| Event: | Event Date(s | ): | Date Submitted: |  |
|--------|--------------|----|-----------------|--|
|        |              |    |                 |  |

## **Special Event Permit Application**

## **City of Bastrop | Discover Bastrop Department**





**Introduction:** The City of Bastrop welcomes your interest in hosting a special event. Applicants are strongly encouraged to review this application carefully and include all required documentation. Incomplete or inaccurate submissions may delay the review and approval process. The preferred method of submission is through the MyGov portal, available on the City's website at **public.mygov.us/bastrop\_tx**.

| MyGov portal, available on the City's website a                                                                                                                                                                                                                                                                                  | t public.mygov.us/bastrop_tx.                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Name of event:                                                                                                                                                                                                                                                                                                                   |                                                                     |
| Location(s) of event:                                                                                                                                                                                                                                                                                                            |                                                                     |
| Event date(s):                                                                                                                                                                                                                                                                                                                   | Event time(s):                                                      |
| Expected attendance:                                                                                                                                                                                                                                                                                                             |                                                                     |
| Event description:                                                                                                                                                                                                                                                                                                               |                                                                     |
| Name of Organization(s):                                                                                                                                                                                                                                                                                                         |                                                                     |
| Address of Organization(s):                                                                                                                                                                                                                                                                                                      |                                                                     |
| E-mail address:                                                                                                                                                                                                                                                                                                                  | Phone #:                                                            |
| Event coordinator #2:E-mail address:                                                                                                                                                                                                                                                                                             | Phone #:                                                            |
| The processing fee can be paid by cash, check Manager's approval.    \$100.00 for all nonprofit applicants   Letter confirming nonprofit status subn   Letter confirming nonprofit status on fil   Letter from nonprofit organization conf   \$300 for all applicants without nonprof   No fee – No impact on the City, does not | e from prior event(s)<br>irming partnership, if applicable          |
| The security deposit fee can be paid by cash, of Manager's approval. The fee is refunded if City No fee is required if the event does not take place \$500.00 for all applicants    Security deposit on file from prior even                                                                                                     | nt(s) require City staff or services or fees waived by City Manager |

| Event:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Event Date(s):                                                                                                                                                                   | Date Submitted:                                                                                                                                          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                  |                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CERTIFICATE OF INSU                                                                                                                                                              | RANCE                                                                                                                                                    |
| \$1,000,000 per occurrence, i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | naming the City of Bastrop and any                                                                                                                                               | bility insurance policy with limits of not less than other affected entities as additional insureds. In rdinator shall also maintain appropriate alcohol |
| <ul> <li>□ Letter of intent to prove Certificate of Insurance</li> <li>□ Certificate of Insurance</li> <li>□ Covered under City's interest of Insurance</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | te (COI) submitted with application vide Certificate of Insurance (COI) the (COI) to be submitted by:  te (COI) on file from previous even insurance policy and does not require | for the event                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                  |                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EVENT DETAILS                                                                                                                                                                    | 3                                                                                                                                                        |
| This section collects essentia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | al information about the proposed ev                                                                                                                                             | vent, including security and police needs,                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | es, and other logistical consideration<br>ls, as well as any required supportin                                                                                                  | ns. The event coordinator should provide<br>og documentation.                                                                                            |
| elements such as the overall<br>routes, road closures, parking<br>to ensure that all symbols an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | footprint, vendor and activity location                                                                                                                                          | entation of the event area, identifying key ons, stages, restrooms, first aid stations, parade entry and exit points. A legend must be included          |
| and cleanup dates and times                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | and times of activities of the event, i<br>. Include anticipated daily attendand<br>ot submitted (Submit by:                                                                     | •                                                                                                                                                        |
| there will be any admission of Public or private eve Will attendees be red If "Yes", indicate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | r registration fees for attendees.                                                                                                                                               | e □ Onsite                                                                                                                                               |
| be submitted, and approval ror sold on City-owned proper obtained by the organizer or  Will alcohol be consultation with the work of the w | nust be obtained from the City Mana                                                                                                                                              | ent? □ Yes □ No<br>e event? □ Yes □ No<br>□ Not submitted (Submit by:)                                                                                   |

