



YOU'RE HERE  YOUR HOME

**CITY OF KENNEDALE**  
**SPECIAL EVENT PERMIT**  
**MASTER APPLICATION**

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# CITY OF KENNEDALE | Event Questionnaire

Please submit this and all other required forms at least 60 Days before your event date.

Event:

Date(s):

## Public or Private Event

Will your event be open to the public?

YES If yes, the following is required:  
General Liability Insurance Certificate

## Parade, Block Party, City Streets, Parking Lots

Do you plan to close, block, or use a City street, trail, or sidewalk?

Do you plan to close a street that will impact residents & businesses?

Do you plan to use a private parking lot or other private property?

YES If yes, the following is required:  
Street Closure & Notification Form  
Street Closure & Notification Form  
Letter with Written Permission

## Attendance, Tents, and Stage

Do you anticipate 1,000+ event attendees or street/sidewalk spectators?

Do you plan to use a tent larger than 400 sq. ft. or a canopy in excess of 700 sq. ft.?

YES If yes, the following is required:

Fire Operational Permit

Fire Operational Permit

## Food, Drinks, or Merchandise Vendor Booths

Will your vendor(s) serve or sell food, drinks, and/or merchandise?

Will you serve or sell food, drinks, and/or merchandise?

Will you have food truck(s) that will serve or sell food or drinks?

YES If yes, the following is required:

Vendor List

Park Vendor and Temp. Food Permit

Vendor List

## Sanitation, Water, Waste Water, and Recycling

Will you need a dumpster and/or ClearStream® container for your event?

Will you or vendors need to dispose of water per Regulatory Compliance?

Will you need assistance developing a Trash and Recycling Plan for your event?

YES If yes, the following is required:

Solid Waste Service Request

Temporary Food Permit

Solid Waste Service Request

## Amplified Sound at Outdoor Festivals and/or Event

Will you have amplified sound over 70 dba

Will you have amplified sound Monday-Saturday, after 10 p.m.

Will you have amplified sound anytime on a Sunday

Will you have amplified sound over 65 dba on a Sunday

YES If yes, the following is required:

A Letter of Request for an exception to the noise ordinance is required and must be submitted 90 days in advance of the event for City Council's consideration.

## Alcohol on City-Owned Property

Do you or a vendor plan to serve or sell alcohol in a parking lot or in the street?

Do you or a vendor plan to serve or sell alcohol on City-owned property?

Do you or a vendor plan to serve or sell alcohol in a park?

Do you plan to apply for a temporary TABC permit for your event?

Do you plan to partner with a vendor who is licensed/permitted by TABC?

YES If yes, the following is required:

TABC License and Health Permit  
City Council's Approval,  
TABC Permit, Public Safety Request  
Park Board and City Council's  
Approval, TABC Permit, Police, Lease  
Liquor Liability Insurance is required  
by the TABC permit holder that is  
serving or selling the alcohol.

## Requests for Services by City Departments

Will you be placing portable restrooms on City property?

Will you need to request an in-kind City service in the form of co-sponsorship?

YES If yes, the following is required:

Parks Service Request and Approval  
City Council Letter of Request

None of the above apply to my request for a Special Event Permit

None of the above apply

# CITY OF KENNEDALE | Special Event Permit Application

## Applicant Information:

Applicant Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ HOT Funds or Cash Sponsor Recipient? Yes No

Applicant is, check all that apply:    Event Organizer    On-site Emergency Contact    Organization Representative

## Organization Information:    Same as Applicant

Organization: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Current HOT Funds Recipient? Yes No

Type of Organization, check all that apply:    Nonprofit    City Board/Committee    School    Business    Volunteer    Individual    Other

## Event Information:

Event Name: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Event Location: \_\_\_\_\_ Total Event Attendance: \_\_\_\_\_

On Site Contact: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

## Select all that apply:

<b>Applicant Booth:</b>	Food/Drink (distribute or sell)	Alcohol (distribute or sell)	Merchandise (distribute or sell)
<b>Vendor Booths:</b>	Food/Drink (distribute or sell)	Alcohol (distribute or sell)	Merchandise (distribute or sell)
<b>Amplified Sound</b>	Live Music	DJ Music	Stage      Speech and/or Announcements
<b>Activities:</b>	Run/Bike Race      Parade	Games/Crafts/Arts	Inflatable(s)      Carnival/Fair
<b>Service Needs:</b>	Police Security      Fire/EMS	Street Closure(s)	Parks      Solid Waste
<b>Admission:</b>	Free Open to the Public Event	Fundraising Event	Ticketed      Private Event

