#### City of Alamo Heights

#### **EVENT PERMIT REQUIREMENTS**

Temporary Certificate of Occupancy

	A Qualified Neighborhood Event	B Special Event	C Miscellaneous Event (anything other than A or B)	Applicant initials if provided
City of Alamo Heights Resident/Business/Non-Profit	Required	Required	Required	
Use of City Right-of-Way	Residential block parties, 4 <sup>th</sup> of July Parade only	Permitted	Not permitted	
Use of amplified sounds	8 a.m. to 8 p.m. only	8 a.m. to 8 p.m. only	8 a.m. to 8 p.m. only	
Food or Alcohol served for sale	Not permitted	Permitted (By Temporary License Only)	Not permitted	
Application and Packet Req'd	10 days prior to event	30 days prior to event	20 days prior to event	
Notice of Intent Req'd	-	45 days prior to event	-	
Permit application Req'd	Yes	Yes	Yes	
Liability Release Statement Req'd	Yes	Yes	Yes	
Cert. of Liability Insurance Req'd w/ Endorsement Form included	-	Yes <sup>1</sup>	-	
Tent Fire Retardant Certificate	Yes, if > 200 square feet	Yes, if > 200 square feet	Yes, if > 200 square feet	
Route / Event location map Req'd	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>	
Event layout Req'd	-	Yes	Yes	
Parking plan Req'd	-	Yes (if applicable)	Yes (if applicable)	
Electrical/Lighting plan Req'd	-	Yes (if applicable)	Yes (if applicable)	
Inspections Required	-	P&DS and Fire Dept.	P&DS and Fire Dept.	
Length of Event Permitted	1 day	Unlimited	1 day	
Event Fee	\$0	\$100/\$500 <sup>3</sup>	\$100	
Clean-Up Deposit (Refundable; separate check made out to 'City of Alamo Heights')	\$300	\$300	\$300	
Alamo Heights PD officers Req'd	-	Case by Case basis Hourly rate applies	Case by Case basis Hourly rate applies	
Fire Dept. Event Coverage <sup>4</sup>	-	1 per 250 guests (Any event w/ greater than 500 participants)	1 per 250 guests (Any event w/ greater than 500 participants)	
Fire Dept. & Police Equip. Rental Req'd	-	Case by Case basis \$75 per hr (Min. 2 hrs)	Case by Case basis \$75 per hr (Min. 2 hrs)	
Restrooms Req'd	-	Yes (per table below)	Yes (per table below)	
Barricades Reg'd	Case by Case basis	Case by Case basis	Case by Case basis	

<sup>&</sup>lt;sup>1</sup>For events utilizing city streets, alleys, facilities, or properties, a Certificate of Liability Insurance must be provided which indicates the City of Alamo Heights as an additional insured and must include the State of Texas required endorsement form.

#### **Portable Restroom Requirements**

People Attending	1 hr	2 hrs	3 hrs	4 hrs	5 hrs	6 hrs	7 hrs	8 hrs	9 hrs	10 hrs
1-50	1	1	1	1	2	2	2	2	2	2
50-100	2	2	2	2	2	3	3	3	3	3
100-250	3	3	3	3	4	4	4	6	6	6
250-500	4	4	4	4	6	6	8	8	8	8
500-2000	4	5	6	7	7	8	8	8	9	9
2000	6	10	12	13	14	14	14	15	15	15
3000	9	14	17	19	20	21	21	21	21	22
4000	12	19	23	25	28	28	28	30	30	30
5000	15	23	32	32	34	36	36	36	36	36

<sup>&</sup>lt;sup>2</sup>Route/event location maps must include the intended location of the start, finish, parking, restrooms, electrical supply if applicable, staff/volunteer tables along the route, and locations of proposed blocking of streets.

<sup>&</sup>lt;sup>3</sup>\$500 event application fee required for previously approved, non-Alamo Heights-based organizations for walks, runs or parades.

<sup>&</sup>lt;sup>4</sup>\$30 per hr (Min. 3 hrs)



#### City of Alamo Heights

#### **Notice of Intent**

#### [Special Events Only]

#### COMMUNITY DEVELOPMENT SERVICES DEPARTMENT

6116 Broadway, San Antonio, Texas 78209 v: (210) 826-0516 f: (210) 822-8197

I understand that this Notice must be submitted at least 45 days prior to the actual event date and hereby announce our intention to make application for a Special Event. Applicant's Name: Applicant's Organization: Applicant's Organization Address: Applicant's Phone Number: Email: Is the applicant organization a 501c3 non-profit? Yes/No If so, please attach IRS verification form Description of Special Event: Yes\_\_\_\_\_ No\_\_\_\_ How many years (including this year)?\_\_\_\_\_ Is this an Annual event? Location of Special Event: Preliminary Date of Special Event: For events held at the Alamo Heights Pool or at the Jack Judson Nature Trail parking lot, the following approval is required: The request Special Event poses a conflict with scheduling and a revised date is requested: AH Pool: Rick Shaw (210) 829-7488: YES NO Comments: Rick Shaw – AH Pool Signature Date Anticipated Event Time: Set-up Start PM/AM Event Start PM/AM Event End PM/AM The anticipated attendance for the event is: 0-100\_ 101-500 501-1000 1000+ \*\*\*Additional Alamo Heights Public Works/Police/Fire/EMS personnel and/or equipment may be required for the proposed event. Rental fees may apply\*\*\* The event will include the intent to sell, handle or distribute as follows: (Check all that apply) \_\_\_\_ off premises Α. on premises \_\_\_\_ on premises B. Liquor off premises \_\_\_\_ on premises \_\_\_\_ off premises C. Wine \_\_\_\_\_ pre-package (by manufacturer or licensed food establishment) \_\_\_\_ prepared D. Food E. Other sale or distribution:

