



Physical address: 401 E Goode / Mailing Address: P.O. Box 1855; Quitman, TX 75783
 Phone: 903-763-2223 / Fax: 903-763-5631

Special Event Application

| Applicant Information | | |
|--------------------------|--------------|------------|
| Name Applicant: _____ | | |
| Organization Name: _____ | | |
| Mailing Address: _____ | | |
| City: _____ | State: _____ | Zip: _____ |
| Phone: _____ | Email: _____ | |

| Event Information | | | |
|--------------------------|--|------------------------|--|
| Name of Event: _____ | | Type of Event: _____ | |
| Person in Charge: _____ | | Phone: _____ | |
| Event Date: _____ | | Event Time: _____ | |
| Set Up Date: _____ | | Clean Up Date: _____ | |
| Location of Event: _____ | | | |
| # of Participants: _____ | | # of Spectators: _____ | |
| _____ Less than 25 | | _____ Less than 50 | |
| _____ 26-50 | | _____ 51-100 | |
| _____ 51-75 | | _____ 100-150 | |
| _____ 776-100 | | _____ 150-200 | |
| _____ 100 or Greater | | _____ 200 or Greater | |

| Event Details | | |
|--|------------------------------|-----------------------------|
| Is the event using sound equipment? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Selling food / beverages? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Selling merchandise? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Involve animals? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Involve street/road closures? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| List: _____ | | |
| Tent, Canopy or Booth? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Will alcoholic beverages be present? (Alcohol requires TABC permit) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

| Parade Information | |
|----------------------------|-----------------------|
| Assembly Location: _____ | Type of Parade: _____ |
| Completion Location: _____ | Start Time: _____ |
| # of Floats: _____ | # of Vehicles: _____ |
| Route of Parade: _____ | |
| _____ | |
| _____ | |
| _____ | |

Applicant Signature: _____ Date: _____

OFFICE USE ONLY:

| | |
|--------------------|----------------------|
| Received by: _____ | Date received: _____ |
|--------------------|----------------------|

Issued Date: _____