

SUGAR LAND
TOWN
SQUARE



**APPLICATION FOR SPECIAL USE PERMIT
OR LEASE AGREEMENT**

Event Name: _____

Date (s) of Event: _____

Time (s) of Event: _____

Name of Organization or Group: _____

Legal Structure of Organization _____
(Association, Corporation, Partnership, etc):

General Nature of Organization _____
(Social, Political, Profit, Non-Profit):

Is Organization a 501(c)(3)? Yes No (Please provide copy of 501(c)(3) status)

Street Address: (no Post Office box numbers, please): _____

Mailing Address (if different from Street Address): _____

Name of Individual Ultimately Responsible at Organization: _____

Telephone: _____ (day) _____ (evening)

Cell: _____ Facsimile: _____

E-mail: _____

Logistical Contact Name (if different than name provided above): _____

Telephone: _____ (day) _____ (evening)

Cell: _____ Facsimile: _____

E-mail: _____

Proposed date(s) of Activity:

Day(s) of Week: _____

Date(s): (month, date(s) year): _____

Time event will begin: _____

Time event will end: _____

Set Up and Tear Down:

Date/Time Set Up Begins: _____

Date/Time Tear Down/Clean Up Shall be Complete: _____

It is required that set-up and tear-down occur the same day of the event; if special parameters are required, please indicate): _____

Statement of purpose of activity (If further space is required please attach separate sheets):

Is Event open to the public? Yes No

Number of people expected to attend: _____

Will a sound system be needed? Yes No

Will vendors deliver to Sugar Land Town Square Site? Yes No

If yes, please list vendors and contact information here (attach sheet if needed):

Will event be advertised?: Yes No

If Yes, Where? _____

(Please attach samples of advertising materials if available.)

At event, do you plan to distribute handbills, leaflets or other printed materials?

Yes No

Please note that materials will only be distributed if accepted by consumer without Permittee solicitation. (Please attach a copy or sample if available or provide a sample at least 10 days prior to the event.)

Will spectators be charged? Yes No

If Yes, What amount? _____

If Yes, Will Tickets be Sold? _____

If Yes, By Whom and Where? _____

EQUIPMENT RENTALS LIST AND PRICES: See the attached Equipment Rentals Cost List & Indicate Needed Equipment. This information must be returned with the Application to the Administrator.

Beneficiary of proceeds (if applicable): _____

(Signed letter on beneficiary's letterhead required from organization validating any proceed contributions)

No alcoholic beverages are permitted for distribution unless approved in advance by the Administrator.

Would you like permission for alcoholic beverages? Yes No

PLEASE NOTE - If your event will include distribution of alcohol, you will be responsible for obtaining required permits from the City of Sugar Land Health Department and the Texas Alcohol and Beverage Control (TABC) to serve alcohol. You will also be required to have the required insurance needs as listed in the Special Event Insurance Requirement Information. See attached exhibit. Copies of the insurance policy must be given to the Administrator at least two (2) weeks prior to your event date. All Permits should be forwarded to the Administrator two (2) weeks prior to the event upon issuance from the City.

Additional Information

Applicants are required to secure the necessary permits and provide information on event plans related to security, food, open flame use, street closure, medical care, restroom needs, trash pick-up or electrical needs. Copies of permits, if required, must be provided to the Administrator two (2) weeks in advance of the event date. Contacts for securing permits are as follows:

Street Closures:

Gretchen Pyle, Development Services Secretary 281-275-2766

Security Plan Approval, Off-Duty Police Needs:

Lt. David Marcaurele 281-275-2500

Open Flame, Fireworks

Ronald Matthisen, Assistant Fire Marshall 281-275-2857

Health Permits

Nicole Guevara, Sanitarian 281-275-2279

Please indicate your general plans for provisions for:

Medical care _____

Restrooms _____

Trash pick-up _____

Electrical needs _____

Food service _____

Security _____

Do you desire to use City Hall steps as a stage?: Yes No

**➔ ONLY FILL THIS SECTION OUT IF YOU WOULD LIKE TO REQUEST THE CLOSING OF ANY STREETS WITHIN SUGAR LAND TOWN SQUARE:
What street(s)/area would you like to utilize for event?**

1. Exact time frame in which internal street(s) will be opened and/or closed?:

APPLICANT ACKNOWLEDGEMENT

Applicant acknowledges receipt of the Sugar Land Town Square Event Rules and Regulations along with other documents referenced within the Rules and Regulations, if so requested by the Applicant. By Applicant's signature on this Application for Special Use Permit or Lease Agreement, Applicant states that no variances therefore will be required unless the requested variances are confirmed in writing with the Administrator. The applicant agrees to comply with all local, state, and federal laws in addition to Rules and Regulations set forth by the City of Sugar Land. I understand that this application will be reviewed according to the criteria set forth in City of Sugar Land Ordinance 1421 regarding special events at Sugar Land Town Square Plaza.

Signature of Applicant

Date

Please fax completed application to 281-276-6010, Attention- Plaza Events.

FOR OFFICE USE ONLY:

Application: Approved Permit/Lease Agreement Issue
 Denied Notification Issued in Writing

Date: _____

By: _____
