

**TOWN OF PECOS CITY
EVENTS & CELEBRATIONS
APPLICATION**

26-7.7 TO 7.8 Application must be returned completed to City Secretary, as per ordinance, no later than 45 days prior to event. Additional info may be requested by City up to 30 days before event. If late an additional fee will be required.

TITLE OF EVENT: _____

ORGANIZATION SPONSORING EVENT: _____

NON-PROFIT / TAX EXEMPT NO. _____

DATE(s) OF EVENT:	DAY OF WEEK:	TIMES FROM:	TIMES TO:	ESTIMATED ATTENDANCE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

26-7.9 LOCATION AND ADDRESS (A clear and complete map of the area indicating the location of all activities, vendor area and road blockages must be provided with this application):

DETAILED DESCRIPTION OF ALL ACTIVITIES OCCURRING AT THE EVENT:

TOWN OF PECOS CITY
EVENTS & CELEBRATIONS
APPLICATION

SPECIAL CONDITIONS (Check & describe if applicable):
Description, approximate number, and type of each special condition.

_____ VENDORS: _____

_____ FIRES: _____

_____ PYROTECHNICS: _____

_____ PORTABLE RESTROOMS: _____

_____ AMPLIFIED VOICES: _____

_____ TENTS / AWNINGS: _____

_____ SIGNS: _____

_____ ANIMALS: _____

_____ COOKIN ON –SITE: _____

_____ OTHER: _____

_____ OTHER: _____

STREETS/ALLEYS/SIDEWALKS TO BE BLOCKED:

BARRICADES: UP BY: _____ am / pm DOWN BY: _____ am / pm

EMERGENCY ACCESS MUST BE MAINTAINED AT ALL TIMES:

TOWN OF PECOS CITY
EVENTS & CELEBRATIONS
APPLICATION

APPLICATION FEE: \$ _____ LATE FEE: \$ _____

NON PROFIT/CHARITABLE: (circle YES or NO)

EVENT COORDINATOR: _____ DATE: _____

APPLICANT SIGNATURE: _____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

DAYTIME PHONE# _____ NIGHTTIME PHONE# _____ CELL NO: _____ FAX NO: _____
_____/_____/_____/_____

DATE APPLICATION RECEIVED: _____

CHIEF OF POLICE (CHAIR): _____ APPROVE / DISAPPROVE

COMMUNITY DEVELOPMENT DIR: _____

BUILDING INSPECTOR: _____

FIRE DEPT CHIEF: _____

PUBLIC WORKS DIRECTOR: _____

CITY MANAGER: _____ APPROVE / DISAPPROVE

COMMENTS: _____

TOWN OF PECOS CITY
EVENTS & CELEBRATION
CHECK LIST

initials

1. ____ PORTABLE TOILETS (chart in packet)
2. ____ CURFEW (if applicable)
3. ____ MUSIC LEVEL (in ordinance)
4. ____ NO ALCOHOL ON STREET
5. ____ NEIGHBORS PERMISSION
6. ____ GENERAL LIABILITY INSURANCE (to be determined)
7. ____ MAP
8. ____ SUFFICIENT PARKING
9. ____ SECURITY
10. ____ EVENT FEE
11. ____ PECOS CITY EVENT PERMIT



People Attending	EVENT DURATION										NUMBER OF UNITS NEEDED	
	1 HR	2 HRS	3 HRS	4 HRS	5 HRS	6 HRS	7 HRS	8 HRS	9 HRS	10 HRS		
0-50	1	1	1	2	2	2	2	2	2	2	2	
50-100	2	2	2	2	3	3	3	3	3	3	3	
100-250	3	3	3	3	4	4	4	4	6	6	6	
250-500	4	4	4	6	6	6	8	8	8	8	8	
500-750	4	4	6	6	6	8	8	8	10	10	10	
750-1000	6	6	6	8	8	8	12	12	12	12	12	
2000	8	8	8	8	8	12	12	12	12	16	16	
3000	8	12	15	16	18	18	18	19	20	21	21	
4000	10	16	9	22	24	25	25	27	27	28	28	
5000	12	20	24	27	29	31	32	34	35	35	35	
6000	14	24	28	33	35	37	37	39	40	41	41	
7000	17	27	34	38	41	42	46	46	47	48	48	
8000	20	32	38	44	48	50	50	50	52	54	54	
9000	22	31	42	48	51	54	54	56	58	64	64	
10000	24	39	47	54	58	62	64	66	68	72	72	

EXTRA NOTES OR COMMENTS: