



# CITY OF DENTON

## SPECIAL EVENT PERMIT PARADE APPLICATION

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Special Events One-Stop Shop  
321 E. McKinney St.  
Denton, TX 76201

# CITY OF DENTON | 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  Board/Committee  School  Business  Volunteer  Individual  Other

## Event Information:

Event Name: \_\_\_\_\_ Event Date(s): \_\_\_\_\_  
 Event Location: \_\_\_\_\_ Total Event Attendance: \_\_\_\_\_

### Select all that apply:

**Applicant Booth:**  Food/Drink (distribute or sell)  Alcohol (distribute or sell)  Merchandise (distribute or sell)  
**Vendor Booths:**  Food/Drink (distribute or sell)  Alcohol (distribute or sell)  Merchandise (distribute or sell)  
**Amplified Sound:**  Live Music  DJ Music  Stage  Speech and/or Announcements  
**Activities:**  Run/Bike Race  Parade  Games/Crafts/Arts  Inflatable(s)  Carnival/Fair  
**Service Needs:**  Police Security  Fire/EMS  Street Closure(s)  Parks  Solid Waste  
**Admission:**  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

**Lead 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

**Lead Coordinator and/or Volunteer:**

Mobile Number:

**Public Security Service Provider:**

i.e. City of Denton PD, Denton County, etc.

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

**Lead Coordinator and/or Volunteer:**

Mobile Number:

**Head of Medical Support:**

i.e. Denton EMS, hospital, medical clinic, etc:

Mobile Number:

List On-site EMS and First Aid Location(s):

List Types of Fire Prevention and Suppression Devices & Vehicles:

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

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

In the event of extreme weather or other emergencies, the City of Denton 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.

**Lead Coordinator and/or Volunteer:**

Mobile Number:

Describe the Location and Functionality of the Emergency Command Post:

List Current Weather Emergency Shelters that have been Approved for this Event:

**City of Denton Police and Fire Department will have final authority and approval of your Public Safety Plan.**

# CITY OF DENTON | Parade and 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

Assemble Time:

Assemble Location:

Start Time:

Disassemble Location:

End Time:

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

Street Closure and Notification Form is required.

Estimated Number of Entries:    Participants    Vehicles    Bikes    Spectators    Animals

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

Start Closure Time:

Street(s) Closure Location:

End Closure Time:

Parking Lot Location:

Street Closure and Notification Form is required.

## Street Closure Request Questionnaire

Will there be possession or consumption of alcoholic beverages?	Yes	No	TABC permit requirement
Will your event have first aid and/or water stations on the route?	Yes	No	Site Map requirement
Will your event reuse a traffic plan from a barricade company?	Yes	No	Traffic Control Plan requirement
Will your event start and stop at two different locations?	Yes	No	Site Map requirement
Will your route cross intersections with traffic signals?	Yes	No	Traffic Control Plan requirement
Will your event have a street stage, vendors, food trucks and/or tents?	Yes	No	Site Map requirement
Will your event have live music, amplified sound, or loudspeakers?	Yes	No	Site Map requirement
Will one or more sidewalks or trails be obstructed or closed in?	Yes	No	Site Map requirement
Will your event have equipment in the street for an extended time?	Yes	No	Site Map requirement

### 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.

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

Applicant Signature:

Date:



# CITY OF DENTON | Parade and 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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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 DENTON | Additional Parade and 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 **DENTON** | Parade and Street Closure Notification Form

Applicant Name:

Event Name:

Date of Street Closure Request:

Purpose of Request:

First and Last Name	Street Address	Signature	Circle One	Absent
			Favor    Oppose	
			Favor    Oppose	
			Favor    Oppose	
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			Favor    Oppose	

All property owners, business owners, and /or tenants impacted by the Street Closure Request MUST be contacted and informed of the proposed closure and indicate their favor or opposition. If additional sheets are needed, please photocopy this form.

A Traffic Control Plan must also be presented at the time of notification. The event organizer’s business card, flier, or other notification of visit must be provided and left if the resident, business owners or tenant is absent.



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:**

**Event Security | 3-hour Minimum per Police Officer**

The rate of pay for an off-duty police officer is \$40 per hour and for a supervisor police officer is \$45 per hour. There is a 3-hour minimum for Public Safety Security requests.

**Emergency Medical Services (EMS) | 4-hour Minimum per EMS Personnel**

The rate of pay for Emergency Ambulance Standby, paramedics, patient transport, and other applicable fees are set forth in Ordinance 2010-204. There is a 4-hour minimum for EMS requests.

**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 requirements
- Estimated number of attendees
- Vehicular/pedestrian traffic conditions

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

Police Department	# of Personnel	Total Hours	Total Cost	Staff Initials
Total Off-Duty Officers @ \$40 per hour	Length of Request and/or Event	=		
Total Off-Duty Supervisors @ \$45 per hour	Length of Request and/or Event	=		
Police Escort Fee for Rolling Street Closures	Length of Request and/or Event	=		

**Total Due to the Police Department:**

Fire and Rescue	# of Personnel	Total Hours	Total Cost	Staff Initials
Total Ambulance Standby @ \$150 per hour	Length of Request and/or Event	=		
Total Paramedics on Standby @ \$60 per hour	Length of Request and/or Event	=		
Total Incident Command Officer @ \$60 per hour	Length of Request and/or Event	=		

**Total Due to the Fire and Rescue Department:**