**Animal Information:** Please provide a description of any animals anticipated to be part of the event. Refer to Sec. 2.01.004 of the Animal Control Ordinance for requirements regarding the proper control and handling of animals as well as the management of animal waste during special events.

| Event:      | Event Date(s): Date Submitted:                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| •           | Will animals be a part of the event (e.g. petting zoo, parade horses, etc.)? □ Yes □ No                                                                                                                                                                                                                                                                                                                                                                                                       |
|             | If "Yes," please provide details:                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Banne       | r Plaza Information: The Special Event Permit includes the opportunity to display a promotional banner                                                                                                                                                                                                                                                                                                                                                                                        |
|             | ner Plaza up to three (3) weeks prior to the event date. Banners must measure 17 feet long by 3 feet                                                                                                                                                                                                                                                                                                                                                                                          |
| •           | Do you plan to display a banner for promotional purposes in Banner Plaza? □ <b>Yes</b> □ <b>No</b> If "Yes," please provide the date you would like the banner displayed:                                                                                                                                                                                                                                                                                                                     |
| provide     | o or Booth Food & Drink/Retail Vendors: Vendors serving or selling food, drinks, or merchandise must the required documentation as outlined in Article 4.08 – Special Event Permits, Public Gatherings, and                                                                                                                                                                                                                                                                                   |
| Parade<br>- | For-profit vendors: All for-profit retail and food/drink vendors are required to provide their sales tax and use ID documentation. Food and drink vendors must obtain a Bastrop County Temporary Food Permit or a higher-level food permit prior to the event. Vendors cooking or preparing food/drinks on-site must pass a safety inspection conducted by the Bastrop Fire Department. A one-time \$25 inspection fee will be applied and will cover all required inspections for the event. |
| -           | Nonprofit vendors: Nonprofit retail or food/drink vendors are not required to provide sales tax or use ID documentation or a food permit but must provide proof of 501(c)(3) status. Nonprofit food and drink vendors cooking or preparing food/drinks on-site must also pass a safety inspection conducted by the Bastrop Fire Department. A one-time \$25 inspection fee will be applied and will cover all required inspections for the event.                                             |
| •           | Will pop-up vendors be serving and/or selling food or drinks and/or selling merchandise? □ Yes □ No If "Yes," will food or drinks be cooked or prepared on-site? □ Yes □ No *All vendors cooking or preparing food on site will be required to pass a safety inspection conducted by the Bastrop Fire Department.  I acknowledge that all required food permits, as well as Sales Tax and Use ID documentation, must be                                                                       |
| -           | obtained and submitted to the Special Events Coordinator along with the Vendor List and Requirements  Form:   Yes Initials:                                                                                                                                                                                                                                                                                                                                                                   |
| the req     | <b>Food Vendors:</b> Mobile food vendors are permitted to operate at special events and must comply with uirements outlined in Sec. 4.04.100. Mobile food vendors must provide their sales tax and use ID entation and either their City Mobile Food Permit or a Bastrop County Temporary Food Permit to operate the event.                                                                                                                                                                   |
| -<br>-      | Mobile food vendors holding a City Mobile Food Permit are exempt from fire safety inspections.  Mobile food vendors operating under a Bastrop County Temporary Food Permit must pass a fire safety inspection conducted by the Bastrop Fire Department. A one-time \$25 inspection fee will be applied and will cover all required inspections.                                                                                                                                               |
| :           | Will Mobile Food Vendors Serve / Sell Food or Drinks? □ Yes □ No I acknowledge that all required food permits, as well as Sales Tax and Use ID documentation, must be obtained and submitted to the Special Events Coordinator along with the Vendor List and Requirements Form: □ Yes Initials:                                                                                                                                                                                              |

