



Permit Number

APPLICATION SPECIAL EVENT PERMIT

Requirements

Your application **will not be accepted** if the following form information is missing or incomplete. Incomplete applications will be returned and any paid fees are nonrefundable. To check the status, email permits@cityofkennedale.com and include the property address and permit type.

- Application is submitted at least 30 days prior to event date**
- TYPED** list of vendors with valid phone numbers and email addresses (Please note: Vendors will be contacted individually by Planning Department staff to determine health permit and business permit needs, if any. Vendors must respond and complete any requirements 10 days prior to event or they may not participate).
- Copy of TABC license if alcohol will be served
- If using public facility (parks, Community Center, etc.) reservation must be complete
- Site plan showing:
 - Pedestrian entrances and exits
 - Vehicle entrances and exits
 - Parking with all spaces numbered
 - Stages/activity areas where crowds may gather (if any)
 - Label any sound/lighting equipment (if any)
 - Labels reflecting food/merchandise vending (if any)
 - All sanitation facilities labeled

Applicant Information **(Serves as Event Coordinator: Primary contact for all vendor requirements and permit review)**

Applicant Name: _____

Applicant Phone: _____ Applicant Email: _____

Event Information

Event Address: _____

Event Name: _____

Event Date: _____ Event Start Time: _____ Event End Time: _____

Estimated Attendance: _____ Number of Parking Spaces: _____ Number of Vendors: _____

Will food be sold or distributed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will alcohol be sold or distributed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will sound/light equipment be used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will sanitation facilities be provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Event Description: _____

Applicant Agreement

By signing below, I acknowledge that I have read and completed all applicable requirements. I understand that if I have submitted an incomplete or false application, my application may be rejected and that the fee is nonrefundable.

Signature of Applicant: _____ Date: _____