



**Town of Addison**  
**Environmental Health Division**  
**16801 Westgrove Dr**  
**972-450-2880**

## SPECIAL TEMPORARY EVENT PERMIT APPLICATION

*Temporary events by Addison businesses are allowed outdoors provided all Town Codes and requirements are met. **A complete application and non-refundable fee of \$75.00 must be submitted at least 14 business days in advance of the event.***

### APPLICANT INFORMATION

Applicant Name:		Organization Name:	
Address:	City:	State:	Zip Code:
E-mail Address:		Website Address:	
Telephone Number:		Mobile Number:	
Type of Organization: <input type="checkbox"/> For profit organization <input type="checkbox"/> Individual		<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:
Proposed Address:			
Type of Event: (check all that apply) <input type="checkbox"/> Carnival <input type="checkbox"/> Fundraiser <input type="checkbox"/> Festival <input type="checkbox"/> Parade <input type="checkbox"/> Run / Walk <input type="checkbox"/> Reception		<input type="checkbox"/> Concert/Performance <input type="checkbox"/> Private Gathering <input type="checkbox"/> Sports /Recreational <input type="checkbox"/> Other: _____	
Is this a first-time event? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this event open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will food/beverages be served? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cooking outdoors? <input type="checkbox"/> Yes <input type="checkbox"/> No
Tents or canopies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the tent fire rated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will alcohol be served? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tent size? _____ x _____
Closing/ blocking /using public streets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sound equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary fencing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Using parking spaces? <input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical / Power? <input type="checkbox"/> Yes <input type="checkbox"/> No	GFCI provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Portable restrooms? <input type="checkbox"/> Yes <input type="checkbox"/> No	2 Fire extinguishers provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
How is power supplied: _____	Tent exits unobstructed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Set-up date:	Teardown date:
Time:	Time:		
Estimated Attendance:			



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***Briefly describe your event.***


***ON A SEPARATE PAGE provide a drawing to scale of the site that clearly identifies buildings, parking lots, fire lanes, entrances from public streets, location of seating areas, food, beverage, alcohol areas, tents, parking, security fencing, entertainment, etc. and SUBMIT WITH APPLICATION.***

I \_\_\_\_\_ understand this permit application for a temporary event is subject to review by the Town of Addison regarding the anticipated impact on Town resources, adjacent businesses, traffic flow, noise, and the general public. I further understand that I will be expected to adhere to the findings and recommendations that come forth from the permit application review process.

Applicant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Only:**

Date paid _____	Receipt # _____	Fee \$ _____
CASH/CHECK License # _____		
Permit Number _____	Permit Expiration Date: _____	
Reviews:		
[ ] Police		
[ ] Fire		
[ ] Zoning		
[ ] Environmental Health		
[ ] Special Events		
[ ] Building Inspections		
[ ] Code Enforcement		