| Event:   | : Event D                                                                                                                                                                        | ate(s):                                                                                 | Date Submitted:                                         |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------|
|          |                                                                                                                                                                                  |                                                                                         |                                                         |
| such a   | as alcohol consumption, expected attendant<br>pecial Events Committee will determine who<br>I acknowledge that emergency or medica<br>meet all requirements set forth by the Spe | ce over 500, se<br>ether emergen<br>I services may<br>ecial Events Co<br>e provide deta | be required depending on event details and will         |
| Electri  | rical Requirements: Applicants must ensur                                                                                                                                        | e that all elect                                                                        | rical needs for the event are properly addressed.       |
|          | priate connections, equipment, and safety n                                                                                                                                      |                                                                                         |                                                         |
| guidelii | ines to ensure the safety of participants, sta                                                                                                                                   | •                                                                                       | olic.                                                   |
| •        | Will vendors need electricity?   *Vendors may access on-site electric day.                                                                                                       |                                                                                         | , if available, at a rate of \$35 per pedestal per      |
|          | Are there additional electrical needs (bou                                                                                                                                       | nce houses, la                                                                          | ırge fans, PA systems, etc.)?  □ <b>Yes</b> □ <b>No</b> |
|          | If "Yes," please provide details:                                                                                                                                                |                                                                                         |                                                         |
|          |                                                                                                                                                                                  |                                                                                         |                                                         |
|          |                                                                                                                                                                                  |                                                                                         |                                                         |
|          |                                                                                                                                                                                  |                                                                                         |                                                         |
|          |                                                                                                                                                                                  |                                                                                         |                                                         |
|          |                                                                                                                                                                                  | ll be needed fo                                                                         | or activities such as irrigation, exhibits, dunking     |
| booths   | s, water slides or similar activities. Will water be needed for event activities?                                                                                                | □ Voe □ No                                                                              |                                                         |
| -        |                                                                                                                                                                                  |                                                                                         | available, at a rate of \$35 per connection per         |
|          | If "Yes," please provide details:                                                                                                                                                |                                                                                         |                                                         |
|          |                                                                                                                                                                                  |                                                                                         |                                                         |
|          |                                                                                                                                                                                  |                                                                                         |                                                         |
|          |                                                                                                                                                                                  |                                                                                         |                                                         |
| Trash    | Management: A trash management plan n                                                                                                                                            | nav be require                                                                          | d based on event details, such as expected              |
|          | lance and anticipated waste.                                                                                                                                                     | iay 20 roquiro                                                                          | a bacca on event actaile, each ac expected              |
| •        | Will there be event staff/volunteers (non-0                                                                                                                                      | City employees                                                                          | s) assisting with trash removal? □ Yes □ No             |
| •        | Will extra roll-away containers be required                                                                                                                                      |                                                                                         |                                                         |
|          | _                                                                                                                                                                                | t be obtained t                                                                         | hrough Texas Disposal System (TDS) by                   |
|          | contacting Cynthia at 512-461-8831.                                                                                                                                              |                                                                                         |                                                         |
| Event    | : Parking Management: A parking manage                                                                                                                                           | ment plan may                                                                           | be required based on the venue and expected             |
| attenda  | lance.                                                                                                                                                                           |                                                                                         | ·                                                       |
| •        | 1                                                                                                                                                                                |                                                                                         | services, if applicable. If needed, please include      |
|          | a parking map unless these locations are                                                                                                                                         | already indica                                                                          | ited on the event site map.                             |
|          |                                                                                                                                                                                  |                                                                                         |                                                         |
|          |                                                                                                                                                                                  |                                                                                         |                                                         |

