

# CITY OF LOCKHART

## SPECIAL ACTIVITY PERMIT APPLICATION

**THE APPROVAL PROCESS MAY TAKE UP TO 3 BUSINESS DAYS. FAILURE TO FILE THE APPLICATION WITH THE CHIEF OF POLICE IN SUFFICIENT TIME MAY RESULT IN DENIAL OF A PERMIT FOR THIS ACTIVITY.**

TYPE OF ACTIVITY \_\_\_\_\_

DATE(S) OF ACTIVITY \_\_\_\_\_

TIMES OF ACTIVITY \_\_\_\_\_

**ACTIVITY SPONSOR (Name of the group, organization, or individual sponsoring the activity)**

NAME \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

MAILING ADDRESS \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

**APPLICANT (Name of the person who will be in charge of this activity)**

NAME \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

MAILING ADDRESS \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

D.L. # / ID. Card # \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**LOCATION OF ACTIVITY**

PHYSICAL ADDRESS \_\_\_\_\_

NAME OF PROPERTY OWNER \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

OWNER'S MAILING ADDRESS \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

**FACILITY DESCRIPTION**

WILL YOU BE USING A TENT OR AIR SUPPORTED STRUCTURE? \_\_\_\_ YES \_\_\_\_ NO

IF YES, WHAT IS THE SIZE OF THE TENT OR AIR SUPPORTED STRUCTURE? \_\_\_\_\_

IF YES, IS IT FIRE RETARDENT OR FLAME RESISTANT? \_\_\_\_ YES \_\_\_\_ NO

IF YES, DO YOU HAVE THE CERTIFICATE FOR IT? \_\_\_\_ YES \_\_\_\_ NO

DO YOU HAVE THE REQUIRED NUMBER OF THE FOLLOWING:

FIRE EXITS? \_\_\_\_ YES \_\_\_\_ NO

FIRE EXTINGUISHERS? \_\_\_\_ YES \_\_\_\_ NO

RESTROOM FACILITIES? \_\_\_\_ YES \_\_\_\_ NO

SANITATION FACILITIES? \_\_\_\_ YES \_\_\_\_ NO

WHAT AREA WILL BE USED FOR VEHICLE PARKING? \_\_\_\_\_

**ADMISSION**

IS THE ACTIVITY OPEN TO THE PUBLIC? \_\_\_\_ YES \_\_\_\_ NO

IF NOT, WHO WILL MONITOR ADMITTANCE \_\_\_\_\_

WILL AN ENTRANCE FEE BE CHARGED? \_\_\_\_ YES \_\_\_\_ NO

IF YES, HOW MUCH? \_\_\_\_\_

ESTIMATED NUMBER OF PEOPLE TO ATTEND \_\_\_\_\_

**ALCOHOLIC BEVERAGES**

WILL ALCOHOLIC BEVERAGES BE ALLOWED ON THE PREMISES?    \_\_\_\_ YES    \_\_\_\_ NO

IF SO, WHAT TYPE \_\_\_\_\_

WILL ALCOHOLIC BEVERAGES BE FOR SALE?    \_\_\_\_ YES    \_\_\_\_ NO

IF YES, DO YOU HAVE A TEMPORARY ALCOHOLIC BEVERAGE PERMIT ISSUED BY THE TEXAS ALCOHOLIC BEVERAGE COMMISSION?    \_\_\_\_ YES    \_\_\_\_ NO

IF YES, WHAT IS THE PERMIT NUMBER? \_\_\_\_\_

WHO HOLDS THE PERMIT LICENSE? \_\_\_\_\_

**FOOD**

WILL FOOD BE SOLD OR SERVED?    \_\_\_\_ YES    \_\_\_\_ NO

IF YES, WHAT TYPE OF FOODS \_\_\_\_\_

\_\_\_\_\_

WILL FOOD BE PREPARED AT THIS LOCATION?    \_\_\_\_ YES    \_\_\_\_ NO

WILL YOU BE USING HEATING OR COOKING EQUIPMENT?    \_\_\_\_ YES    \_\_\_\_ NO

IF YES, WHAT TYPE OF EQUIPMENT? \_\_\_\_\_

IS THE EQUIPMENT INSTALLED AND SECURED PROPERLY?    \_\_\_\_ YES    \_\_\_\_ NO

DO YOU HAVE A FOOD HANDLERS PERMIT?    \_\_\_\_ YES    \_\_\_\_ NO

IF YES, DATE OF ISSUE \_\_\_\_\_    DATE OF EXPIRATION \_\_\_\_\_

WILL FOOD BE CATERED?    \_\_\_\_ YES    \_\_\_\_ NO

IF YES, WHO IS THE CATERER \_\_\_\_\_

CATERER'S TELEPHONE NUMBER \_\_\_\_\_

**AMUSEMENTS**

WILL YOU HAVE ANY AMUSEMENTS?    \_\_\_\_ YES    \_\_\_\_ NO

IF YES, WHAT TYPE \_\_\_\_\_

**AMPLIFIED SOUND**

WILL AMPLIFIED SOUND BE USED (i.e., band, disc jockey, loud speaker, etc.)? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHAT TYPE? \_\_\_\_\_