Please provide a brief description of your event:

	Day of the Week	Date and Year	Set-up Time	Start Time	End Time	Take-Down Time Frame	Daily Attendance
DAY 1							
DAY 2							
DAY 3							
DAY 4							
DAY 5							

Additional Details, as Needed:

Event:

Date(s):

### Communications and Crowd Management

**Event Coordinator and/or Volunteer:**

Mobile Number:

**Method of Crowd Communication:**

i.e., PA system, megaphone, etc.

Number of  
Event Staff:

**Method of Event Staff Communication:**

i.e., hand-held radios, mobile phone, etc.

Number of  
Volunteers:

**Method of Event Staff Identification:**

i.e., uniforms, event shirts, badges, etc.

Number of  
Vendors:

**Attendance to Event Staff Ratio:**

i.e., one staff for every 250 attendees

Total Guest  
Attendance:

**Crowd Control Measures to be Used:**

**Booth and Mobile Truck Vendors:** A list of ALL vendors and their location on the Site Map is required and due at the time of the permit application. Vendors on the list, must match the Site Map and the receipts of Park Vendor Permits obtained prior to the event or thereafter.

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### Event Security Management

**Event Coordinator and/or Volunteer:**

Mobile Number:

**Public Security Service Provider:**

i.e., City of Kennedale PD

Mobile Number:

Private Security Service Provider:

i.e., if you plan to use security guards

Mobile Number:

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### Fire Prevention & Emergency Medical Management

**Event Coordinator and/or Volunteer:**

Mobile Number:

Confirm the following are identified on the Site Map or Public Safety Map for larger events:

First-aid station(s)    Fire Lanes    Fire Extinguishers    EMS entry-exit access points

Public entry-exit access points & parking    AED Station

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### Emergency Command Post | Missing Person, Weather Emergency, etc.

In the event of extreme weather or other emergencies, the City of Kennedale will refer to the Command Post and the individual listed below as the point person for emergency updates, announcements, cancellations, and/or other event emergency communications.

**City of Kennedale Police and Fire Department will have final approval of your public safety plan.**

# CITY OF KENNEDALE | Street Closure Request

Applicant Name:

Event Name:

Date of Street Closure Request:

Purpose of Request:

Type of Request:    Parade    Block Party    March    Run/Walk    Bike    Street Festival    Parking Lot Party    Other

## Rolling Street Closure Request | Parade, March, Fun Run or Similar; complete all that apply:

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Assemble Time:

Assemble Location:

Start Time:

Disassemble Location:

End Time:

Length or Distance of Parade, Fun Run, or Other:

Estimated Number of Entries:    Participants    Vehicles    Bikes    Spectators    Animals

## Full Street or Parking Lot Closure Request | Complete all that apply:

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Start Closure Time:

Street(s) Closure Location:

End Closure Time:

Parking Lot Location:

Street Closure and Notification Form is required

### ACKNOWLEDGMENT | Check that you have read and understand each requirement:

- I ACKNOWLEDGE that a map of the route is required; hand drawn maps are not accepted.
- I ACKNOWLEDGE that a Traffic Control Plan is required for street closure requests, unless told otherwise.
- I ACKNOWLEDGE that use of a private parking lot will require Written Right of Possession from the property owner.
- I ACKNOWLEDGE that the Street Closure Form and Street Closure Notification Form may be required
- I ACKNOWLEDGE that if the closure requires a detour plan, then the TCP must show the detour route and all traffic control devices
- I ACKNOWLEDGE that all traffic control will be designed and maintained by a professional barricade company
- I ACKNOWLEDGE that all streets closure requests and approvals will need to be approved by Pubic Works and Public Safety prior to the approval of the Special Event permit.