|                                         |                                                                                                        | teers (non-City employees) assisting                                                                                                         |                                                                                                                                 |  |  |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--|--|
| - vv                                    | <ul> <li>Will you be requesting security assistance for parking management?</li></ul>                  |                                                                                                                                              |                                                                                                                                 |  |  |
|                                         | bastropod@badgehirecs.com                                                                              |                                                                                                                                              | ar by critaining                                                                                                                |  |  |
|                                         | <u>saon opou(@saugonnoos.oo</u> n                                                                      | <u></u> .                                                                                                                                    |                                                                                                                                 |  |  |
| Portable F                              | Restroom Information: Porta                                                                            | ble toilets and handwashing station                                                                                                          | ns may be required based on the                                                                                                 |  |  |
|                                         |                                                                                                        |                                                                                                                                              | . The number of units required will be                                                                                          |  |  |
| determine                               | d in accordance with the Porta                                                                         | ble Sanitation Association Internati                                                                                                         | ional (PSAI) standards, as well as                                                                                              |  |  |
| applicable                              | City policies and codes. If suff                                                                       | ficient permanent restrooms are av                                                                                                           | ailable on-site, they may be                                                                                                    |  |  |
| considered                              | d adequate based on the numb                                                                           | per of toilets in relation to the antici                                                                                                     | pated attendance.                                                                                                               |  |  |
| ■ Nu                                    | umber of portable restrooms: _                                                                         |                                                                                                                                              |                                                                                                                                 |  |  |
| ■ Nu                                    | umber of handicap restrooms:                                                                           |                                                                                                                                              |                                                                                                                                 |  |  |
|                                         |                                                                                                        | be ADA compliant to accommodat                                                                                                               | 'e diverse event attendees.                                                                                                     |  |  |
| ■ Nu                                    | umber of handwashing stations                                                                          |                                                                                                                                              |                                                                                                                                 |  |  |
|                                         |                                                                                                        | -                                                                                                                                            | station at the event, with a minimum                                                                                            |  |  |
|                                         | of one additional handwashi                                                                            | ng station for every two portable to                                                                                                         | ilets.                                                                                                                          |  |  |
| but not lim<br>and appro<br>certificate | ited to booths, buildings, stage<br>ved by the building official and<br>confirming the use of flame-re | es, bleachers, fences, tents, awning<br>for fire marshal, and the applicant of<br>tardant material.<br>Ture that exceeds 200 sq. ft. in diam | hundred (200) square feet, including gs, and canopies, shall be inspected must obtain and provide to the city a eter?   Yes  No |  |  |
|                                         | □ Stage                                                                                                | □ Tent/Canopy                                                                                                                                | □ Carnival/Amusement<br>Rides/Circus                                                                                            |  |  |
|                                         | □ Inflatables/Dunking Booth                                                                            | □ Vehicles (Cars, Tractors, etc.)                                                                                                            | □ Bleachers                                                                                                                     |  |  |
|                                         | □ Fencing                                                                                              | □ Other:                                                                                                                                     |                                                                                                                                 |  |  |
|                                         |                                                                                                        |                                                                                                                                              |                                                                                                                                 |  |  |
| event and<br>Coordinate                 | must be removed within 24 hoor.                                                                        | ed on-site or off-siter up to 24 hour                                                                                                        | earlier than 24 hours before the st be approved by the Special Events sprior to the event? □ Yes □ No                           |  |  |
|                                         |                                                                                                        | s for special events must comply w                                                                                                           |                                                                                                                                 |  |  |
| ordinance.                              | . It amplitied sound is expected                                                                       | d to exceed the allowable hours out                                                                                                          | tlined in the ordinance, a noise                                                                                                |  |  |

Event: \_\_\_\_\_ Date Submitted:\_\_\_\_

variance request will be required. Maximum permissible sound levels:

- (1) Residential property 75 dB(A) during daytime (7:00am to 9:00p.m.); 70 dB(A) during nighttime (9:00p.m. to 7:00am).
- (2) Nonresidential property 85 dB(A) during daytime (7:00am to 9:00p.m.); 80 dB(A) during nighttime (9:00p.m. to 7:00am).

