



Parks Special Use Permit Application

Section 1: Applicant Information

Name: _____ Organization, if applicable: _____

Address: _____ Phone: _____

Street City State Zip

Section 2: Requested Use Information

1. Date of Proposed Event: ___-___-_____ 2. Time of Proposed Event: From ___:___ am/pm to ___:___ am/pm

3. Summary Description of Event (Please Attach additional sheets if necessary):

4. Estimated Number of Attendees _____

5. Summary Description of Plan to Protect City Property From Damage and to Properly Clean Up After Event(Please Attach additional sheets if necessary):

6. Please list any provisions of the City's Park Regulations (Ch. 15 of the Code of Ordinances) that you would like waived or modified for your event. Please list specific section numbers and describe why you are seeking a waiver or modification of the regulation.(Attach additional sheets if necessary)

Section 3: Evidence of Liability Insurance

1. Please attach evidence that you have Liability Insurance with bodily injury limits of not less than \$100,000 per occurrence.

Section 4: Indemnification and Hold Harmless Agreement

1. Please attach a fully executed copy of the mandatory Indemnification and Hold Harmless Agreement provided by the City.

Section 5: Public Safety Plan

1. Summary Description of Event Public Safety Plan, including how police protection will be provided during the event in accordance with Section 15.03.01(c)5. (Attach additional sheets if necessary):

Section 6: Supplemental Information

Please attach any additional information that you believe may be helpful to the City when considering your request. This can include event flyers, programs, statements from key stakeholders, or any information that you believe is relevant to your application.

Section 7: Submission

This application, along with all attachments, must be submitted to the City Secretary's Office, located at 30360 Cougar Bend, Bulverde, TX 78163 at least 60 days prior to the proposed event. Questions should be addressed to the City Secretary's Office at 830-438-3612.

I acknowledge that the information contained in this application is true and correct to the best of my knowledge. I further declare that I am authorized to submit this request on behalf of myself or the organization I am representing, if applicable.

Signature of Applicant

Date