**Applicant Signature:**

**Date:**

# CITY OF KENNEDALE | Street Closure Form

Applicant Name:

Event Name:

Date of Street Closure Request:

Purpose of Request:

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**Type of Closure:**    Lane Closure    Street Closure    Sidewalk Closure    Street Crossing (intersection)    Block/Cul-de-Sac

Street/Intersection:

Cross Street | From:

Start Time:

Cross Street | To:

End Time:

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**Type of Closure:**    Lane Closure    Street Closure    Sidewalk Closure    Street Crossing (intersection)    Block/Cul-de-Sac

Street/Intersection:

Cross Street | From:

Start Time:

Cross Street | To:

End Time:

---

**Type of Closure:**    Lane Closure    Street Closure    Sidewalk Closure    Street Crossing (intersection)    Block/Cul-de-Sac

Street/Intersection:

Cross Street | From:

Start Time:

Cross Street | To:

End Time:

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**Type of Closure:**    Lane Closure    Street Closure    Sidewalk Closure    Street Crossing (intersection)    Block/Cul-de-Sac

Street/Intersection:

Cross Street | From:

Start Time:

Cross Street | To:

End Time:

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**Type of Closure:**    Lane Closure    Street Closure    Sidewalk Closure    Street Crossing (intersection)    Block/Cul-de-Sac

Street/Intersection:

Cross Street | From:

Start Time:

Cross Street | To:

End Time:

# CITY OF KENNEDALE | Additional Street Closure Form

Applicant Name:

Event Name:

Date of Street Closure Request:

Purpose of Request:

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**Type of Closure:**    Lane Closure    Street Closure    Sidewalk Closure    Street Crossing (intersection)    Block/Cul-de-Sac

Street/Intersection:

Cross Street | From:

Start Time:

Cross Street | To:

End Time:

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**Type of Closure:**    Lane Closure    Street Closure    Sidewalk Closure    Street Crossing (intersection)    Block/Cul-de-Sac

Street/Intersection:

Cross Street | From:

Start Time:

Cross Street | To:

End Time:

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**Type of Closure:**    Lane Closure    Street Closure    Sidewalk Closure    Street Crossing (intersection)    Block/Cul-de-Sac

Street/Intersection:

Cross Street | From:

Start Time:

Cross Street | To:

End Time:

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**Type of Closure:**    Lane Closure    Street Closure    Sidewalk Closure    Street Crossing (intersection)    Block/Cul-de-Sac

Street/Intersection:

Cross Street | From:

Start Time:

Cross Street | To:

End Time:

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**Type of Closure:**    Lane Closure    Street Closure    Sidewalk Closure    Street Crossing (intersection)    Block/Cul-de-Sac

Street/Intersection:

Cross Street | From:

Start Time:

Cross Street | To:

End Time:



# CITY OF KENNEDALE | Fire Operational Permit Application



Applicant Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Event Date: \_\_\_\_\_  
Event Name: \_\_\_\_\_ Estimated Daily Attendance: \_\_\_\_\_  
Event Location: \_\_\_\_\_

## Select the Permit(s) Required for this Event:

### Carnival, Fair, and Festival Permit

#### Submittal Requirements, check to confirm acknowledgment:

- Public Safety Plan and Site Plan
- Insurance Certificates for Rides

### Tents of Temporary Membrane Structure

#### Submittal Requirements, check to confirm acknowledgment:

- Copy of the flame spread and fire-proofing certificate
- Site Plan showing the location of the tent in relation to lot lines, parked vehicles, and structures.
- Floor plan of the tent showing locations of fire extinguishers, exit signs, and "no smoking" sign

### Outdoor Assembly Event

#### Submittal Requirements, check to confirm acknowledgment

- Submit a public safety plan, and a site plan showing locations of booths, stages, and structures, first aid stations, information and ticket booths, boundaries of event, fire extinguishers, weather shelters, fire/EMS access roads, assembly areas, approximate occupant amounts, and parking

### Exhibits and Trade Shows

#### Submittal Requirements, check to confirm acknowledgment

- Submit a Public Safety Plan and Site Map that shows location of booths, stages, and structures; first aid stations, information and ticket booths, fire extinguishers, marked exits, and parking

Permit Inspection Request (date & time): \_\_\_\_\_

Permit Inspection Location Request: \_\_\_\_\_

An operational permit shall remain in effect until reissued, renewed, or revoked, or for such a period of time as specified in the permit. Permits are not transferable and any change in occupancy, operation, tenancy, or ownership shall require that a new permit be issued. Issued permits shall be kept on the premises designated therein at all times and shall be readily available for inspection. Once approved a permit cannot be altered or it will be revoked.