| Event:       | : Event Date                                                                                         | (s):                | _ Date Submitted:                           |
|--------------|------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------|
|              |                                                                                                      |                     |                                             |
| _            | Will there be amplified sound at the event?                                                          | Voe - No            |                                             |
| _            | If "Yes," please provide type of sound (band,                                                        |                     | c ) and the location of the sound:          |
|              | Too, please provide type of sound (saina,                                                            | Do, armounder, ex   | or, and the location of the scand.          |
|              |                                                                                                      |                     |                                             |
|              |                                                                                                      |                     |                                             |
|              |                                                                                                      |                     |                                             |
|              |                                                                                                      |                     |                                             |
| •            | Sound equipment start & end time:  If expected to exceed the allowable hours ou                      |                     | neo a variance request letter required:     |
| _            | □ Submitted □ Not submitted (Submit                                                                  |                     | ince a variance request letter required.    |
| Firewo       | orks Permit & Safety Plan: A Fireworks/Pyrot                                                         | echnics Permit mu   | st be obtained from the City of Bastrop to  |
| conduc       | ict fireworks or other pyrotechnic displays at the                                                   |                     |                                             |
| -            | Will there be fireworks or other pyrotechnic d                                                       |                     |                                             |
| •            | If "Yes," submit a copy of the required license                                                      |                     |                                             |
|              | Fireworks/Pyrotechnics Permit:   Submitted                                                           | □ Not submitt       | ed (Submit by:)                             |
| Parade       | le, Race or Similar Activity: If the event include                                                   | les a narade run i  | race, or similar activity, a route man must |
|              | ovided. The map should clearly indicate the full                                                     | •                   | •                                           |
|              | Will the event include a parade? □ Yes □ N                                                           | =                   |                                             |
| -            | Will the event include a run/race? □ <b>Yes</b> □                                                    | No                  |                                             |
| •            | If "Yes," submit a route map: □ <b>Submitted</b>                                                     | □ Not submitted     | (Submit by:)                                |
|              |                                                                                                      |                     |                                             |
|              | t Closure Information: Events requiring tempo                                                        | •                   | •                                           |
|              | ed, duration, and traffic control measures. Appro<br>c. Complete information ensures a safe and orga | -                   | ally review and coordination with public    |
| salety.<br>■ | Will the event include street closures?   Ves                                                        |                     |                                             |
|              | If "Yes," please indicate the type of street close                                                   |                     |                                             |
|              |                                                                                                      | Street Closure      |                                             |
|              | □ Sidewalk Closure □                                                                                 | Street Crossing (I  | ntersection) Closure                        |
|              | □ Other:                                                                                             |                     | ŕ                                           |
| •            | Name of Street/Intersection:                                                                         |                     |                                             |
| •            | Cross Street: From                                                                                   |                     |                                             |
| •            | Cross Street: To                                                                                     |                     | <del></del>                                 |
| •            | Additional Street Closures:                                                                          |                     |                                             |
| •            | Closure start & end time: to                                                                         |                     |                                             |
| Police       | e and/or Security Requests: Based on event                                                           | details—such as a   | ttendance venue activities alcohol          |
|              | e and other factors—police and/or security pres                                                      |                     |                                             |
|              | v event details as part of the public safety revie                                                   |                     |                                             |
|              | sts must be submitted online at <u>www.badgehire</u>                                                 |                     |                                             |
|              | I acknowledge that the Bastrop Police Depar                                                          | tment will review e | vent details to determine if police and/or  |
|              | security presence is required. I understand the                                                      |                     | •                                           |
|              | necessary requests and obtaining the require                                                         |                     |                                             |
|              | □ Yes Initials:                                                                                      | •                   | -                                           |
|              |                                                                                                      |                     |                                             |

| Event:                                              | Event Date(s):                                          | Date Submitted:                                                                                                                                     |
|-----------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Applicant Certification: Pleas                      | se acknowledge the following.                           |                                                                                                                                                     |
| knowledge. I further ac<br>permits will be met. I u | cknowledge that all requirements o                      | cation is true and complete to the best of my butlined in this application and any associated sleading, or incomplete information may result tials: |
|                                                     | nt):                                                    |                                                                                                                                                     |
| molivares@cityofbastrop.org                         | or delivered in person to the Disco<br>Bastrop, TX 7860 | ecial Events Coordinator by email at over Bastrop Office at <b>1408-B Chestnut Street</b> ,                                                         |
| Thease ensure that an requirec                      | delay processing                                        |                                                                                                                                                     |
| _                                                   | TROPTX f the Lost Pines Est. 1832                       | BASTROP  - EST. 1832  Texas                                                                                                                         |
| STAFF USE ONLY Received by:                         |                                                         | Date:                                                                                                                                               |

Signature: \_