	<b>Event or Temporary Display Permit Application</b>	
	Form Number	CLCWA-EGC-0001
	Date / Revision #	12/10/2020 / Revision 1


**A permit is required for use of Exploration Green for any large gathering of people, festivals, parades, fun runs, galas, marches, or celebrations if more than 20 people will congregate for any reason.**

**Section 1: Event/Display Name and Sponsoring Organization**

Event or Display Name:	
Organization/Business Name:	
Applicant/Authorized Agent Name:	
Organization Type	<input type="checkbox"/> Nonprofit <input type="checkbox"/> For Profit    Tax ID:
Organization/Business Address:	
City/State/Zip Code	
Telephone Number	
Primary Contact	
Primary Contact Telephone	
Primary Contact e-mail	

**Section 2: Event Type and Timing**

Event/Display Start Date:		Event/Display Start Time:	
Event/Display End Date:		Event/Display End Time:	
Event Type: (mark all that apply)	<input type="checkbox"/> Temporary Display <input type="checkbox"/> Run <input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Skate <input type="checkbox"/> Festival	<input type="checkbox"/> Fair <input type="checkbox"/> Demonstration <input type="checkbox"/> Expressive Event <input type="checkbox"/> Rally <input type="checkbox"/> Private Event <input type="checkbox"/> Other (please explain below)	

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Describe the Display or Event <sup>1</sup> :	<hr/> <hr/> <hr/>
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<sup>1</sup> The Clear Lake City Water Authority reserves the right to (a) impose time, place and manner restrictions on displays and events in accordance with applicable law, and (b) deny applications if it deems the display or event will contain obscene or defamatory language that is false and intended to harm the reputation of another or contain speech that actively incites imminent lawless actions. The Exploration Green Conservancy implements the policies set forth by the CLCWA.

**If the Event Type is Temporary Display, stop here and continue to page 4. Continue form below for all other types of events.**

**Section 3: Event Details**

Pre-event Set-up Date/Time	
Post-event Take Down Date/Time	
Estimated Event Size	
Expected Number of Staff/Volunteers	
Expected Number Participants	
Event Day(s) On-site Contact (if different from Primary Contact)	
Event Day(s) On-site Contact Cell	
Structures	Check all structural elements that apply: <input type="checkbox"/> Tent(s) <input type="checkbox"/> Booth(s) <input type="checkbox"/> Table(s) <input type="checkbox"/> Chair(s) <input type="checkbox"/> Stage(s) <input type="checkbox"/> Power Generator(s) <input type="checkbox"/> Other (Describe) _____


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Entertainment <sup>2</sup>	<input type="checkbox"/> Amplified Sound/Public Address (PA) System <sup>2</sup> <input type="checkbox"/> Performers <input type="checkbox"/> Band <input type="checkbox"/> Inflatables <input type="checkbox"/> Children's Activities <input type="checkbox"/> Other: _____
Portable Toilets <sup>3</sup>	Indicate the number of standard and ADA Accessible portable toilets your event has: _____ ADA _____ Standard
Event Clean-up	_____ (INITIAL): By initialing here, the applicant organization is expected to clean up the portions of Exploration Green used for the event. Exploration Green charges a \$250 deposit for clean-up and damages. The deposit is fully refundable following the event provided there is no trash left behind or significant damage to the natural habitat.
Food/Beverages <sup>4</sup>	Please check all food/beverage elements that apply: <input type="checkbox"/> Sale of food/non-alcoholic beverages <input type="checkbox"/> Distribution of food/non-alcoholic beverages
Event Insurance	_____ (INITIAL): By initialing here, the applicant/authorized agent understands that he/she is required to furnish event insurance. Event Insurance must be general liability coverage for not less than one million dollars (\$1,000,000.00) naming the Clear Lake City Water Authority as an additional insured and including a waiver of subrogation or waiver of right of recovery for all event dates including set-up and operation. Please include this information in all insurance documentation.

<sup>2</sup> Sound and Noise-related Equipment requires a daily permit from the City of Houston. The applicant/organization is responsible for applying for the permit and assuring compliance with its requirements.

<sup>3</sup> Exploration Green has no plumbing facilities. The applicant is responsible for portable toilets for the event.

<sup>4</sup> Food service requires a permit from the City of Houston. The applicant/organization is responsible for applying for the permit and assuring compliance with its requirements.

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Indemnification	_____ (INITIAL): By initialing here, the applicant/authorized agent and any other persons on whose behalf the application is made must covenant and agree in writing that they will, jointly and severally, indemnify and hold the Clear Lake City Water Authority and Exploration Green Conservancy harmless against liability for any and all claims, judgments and associated legal expenses and costs and for claims and litigation arising out of the special event including, but not limited to, those for damage to property or injury to or death of persons.
Event Security	_____ (INITIAL): By initialing here, the applicant/organization agrees to pay the cost of providing uniformed certified peace officers when required by the permit.
Event Notification	_____ (INITIAL): By initialing here, the applicant/authorized agent understands that he/she may be required serve notices to residents and/or businesses in and around the area where the event will be conducted and to furnish evidence thereof to the CLCWA.

**Requester acknowledges that the Exploration Green Conservancy or the Clear Lake City Water Authority has no legal liability for the permit process or injury/damage during the event.**

**I have read and agree to abide by the attached published rules for use of Exploration Green.**

**Signature of permit requester:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*FOR EGC/CLCWA USE ONLY:*

Permit approval effective date: \_\_\_\_\_

Additional permit requirements: \_\_\_\_\_

Approved by authorized EGC Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by CLCWA Representative: \_\_\_\_\_ Date: \_\_\_\_\_