DURING WHAT HOURS? \_\_\_\_\_

**NO OPERATION OR ACTIVITY SHALL AT ANY TIME ALONG ANY FACILITY PROPERTY LINE CAUSE A SOUND PRESSURE LEVEL WHICH EXCEEDS THE FOLLOWING DECIBEL LIMITS:**

<u>Frequency (Hz)</u>	<u>Maximum db level</u>
0 to 600	58
600 to 2400	50
above 2400	42

**VIOLATION OF THESE SOUND LEVELS IS A CRIME PUNISHABLE BY A FINE NOT TO EXCEED \$1000.00.**

**SECURITY**

DO YOU HAVE SECURITY OFFICERS? \_\_\_\_\_ YES \_\_\_\_\_ NO HOW MANY? \_\_\_\_\_

AGENCY PROVIDING SECURITY? \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ STATE LICENSE NUMBER \_\_\_\_\_

**SECURITY INFORMATION MUST BE REPORTED TO THE LOCKHART POLICE DEPARTMENT BEFORE THIS ACTIVITY BEGINS.**

I, the undersigned applicant, hereby affirm that I am the person who is responsible for this activity. I understand that any false or misleading statement in this application is grounds for denial of a permit, or if one has already been issued, grounds for its revocation. I also understand that I am responsible for compliance with all applicable laws and any other requirements set forth for the issuance of this permit.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**APPROVED**

POLICE OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

FIRE OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

PARKS OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

HEALTH OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

ELECTRIC OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

**DISAPPROVED**

POLICE OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

FIRE OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

PARKS OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

HEALTH OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

ELECTRIC OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

**COMMENTS / ADDITIONAL REQUIREMENTS:**

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**MUST BE SIGNED AND RETURNED WITH VENDOR'S APPLICATION  
FOOD SERVICE AT SPECIAL EVENTS**

By: HEALTH DEPARTMENT  
CITY OF LOCKHART

**FOOD BOOTH**

This Guideline for Food Service at Special Events is compiled to give patrons of those events assurance of Vendors Commitment to Food Safety.

Food booths – all food must be covered or all sides of booth must be screened at vendor's expense.

Top to repel water.

Floor that can be cleaned.

All food prepared, stored, or displayed must be in booth. **All food must be prepared on site.**

Hand wash facility shall have adequate amounts of water, soap dispenser, and towels (disposable).

If cooking utensils are used, the booth must have two containers large enough to wash the utensils: one for detergent and one for Clorox and water (one tablespoon per gallon of water). **These are not to be used for hand washing.**

All eating utensils are to be disposable (cups, knives, forks, spoons, plates).

Food preparation is to be done on nonporous surface (cutting boards of hard plastic).

There shall be a container to hold all waste water from beverages, ice, etc., and disposed of in proper manner (NOT on ground).

There must be a food thermometer in each food booth.

**Cold food must be kept at 41 degrees F or below** (potentially hazardous food [food that will spoil]).

**Hot food must be kept at 165 degrees F or over** (potentially hazardous food [food that will spoil]).

Condiments shall be in pumps, squeeze containers, self-closing lids or individually wrapped packages.

Ice for drinks is to be kept separate from ice for cooling.

Ice used for refrigeration cannot be used for consumption.

**Refrigeration large enough to hold food to 41 degrees or lower day and night** (cannot take home).

Food must be covered at all times.

If cooking – all grease to be recovered and disposed of (NOT on ground).

Store everything at least six (6) inches off the floor.

All garbage is to be in plastic-lined container with lid.

**FOOD HANDLERS**

**Must wear clean outer garments/aprons.**

**Restrain hair (hats, scarves, or hairnets).**

**Do not work if ill.**

**Wash hands each time you enter food area from eating, smoking, restroom, etc.**

**If you are handling food, you must use disposable, chemically-treated towelette.**

**Persons using tongs or individual tissues need not use gloves.**

**No smoking or eating in the booth.**

**No visitors, children, or pets are allowed in the booth.**

**COMPLIANCE IS MANDATORY**

***You must sign this document and return it with your application or the application will be denied.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date