*Fireworks and/or pyrotechnics are not allowed at any event (2018 IFC, 5601.1.3 The possession, manufacture, storage, sale, handling, and use of fireworks are prohibited.*

By signing, I acknowledge and understand the requirements listed above.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# CITY OF KENNEDALE | Public Safety Service Request



Applicant Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Event Date: \_\_\_\_\_  
 Event Name: \_\_\_\_\_ Estimated Daily Attendance: \_\_\_\_\_  
 Event Location: \_\_\_\_\_

## Select the Service Request(s) for this Event:

### Police Officer Event Security

The rate of pay for officers during this type of event will be the current City of Kennedale budgeted regular and/or overtime rates for those officers assigned to work the event.

### Emergency Medical Services (EMS) | 2-hour Minimum per EMS Personnel

The rate of pay for Emergency Ambulance Standby, paramedics, patient transport, and other applicable fees are set forth in city ordinances.

### Examples of objective standards used to determine the number personnel:

- Event alcohol consumption
- Time, date, and length of event
- Impact of adj. residential/commercial areas
- Traffic Control Plan requirement
- Estimated number of attendees
- Vehicular/pedestrian traffic condition

THIS SECTION WILL BE COMPLETED BY CITY STAFF BASED ON THE SELECTION ABOVE AND EVENT LOGISTICS.

Fire and Rescue	# of Personnel	Total Hours	Total Cost	Staff Initial
Total Ambulance Standby @ \$125 per hour	Length of Request and/or Event	=		
Total Paramedics on Standby @ \$50 per hour	Length of Request and/or Event	=		
Total Incident Command Officer @ \$75 per hour	Length of Request and/or Event	=		

**Total Due to the Fire Department:**

# CITY OF KENNEDALE | Temporary Food Permit Application

PERMIT # \_\_\_\_\_

Applicant Name:

Permit Type:      Tent      Mobile Unit

Vendor Name:

Sales Tax ID#:

Event Name:

Inspection:

Event Location:

Event Date(s):

Phone Number:

Email Address

Street Address:

City, State, Zip:

DL State & No.

Are You Non-Profit?      Yes      No

If Yes, Provide Tax Exempt #

**List pre-prepared foods to be Served On-site:**

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**List foods that will be prepared on-site and the equipment to be used to maintain proper temperature control:**

Cooking Equipment:    Electrical    Charcoal    Propane    Gas Grill

Hot or Cold Holding Equipment:    Electrical    Mechanical

Type of Equip. Using:

Cooking Equipment:    Electrical    Charcoal    Propane    Gas Grill

Hot or Cold Holding Equipment:    Electrical    Mechanical

Type of Equip. Using:

Cooking Equipment:    Electrical    Charcoal    Propane    Gas Grill

Hot or Cold Holding Equipment:    Electrical    Mechanical

Type of Equip. Using:

Cooking Equipment:    Electrical    Charcoal    Propane    Gas Grill

Hot or Cold Holding Equipment:    Electrical    Mechanical

Type of Equip. Using:

**ACKNOWLEDGMENT | Check that you have read and understand each requirement:**

- I ACKNOWLEDGE that health permits are approved and issued prior to the event
- I ACKNOWLEDGE that preparation or storage of food in the home is not permitted unless you are a cottage manufacturer.
- I ACKNOWLEDGE that food items served without Regulatory Compliance approval may result in permit suspension.
- I ACKNOWLEDGE that Temporary Food Service Booth Requirements must be in place prior to selling or preparing food. i.e., overhead protection, hand sink and ware washing set up.
- I ACKNOWLEDGE that the \$60 nonrefundable, Temporary Food Permit Application Fee is due with this application.
- I ACKNOWLEDGE that the food booth requirements and understand that failure to comply with City of Kennedale ordinances may result in citations for violations and/or closure of the booth until violations are corrected.

By signing, I acknowledge that I understand the Temporary Food Service Requirements.

Applicant Signature:

Date:

