

Application for Amusement Permit

City of Devine

* Provide as much information as possible. Call the City of Devine at 830-663-2804 if you have any questions.

- NOTICE -

City Ordinance only allows Carnivals to be operated by or on behalf of local non-profit organizations to raise funds for charitable purposes or for the maintenance of a non-profit organization or corporation as defined in the Texas Civil Statutes. Operating hours are limited to 6pm to 12pm each day of the event. Security (Certified Law Enforcement Personnel) must be provided by the applicant during all hours of operation as deemed adequate by the Chief of Police of the City of Devine. All rides, booths and equipment must be inspected prior to operation. The sale of food items may require additional licenses or permits from the Medina County Health & Sanitation Department or the Department of State Health Services. This application must be submitted at least 30 days prior to the operation date.

I. Event Information:

1. Address(es) where event to be held: _____
2. Proposed Operation Start Date and Time: Date: _____ Time: _____ AM / PM
3. Proposed Operation End Date and Time: Date: _____ Time: _____ AM / PM
4. Are any street closures desired for event? *YES / NO
(*If YES, contact the Devine Police Department regarding Temporary Street Closure Permit.)

II. Building / Property Owner Information:

2. Name (Contact Person): _____
3. Company Name: _____
4. Mailing Address: _____
5. Daytime Phone No: _____

III. Non-profit Organization Information (Sponsor of event):

1. Name (Contact Person): _____
2. Organization Name: _____
3. Mailing Address: _____
4. Daytime Phone No: _____

IV. Event Manager & Emergency Contact Information

1. Name (Contact Person): _____
2. Daytime Phone No: _____
1. Alternate Contact Person: _____
2. Daytime Phone No: _____

V. Carnival Owner Information:

1. Owner Name : _____
2. Company Name: _____
3. Mailing Address: _____
4. Daytime Phone No: _____

VI. Carnival / Amusement Insurance Information:

1. Company Name: _____
2. Agent Name (if Applicable): _____
3. Mailing Address: _____
4. Daytime Phone No: _____
Submit proof of liability insurance coverage to the City of Devine.

VII. List of Rides, Booths, and Games to be set-up:

Name or Description	Type: (Ride / Game / Booth)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Name or Description (cont'd.)	Type: (Ride / Game / Booth)
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

If more room is needed, attach s list to this application.

I, the undersigned, hereby certify that the information contained in this application is true and correct to the best of my knowledge.

I understand that by completing this application, I am requesting a permit to be issued and an inspection to be conducted to determine that this event will be in compliance with any applicable laws, ordinances, rules and/or regulations.

I understand that this application does not guarantee the issuance of a permit, or that an inspection will be conducted, due to any non-compliance with any regulations which would prohibit this event. Some approvals, such as variances may need to be granted prior to issuance of this permit which could take several weeks to get approved.

I understand that I may be required to provide additional information not included on this application, and that research may need to be done in certain situations, to verify compliance with any applicable laws, ordinances, or regulations. I understand that I may appeal any decision made by any member of the staff of the City of Devine to the Devine Planning and Zoning Commission and/or the Devine City Council as applicable.

Signature of Applicant

Date

Signature of Sponsor

Date

Signature of Carnival Owner or Event Manager

Date

Application Received By: _____ on _____, 20____
City Staff Signature Month Day Year