I will sell and distribute food and/or beverages as are now or may hereafter be permitted by the laws of the United States, the State of Texas and applicable local ordinances. Temporary Food and Alcohol licenses may be required from the City of Alamo Heights, Bexar County, and/or the State of Texas.

I acknowledge that no permit will be issued until all city requirements have been met or provided. I have completed the above application and have read, understand, and agree to the above guidelines and conditions.

Applicant Signature Date



#### City of Alamo Heights

#### **Event Permits Application**

## Temporary Certificate of Occupancy PLANNING AND DEVELOPMENT SERVICES DEPARTMENT 6116 Broadway, San Antonio, Texas 78209

v: (210) 826-0516 f: (210) 822-5181

<u>PLEASE NOTE:</u> This application for events must be submitted, at least 10 days prior to the event. (20 days for Tent Events, 30 days for a Special Event) Applications submitted without required documents and/or any required fees will NOT be accepted.

☐ Qualified Neighb☐ Tent Event Only (Min. \$100 app., \$300 refundable	-	app., \$300 refundable deposit) pecial Event (\$100 or \$500*** ap	p., \$300 refundable deposit)
Address Where Event will be Held			
Company or Organization Hosting Event		Name of Property Owner	
Contact Person for Event		Owner's Contact Person	
Contact Person's Street Address		Address of Owner's Contact F	Person
City State	ZIP	City	State ZIP
Email:			
Phone # FAX #		Phone #	_FAX#
Date(s) of the Event: From///	_ To	// DAY YEAR	
Set up times for events may not be any earlier than	n 6 a.m.: Time t	his Event will occur:	
FromPM/ AM To		PM/ AM EACH DAY	
Is this an Annual event? Yes No	0	How many years (including the	nis year)?
COMPLETELY DESCRIBE THIS EVENT			
TRAFFIC & SECURITY: Will any City Streets be blocked? YES NO Will amplified sound be used? YES NO Number of people estimated that are likely to atten Number of parking spaces available:(ON SITE) parking spaces on site plan.)	Please desc id: Guests	SCrev	vcation and number of accessible
FOOD & ALCOHOL:  Will food be prepared on site? YES NO  Will food be served on site? YES NO  Will alcoholic beverages be sold for consumption of TENTS:	If yes, Please I	ist:	
Will a tent(s) be erected on the site? YES	_ NO	If yes, the specify the size L	W
Printed Name	Signature		Date//
***\$500 event application fee required for previously approved,	non-Alamo Heights-	based organizations for walks, runs or p	parades.

### **Liability Release Statement**

Event address or location:	
Proposed Event Date:	
and hold harmless the City of Alamo Heights, and expenses, including reasonable attorned agents and employees may incur by reason Alamo Heights relating to the activities descri	, as the applicant for the above referenced special application and/or issuance, to protect, defend, indemnify it's officers, agents and employees, from all liability, loss eys fees, that the City of Alamo Heights, it's officers of the special event, and all acts taken by the City of bed in the permit documents, including but not limited to spections, approval of the event and any issuance of
	, as the applicant for the above referenced specially lived within the proposed special event shall be required ent. Said statement must include the city in the waiver of
	hts will rely upon the execution of this indemnity as a event permit, and would not issue the permit but for the
Signature of applicant	Signature of applicant
Contact Address	Contact Address
Phone	Phone
Date	 Date

# **Event Permits Department Sign-Off**Temporary Certificate of Occupancy

OF	FICE USE ONLY	
Application packet sent to each department below:	(Date)	By:(Name)
Address of request:		<del>-</del>
Description of Event:		
Dates of Event: From: To:		_
☐ Police Department – Rick Pruitt – 832-2200		Fees Due:
Approved:YesNo Date:	Comments:	
☐ Fire Department – Allen Ottmers – 832-2244		Fees Due:
Approved:YesNo Date:	Comments:	
Public Works – Moises Cardenas – 832-2252  Approved:YesNo Date:	Comments:	Fees Due:
Planning and Development Services Department -  Approved:YesNo Date:		
Administration – Marian Ramirez – 882-1508  Approved:YesNo Date:	Comments:	Fees Due:

\*\*\*\*Please provide comments in the 'Special Events log' (N:\Shared Forms\Special Events) or return this form to the Planning and Development Services Department within 5 business days.\*\*\*\*