



**SPECIAL EVENT APPLICATION  
(FOR RUN/WALK EVENTS)**

***SUBMIT THIS APPLICATION NOT LESS THAN 60 DAYS PRIOR TO THE EVENT***

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1. Date of the Event: \_\_\_\_\_
  2. Times of the Event: (Start) \_\_\_\_\_ (End) \_\_\_\_\_
  3. Time at which persons of the event will begin to assemble at any areas: \_\_\_\_\_
  4. Location and route of the Event: \_\_\_\_\_  
(Indicate the approved route by the City of Pharr)
  5. General Description of the Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  6. Local Representatives, Owners, and/or Chairman of the organization associated with the Activity:  
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  7. Adequacy of the location of the start and end line:  
\_\_\_\_\_  
\_\_\_\_\_
  8. Maximum number of people expected to attend: \_\_\_\_\_ (Attendance shall be limited to that number)
  9. Description of the plan that will govern any and all event and activity parking and locations used solely for parking:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Description of the plan that will govern any and all fire, smoke, traffic, food preparation and sales, parking, and security hazards and prevention:

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11. Description of the plan that will govern any and all clean-up procedures for the entire event that comply with legal and established standards of sanitation and health and prevention:

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12. Description of all preparations made to provide adequate medical and nursing care for said event:

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13. Description of all preparations being made to protect the physical safety of people attending said event (please indicate whether sponsor has spoken with the Police Department regarding said event):

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14. Documentation required for processing of application per Pharr City Ordinance:

- a) A non-refundable application fee of \$500.00 shall accompany this application.
- b) A copy of the general and/or special liability insurance policy and declarations and/or bonds (\$1,000,000) covering event and activity personnel, visitors, invitees, and participants.

I, \_\_\_\_\_, Representative/Owner/Chairman, hereby agree to abide by any and all City Ordinances including but not limited to the City of Pharr Ordinance No. O-2017-21 and I hereby acknowledge that I have read Ordinance No. O-2017-21.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Representative/Owner/Chairman

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**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Application shall be subject to review by the following departments:

( ) approved                      ( ) denied                      ( ) approved                      ( ) denied

\_\_\_\_\_  
Director of Public Works Department

\_\_\_\_\_  
Parks & Recreation

( ) approved                      ( ) denied                      ( ) approved                      ( ) denied

\_\_\_\_\_  
Fire Chief

\_\_\_\_\_  
Police Chief

( ) approved                      ( ) denied                      ( ) approved                      ( ) denied

\_\_\_\_\_  
City Attorney

\_\_\_\_\_  
City Manager