

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):

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**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**

Jessica Spies, Chief Sanitarian 281-275-2278

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: \_\_\_\_\_