

TRASH CANS NEEDED: _____

NUMBER OF BARRICADES REQUIRED: _____

LOCATION WHERE BARRICADES ARE TO BE USED: _____

STREETS

City Use Only/Cost: _____

NUMBER OF STREETS PERSONNEL NEEDED FOR EVENT: _____

NUMBER OF BARRICADES REQUIRED: _____

STREETS TO BE CLOSED: 1) _____

2) _____

3) _____

4) _____

5) _____

PLEASE USE A SEPARATE SHEET OF PAPER TO CONTINUE STREET CLOSURES.

I, the undersigned applicant, hereby affirm that I am the person who is responsible for this activity. I understand that any false or misleading statement in this application is grounds for denial of a permit, or if one has already been issued, grounds for its revocation. I also understand that I am responsible for compliance with all applicable laws and any other requirements set forth for the issuance of this permit.

Applicant Printed Name

Date

Signature

APPROVED

- POLICE OFFICIAL: _____ DATE: _____
- FIRE OFFICIAL: _____ DATE: _____
- BUILDING OFFICIAL: _____ DATE: _____
- PARKS OFFICIAL: _____ DATE: _____
- HEALTH OFFICIAL: _____ DATE: _____
- ELECTRICAL OFFICIAL: _____ DATE: _____
- PUBLIC WORKS OFFICIAL: _____ DATE: _____

DISSAPROVED

- POLICE OFFICIAL: _____ DATE: _____
- FIRE OFFICIAL: _____ DATE: _____
- BUILDING OFFICIAL: _____ DATE: _____
- PARKS OFFICIAL: _____ DATE: _____
- HEALTH OFFICIAL: _____ DATE: _____
- ELECTRICAL OFFICIAL: _____ DATE: _____
- PUBLIC WORKS OFFICIAL: _____ DATE: _____

COMMENTS / ADDITIONAL REQUIREMENTS:

MUST BE SIGNED AND RETURNED WITH VENDORS APPLICATION
FOOD SERVICE AT SPECIAL EVENTS

BY HEALTH DEPARTMENT
CITY OF LOCKHART

FOOD BOOTH

This Guideline for Food Service at Special Events is compiled to give patrons of those events assurance of Vendors Commitment to Food Safety.

- Food Booths – all food must be covered or all sides of booth must be screened.
- Top to repel water.
- Floors that can be cleaned.
- All food prepared, stored, or displayed must be in booth. **All food must be prepared on site!**
- Hand wash facility shall have adequate amounts of water, soap dispenser and towels (disposable).
- If cooking utensils are used the booth must have two containers large enough to wash the utensils: one for detergent and one for Clorox and water (one tablespoon per gallon of water). **These are not to be used for hand washing!**
- All eating utensils to be disposable (cups, knives, forks spoons and plates).
- Food preparation to be done on nonporous surface (cutting boards of hard plastic).
- There shall be a container to hold all waste from beverages, ice, etc. and disposed of in proper manner (not on ground).
- There must be a food thermometer in each food booth.
- **Cold food must be kept at 41 degrees F or below** (potentially hazardous food [food that will spoil]).
- **Hot food must be kept at 165 degrees F or over** (potentially hazardous food [food that will spoil]).
- Condiments shall be in pumps, squeeze containers, self-closing lids or individual wrapped packages.
- Ice for drinks to be kept separate from ice for cooling.
- Ice used for refrigeration can not be used for consumption.
- **Refrigeration large enough to hold food to 41 degrees or lower day and night** (can not take home).
- Food must be covered at all times.
- If cooking – all grease to be recovered and disposed of properly (**not on the ground!**)
- Store everything at least 6” off the ground.
- All garbage to be in plastic lined container with lid.

FOOD HANDLERS

- **Must wear clean outer garments/aprons.**
- **Restrain hair (hats, scarves or hair nets).**
- **Do not work if ill.**
- **Wash hands each time you enter food area from eating, smoking, using restroom, etc.**
- **If you are handling food, you must use disposable, chemically treated towelette.**
- **Persons using tongs or individual tissue need not use gloves.**
- **No smoking or eating in the booth.**
- **No visitors, children or pets are allowed in the booth.**

COMPLIANCE IS MANDATORY

You must sign this document and return it with your application or the application will be denied.

Printed Name

Signature

Date

PARK USE APPLICATION (PAVILION)

NAME OF PERSON, GROUP OR: _____

ADDRESS: _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER: (____) _____ - _____

DATE & TIME OF ACTIVITY: _____

FACILITY TO BE USED: _____

PURPOSE OF ACTIVITY: _____

WHO WILL BE RESPONSIBLE FOR THE ACTIVITY? _____

ADDRESS: _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER: (____) _____ - _____

SIGNATURE DATE

Sec. 19-35 Revocation of Permit

A park use permit may be revoked at any time by the City Manager or his designate for reasons which may include, but are not limited to misrepresentation of information given at the time of permit application, failure to comply with conditions the permit, or assignment of the permit to another party without the prior written consent of the City Manager or his designate.

****SPECIAL NOTE: IT IS THE USER/APPLICANT'S RESPONSIBILITY TO BAG AND PLACE ALL GARBAGE IN THE NEAREST DUMPSTER TO THE PAVILION BEING USED. FAILURE TO COMPLY WITH THIS REQUIREMENT WILL FORFEIT ALL DEPOSITS AND FUTURE USE OF ANY CITY FACILITY!**

APPLICANT'S INITIALS

FOR OFFICIAL USE ONLY

APPROVED
DISAPPROVED _____
(SIGNATURE OF OFFICIAL) DATE

FEES PAID: _____ DEPOSIT PAID: _____

DATE PAID: _____ DATE PAID: _____

RECEIPT # _____ RECEIPT # _____