

DISTRICT EVENT APPLICATION

APPLICANT INFORMATION

Applicant Name		Organization Name		
Address		City	State	Zip
E-Mail Address		Web Site Address		
Telephone Number	Facsimile	Mobile Number	Pager Number	
Type of Organization		<input type="checkbox"/> Individual <input type="checkbox"/> Charitable <input type="checkbox"/> For profit organization		
		<input type="checkbox"/> Non-profit organization (501.C3 Tax Identification # _____) <input type="checkbox"/> Other _____		
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"/> Carnival <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?		Admission/Entry Fee	Estimated Total Budget	
Proposed Area (check all that apply)		<input type="checkbox"/> Green-NW Quad <input type="checkbox"/> Green-SW Quad <input type="checkbox"/> Ellipse <input type="checkbox"/> Pergola	<input type="checkbox"/> Green-West Garden <input type="checkbox"/> Green-Central Garden <input type="checkbox"/> Green-East Garden <input type="checkbox"/> Green-SE Quad <input type="checkbox"/> Bowl	<input type="checkbox"/> Pavilion <input type="checkbox"/> Plaza <input type="checkbox"/> Conference Centre <input type="checkbox"/> Stone Cottage
		<input type="checkbox"/> Theatre Centre <input type="checkbox"/> Field Parking 1 <input type="checkbox"/> Field Parking 2 <input type="checkbox"/> Field Parking 3		
Setup: (first item to be loaded in on site)		Teardown: (last item to be removed)		Estimated Attendance
Date:	Date:	Participants:	Spectators:	Est. # of Addison Hotel Rooms:
Time:	Time:			
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 _____	

Trash Collection <input type="checkbox"/> Yes <input type="checkbox"/> No 	If Yes, provide the following: Company (see attached vendor list)	
	Number of Trash Workers	Hours

Electrical Services <input type="checkbox"/> Yes <input type="checkbox"/> No *Event must use a licensed electrician	If Yes, provide the following: Company (see attached vendor list)	
	Supplemental Equipment: <input type="checkbox"/> Generator(s) Provide Number _____ <input type="checkbox"/> Light Tower(s) Provide Number _____ (Check all that apply)	

Rentals (tables, chairs, linens, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No *Any umbrellas used with umbrella tables shall be in good operating condition and secured at the base. *We suggest the event organizer have a representative present during set-up and removal of equipment to verify count. The Town of Addison will not be held liable for shortages.	If Yes, provide the following: Company (see attached vendor list)	
	Number of : _____ Tables _____ Chairs _____ Other (specify) _____ _____ Other (specify) _____	

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

Carnival/Amusement Rides and Attractions <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	If Yes, provide the following: Company (see attached vendor list)	
	Type: <input type="checkbox"/> Fan (pedestal fan, box fan, etc.) (check all that apply) <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 District Event 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 Town of Addison)
- ✓ Copy of Insurance Certificate
- ✓ Non-profit, 501c3 certificate (if applicable)

APPROVED VENDOR LIST

(Promoter is required to select a vendor from this list)

(Note: This list is a proposed list of vendors that we will send a RFP to be considered an approved vendor)

COMPANY	CONTACT NAME	PHONE	WEBSITE
CLIMATE CONTROL (Heating and cooling units)			
Abbey Party Rentals	John Jakob	972-350-5373	www.abbeyparty.com
Aggrecko	Kevin Crosier	972-293-0491	www.aggrecko.com
Aztec Party & Tent Rentals	Louise Parkins	713-699-9713	www.aztecpartyandtents.com
Ducky Bob's	Jan Maynard	972-381-8000	www.duckybobs.com
GE Energy Rentals	Les Melvin	214-339-7032	www.gepower.com
Global Cooling	Craig Rhew	214-991-7439	www.globalcoolingsystems.com
Kohler Event Services	Susanna Trussell	972-293-0491	www.aggrecko.com
ELECTRICITY			
Aggreko	Kevin Crosier	972-293-0491	www.aggrecko.com
Caterpillar Electric Power		972-721-5800	www.holtcat.com
GE Energy Rentals	Les Melvin	214-339-7035	www.gepower.com
Kohler Event Services	Susanna Trussell	972-206-7070	www.kohlereventservices.com
FENCE			
Certified Fence Company	Patti Compton	800-383-7038	
Construction Rent-A-Fence			
National Construction Rentals	Casey Lipham	214-634-2091	www.rentnational.com
Raceway Fence	Larry Hubbard	817-790-2114	
PARKING SERVICES			
RSR Event Services	Randall Steinhauser	214-673-2390	
RENTALS			
Abbey Party Rents	John Jakob	972-350-5373	www.abbeyparty.com
Aztec Party & Tent Rentals	Todd Johnson	713-699-0088	www.aztecpartyandtents.com
Ducky Bob's Party & Tent Rentals	Jan Maynard	973-381-8000	www.duckybobs.com
Taylor Rentals			
SOUND, LIGHTS, STAGE			
Dallas Backup	Charles Belcher	972-686-4488	www.dallasbackup.com
Dallas Stage Right	Nathan Clark	214-824-8225	www.stage-right.com
Gemini Sound	Dell Cain	214-341-6922	www.geminisound.com
TENT			
Alexander Tent	Wayne Alexander	972-247-8556	www.alexandertent.com
Aztec Part & Tent Rentals	Todd Johnson	713-699-0088	www.aztecpartyandtents.com
Ducky Bob's	Jan Maynard	972-381-8000	www.duckybobs.com
Sandone Productions	Mark Brizendine	214-637-6334	www.sandoneproductions.com
TRANSPORTATION			
AJL International/Johnston Limousine	Matthew Johnston	972-647-1150	www.ajlinternational.com
American Transfers & Tours	Jackie Cox	972-980-6711	www.attbus.com
Atkins-Hanschen Trams	Terry Hartness	501-478-1026	www.thomascarnival.com
Buses by Bill	Gary McMullen	214-328-8000	www.busesbybill.com
Coach USA	Peg Wolschon	972-263-0294	www.coachusa.com

EVENT NAME		EVENT DATE(S)			APPLICATION NUMBER	
EVENT REVIEW (After signing, return this page any attachments to the Special Event Manager)		COMMITTEE /DEPARTMENT COMMENTS AND REQUIREMENTS (This page to be completed by Town of Addison Staff)				
Req'd	Department Signatures:	Approved as Submitted	Needs Modification	Approval Denied	Estimated Expenses (Personnel/Equipment)	Comments: (Submit additional page if necessary.)
	Building Official:					
	Assistant City Manager:					
	Conference & Theatre Centre Manager:					
	Environmental Services Official:					
	Assistant Finance Director:					
	Deputy Fire Chief:					
	Marketing Communications Manager:					
	Other Approval:					
	Director of Parks and Recreation:					
	Captain of Police:					
	Special Event 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.	