

THE HARBOR SPECIAL EVENT APPLICATION

APPLICANT INFORMATION

Applicant Name		Organization Name		
Address		City	State	Zip
E-Mail Address		Web Site Address		
Telephone Number	Fax	Mobile Number	Pager Number	
Type of Organization		<input type="checkbox"/> Civic <input type="checkbox"/> Private		
On-site Contact		Mobile Number for On-Site Contact		

EVENT INFORMATION

Event Name		Event Date(s)	Time	
Type of Event: (check all that apply)		<input type="checkbox"/> Concert/Performance <input type="checkbox"/> Festival <input type="checkbox"/> Professional Filming	<input type="checkbox"/> Fundraiser <input type="checkbox"/> Parade <input type="checkbox"/> Private Gathering <input type="checkbox"/> Reception	<input type="checkbox"/> Run/Walk <input type="checkbox"/> Sports/Recreational <input type="checkbox"/> Other _____
Is this a first time event? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, date of previous event _____ What was past attendance? _____		
Is this event open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No		Admission/Entry Fee	Estimated Total Budget	
Proposed Area (please be specific)				
Setup: (first item to be loaded in on site) Date: Time:		Teardown: (last item to be removed) Date: Time:		Estimated Attendance Participants: Spectators: Est. # of Hotel Rooms:
Sponsor(s)			Beneficiary	

ADVERTISING AND PROMOTION

What type of advertising/promotion will be done prior to the event?			
Radio	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list station(s)	_____
TV	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list station(s)	_____
Print Ads	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list newspaper/magazine(s)	_____
Press Releases	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how many	_____
Fliers/Posters	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, where distributed	_____
Direct Mail	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how many	_____

Professional Parking/Valet <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, provide the following: Company (see attached vendor list)	
		Number of Parking Personnel	Hours
			# of cars expected
Pony Rides/Petting Zoos/Inflatables <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, provide the following: Company	
		Contact Name	Phone
Climate Control <input type="checkbox"/> Yes <input type="checkbox"/> No		Type: (check all that apply) <input type="checkbox"/> Fan (pedestal fan, box fan, etc.) <input type="checkbox"/> Misting Fan <input type="checkbox"/> Air-conditioning <input type="checkbox"/> Heater(s)	
Pyrotechnics / Lasers / Special Effects <input type="checkbox"/> Yes (describe below) <input type="checkbox"/> No		If Yes, provide the following: Company	
		Contact Name	Phone
Day/Time of Show	Length of Show (in minutes)	Products Used	Show Budget

REFERENCES

Contact Name _____	Contact Name _____
Company _____	Company _____
Telephone # _____	Telephone # _____
Relationship _____	Relationship _____

Contact Name _____	Contact Name _____
Company _____	Company _____
Telephone # _____	Telephone # _____
Relationship _____	Relationship _____

Signature	Date
Application received by	Date

SUBMISSION OF THIS FORM DOES NOT GUARANTEE APPROVAL OF THE EVENT

Failure to complete all sections of this form and meet all requirements may result in denial, delay or limitations of the event. Promoter agrees that it shall abide by the terms and conditions of the Permit Requirements and Guidelines included in this package and hereby represents that they have read the said Rules, Regulations and General Information and understands the same.

CHECKLIST

- ✓ Completed Application
- ✓ Site Plan
- ✓ Fees (all checks made payable to the City of Rockwall)
- ✓ Copy of Insurance Certificate

EVENT NAME		EVENT DATE(S)			APPLICATION NUMBER	
EVENT REVIEW			COMMITTEE/DEPARTMENT COMMENTS AND REQUIREMENTS			
Req'd	Department Signatures:	Approved as Submitted	Needs Modification	Approval Denied	Estimated Expenses (Personnel/Equipment)	Comments: (Submit additional page if necessary)
	Code Enforcement:					
	Assistant City Manager:					
	Fire Marshall:					
	Other Approval:					
	Director of Parks and Recreation:					
	Parks and Recreation Manager:					
	Superintendent of Streets:					
APPROVED PERMIT NUMBER		DATE ISSUED			NOTES: Permit is subject to the terms and conditions outlined above and any attachments.	
DECLINED		DATE DECLINED			NOTES: Permit is declined based on the comments outlined above and any attachments.	

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EVENT DESCRIPTION

Event Name	Contact Name:	Phone:
Brief Description of Event		

EVENT AUDIENCE

Brief Demographic Description of Audience

SPONSORSHIP

List of who is sponsoring event.

BENEFITS

Admission Tickets	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many?	Value?
Signage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type?	Location? Value?

MISCELLANOUS

Do you expect Public Relations Opportunities? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain.

Will event staff be staying in one of Rockwall's Hotels? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, number of rooms? _____ How many nights? _____
Do you think event participants will be staying in Rockwall Hotels? If Yes, number of rooms? _____ How many nights? _____
Have you already contacted a Rockwall Hotel <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which Hotel? _____

POST-EVENT

Please provide the process of post-event re-cap and fulfillment information of the sponsorship.

PLEASE INCLUDE ANY ADDITIONAL INFORMATION AS SUPPORT TO THIS FORM

SUBMISSION OF THIS FORM DOES NOT GUARANTEE SPONSORSHIP OF THE EVENT
Failure to complete all sections of this form may result in delay or limitations of your event.