



# CITY OF LOCKHART

## SPECIAL ACTIVITY PERMIT APPLICATION

**THIS APPLICATION MUST BE SUBMITTED TO THE LOCKHART POLICE DEPARTMENT AT 214 BUFKIN LANE, LOCKHART, TEXAS. THE APPROVAL PROCESS MAY TAKE UP TO 3 BUSINESS DAYS TO COMPLETE.**

**NOTES: FAILURE TO FILE THE APPLICATION WITH THE LOCKHART POLICE DEPT. IN SUFFICIENT TIME MAY RESULT IN DENIAL OF THE PERMIT FOR THIS ACTIVITY.**

**IN THE EVENT THERE IS A SITUATION/CONFLICT WITH THE PERMIT, YOU WILL BE CONTACTED BY A MEMBER OF LOCKHART CITY STAFF.**

**DATE RECEIVED:** \_\_\_\_\_ **BY:** \_\_\_\_\_

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

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

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

**ACTIVITY SPONSOR** (NAME OF 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: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

D.L. # / ID CARD # \_\_\_\_\_

**LOCATION OF ACTIVITY** (FACILITY TO BE USED, PARK, ETC.)

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

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

OWNERS ADDRESS: \_\_\_\_\_  
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

MAILING ADDRESS: \_\_\_\_\_  
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**FACILITY DESCRIPTION**

WILL YOU BE USING A TENT OR AN 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 RESISITANT?  YES  NO

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

DO YOU HAVE THE REQUIRED NUMBER OF THE FOLLOWING:

FIRE EXISTS?  YES  NO

FIRE EXTINGUSHERS?  YES  NO

RESTROOM FACILITITES?  YES  NO

SANITATION FACILITIES?  YES  NO

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

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**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 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? \_\_\_\_\_

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**FOOD**

WILL FOOD BE SOLD?  YES  NO

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

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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

CATERER'S PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**AMUSEMENTS**

WILL YOU HAVE ANY AMUSEMENTS?  YES  NO

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

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**AMPLIFIED SOUND**

WILL AMPLIFIED SOUND BE USED (i.e., band, disc jockey, loud speakers, etc.)?

YES  NO

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

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

NO OPERATORS 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 – 600	58
600 – 2400	50
Above 2400	42

**VIOLATION OF THESE SOUND LEVELS IS A CRIME PUNISHIBLE BY A FINE NOT TO EXCEED \$1,000.00.**

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**SECURITY**

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

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

ADDRESS: \_\_\_\_\_  
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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**POLICE DEPARTMENT**

City Use Only/Cost: \_\_\_\_\_

NUMBER OF OFFICERS REQUIRED (IF PD IS TO PROVIDE SECURITY): \_\_\_\_\_

HOURS TO BE USED: \_\_\_\_\_

**PARKS**

City Use Only/Cost: \_\_\_\_\_

NUMBER OF PARKS PERSONNEL NEEDED FOR EVENT: \_\_\_\_\_

TRASH CANS NEEDED: \_\_\_\_\_

NUMBER OF BARRICADES REQUIRED: \_\_\_\_\_

LOCATION WHERE BARRICADES ARE TO BE USED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**STREETS**

City Use Only/Cost: \_\_\_\_\_

NUMBER OF STREETS PERSONNEL NEEDED FOR EVENT: \_\_\_\_\_

NUMBER OF BARRICADES REQUIRED: \_\_\_\_\_

STREETS TO BE CLOSED: 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

PLEASE USE A SEPARATE SHEET OF PAPER TO CONTINUE STREET CLOSURES.

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 Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**APPROVED**

- POLICE OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_
- FIRE OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_
- BUILDING OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_
- PARKS OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_
- HEALTH OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_
- ELECTRICAL OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_
- PUBLIC WORKS OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

**DISSAPROVED**

- POLICE OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_
- FIRE OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_
- BUILDING OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_
- PARKS OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_
- HEALTH OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_
- ELECTRICAL OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_
- PUBLIC WORKS OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

**COMMENTS / ADDITIONAL REQUIREMENTS:**

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MUST BE SIGNED AND RETURNED WITH VENDORS 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.
- Top to repel water.
- Floors 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 to be disposable (cups, knives, forks spoons and plates).
- Food preparation to be done on nonporous surface (cutting boards of hard plastic).
- There shall be a container to hold all waste 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 individual wrapped packages.
- Ice for drinks to be kept separate from ice for cooling.
- Ice used for refrigeration can not be used for consumption.
- **Refrigeration large enough to hold food to 41 degrees or lower day and night** (can not take home).
- Food must be covered at all times.
- If cooking – all grease to be recovered and disposed of properly (**not on the ground!**)
- Store everything at least 6” off the ground.
- All garbage to be in plastic lined container with lid.

**FOOD HANDLERS**

- **Must wear clean outer garments/aprons.**
- **Restrain hair (hats, scarves or hair nets).**
- **Do not work if ill.**
- **Wash hands each time you enter food area from eating, smoking, using restroom, etc.**
- **If you are handling food, you must use disposable, chemically treated towelette.**
- **Persons using tongs or individual tissue 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.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PARK USE APPLICATION (PAVILION)**

NAME OF PERSON, GROUP OR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DATE & TIME OF ACTIVITY: \_\_\_\_\_

FACILITY TO BE USED: \_\_\_\_\_

PURPOSE OF ACTIVITY: \_\_\_\_\_

WHO WILL BE RESPONSIBLE FOR THE ACTIVITY? \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE DATE

Sec. 19-35 Revocation of Permit

A park use permit may be revoked at any time by the City Manager or his designate for reasons which may include, but are not limited to misrepresentation of information given at the time of permit application, failure to comply with conditions the permit, or assignment of the permit to another party without the prior written consent of the City Manager or his designate.

**\*\*SPECIAL NOTE: IT IS THE USER/APPLICANT'S RESPONSIBILITY TO BAG AND PLACE ALL GARBAGE IN THE NEAREST DUMPSTER TO THE PAVILION BEING USED. FAILURE TO COMPLY WITH THIS REQUIREMENT WILL FORFEIT ALL DEPOSITS AND FUTURE USE OF ANY CITY FACILITY!**

\_\_\_\_\_  
APPLICANT'S INITIALS

FOR OFFICIAL USE ONLY

APPROVED   
DISAPPROVED

\_\_\_\_\_  
(SIGNATURE OF OFFICIAL) DATE

FEES PAID: \_\_\_\_\_ DEPOSIT PAID: \_\_\_\_\_

DATE PAID: \_\_\_\_\_ DATE PAID: \_\_\_\_\_

RECEIPT # \_\_\_\_\_ RECEIPT # \_\_\_\_\_