

Houston Livestock Show and Rodeo

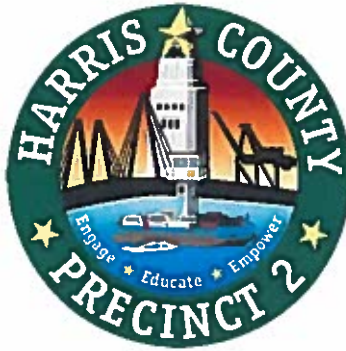
Houston Metro Go Texan Committee

Jacinto City/Galena Park Subcommittee

Fee Schedule 01/2023:

1. 40x40 space \$150
2. 1 Day vendor pass \$50
3. 2 Day vendor pass \$100
4. Additional Dutch oven buy-in \$15
5. Additional drink buy-in \$15
6. Standard Portable Toilet \$105
7. ADA Accessible Portable Toilet \$120
8. Handwash Station \$175

JAN
13-14
2023



Jan
13-14
2023

Special Event Application

Harris County Precinct 2

Parks & Trails Department

7330 Spencer Highway

Pasadena, TX 77505

Office: (713) 274-2222

Can plus
part-a- parties
on fallouts
Monday?

On Thursdays
when can the
blocks off?
park's lot?

Harris County Precinct 2 SPECIAL EVENT APPLICATION

7330 Spencer Hwy. Pasadena, TX 77505 OFFICE: (713) 274-2222



EVENT INFORMATION / SUMMARY – ATTACHMENT A

EVENT TITLE: HMGT JC/GP Wallisville cookoff

EVENT DATE(S): January 13-14 2023

EVENT CATEGORY: ☐ RUN / WALK* ☐ STREET FAIR / FESTIVAL ☐ PARADE / PROCESSION
☐ BIKE TOUR / RACE* ☒ COMMUNITY EVENT ☒ OUTDOOR EXHIBIT
☒ COOKING CONTEST ☐ CIRCUS / CARNIVAL ☐ OTHER: _____

* PLEASE BE AWARE IF YOU ARE HAVING A RUN/WALK, BIKE TOUR/RACE, OR ANY OTHER EVENT HARRIS COUNTY PRECINCT 2 DEEMS APPLICABLE, YOU WILL BE REQUIRED TO PLACE AT LEAST ONE DIGITAL MESSAGE BOARD ALERT SIGN WITHIN THE ROUTE AREA NOTIFYING THE COMMUNITY OF THE EVENT ONE WEEK PRIOR TO YOUR EVENT.

DESCRIPTION OF EVENT: Fundraising event hosted HLSR subcommittee Houston Metro Go Texan
Jacinto City /Galena Park for local senior scholarships monie

ANTICIPATED ATTENDANCE: TOTAL: 400 PER DAY: _____
TOTAL NUMBER OF PEOPLE EXPECTED, INCLUDING SPECTATORS AND PARTICIPANTS

ANTICIPATED PARTICIPANTS: TOTAL: 120 PER DAY: _____
TOTAL NUMBER OF REGISTRANTS (OR FLOATS/UNITS IF PARADE/PROCESSION)

SETUP BEGINS: DATE: Thurs 12th TIME: 6pm (AM / PM)
EVENT STARTS: DATE: Fri 13th TIME: 8am (AM / PM)
EVENT ENDS: DATE: Sat 14th TIME: 11pm (AM / PM)
DISMANTLE: DATE: Sun 15Th TIME: 3pm (AM / PM)

EVENT LOCATION(S): pavaillion and county parking lot
we will also need access to the room for judging and the restrooms that are on site .

STAGING LOCATION(S): _____

PLEASE LIST ANY STREET(S) OR LANE(S) REQUIRING CLOSURE AS A RESULT OF THIS EVENT. PLEASE INCLUDE STREET NAME(S), AS WELL AS A DATE AND TIME FOR THE CLOSING AND REOPENING OF EACH:

Harris County Precinct 2 SPECIAL EVENT APPLICATION

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EVENT INFORMATION / SUMMARY – ATTACHMENT A (CONTINUED)

HAVE WE APPROVED THIS EVENT IN THE PAST?:

☒

Yes

☐

No

IF YES, ARE THERE ANY CHANGES FROM PRIOR YEARS? HOW MANY YEARS HAVE YOU BEEN HOLDING THIS EVENT?:

38 years we have held event prior to cov

SITE PLAN / ROUTE MAP

YOUR EVENT SITE PLAN / ROUTE MAP SHOULD BE SUBMITTED WITH THIS APPLICATION AND INCLUDE BUT NOT BE LIMITED TO:

- ☐ AN OUTLINE OF THE ENTIRE EVENT VENUE INCLUDING THE NAMES OF ALL STREETS OR AREAS THAT ARE PART OF THE VENUE AND THE SURROUNDING AREA. IF THE EVENT INVOLVES A MOVING ROUTE OF ANY KIND, INDICATE THE DIRECTION OF TRAVEL AND ALL STREET OR LANE CLOSURES.
- ☐ THE LOCATION OF FIRST AID FACILITIES AND AMBULANCES.
- ☐ THE LOCATION OF ALL STAGES, PLATFORMS, CANOPIES, BOOTHS, PORTABLE TOILETS, COOKING AREAS, TRASH CONTAINERS AND DUMPSTERS, GENERATORS, FENCING, BARRIERS OR ANY OTHER TEMPORARY STRUCTURES.
- ☐ ENTRANCE AND EXIT LOCATIONS FOR OUTDOOR EVENTS THAT ARE FENCED OR ENCLOSED.
- ☐ IDENTIFICATION OF ALL EVENT COMPONENTS THAT MEET ACCESSIBILITY STANDARDS.
- ☐ OTHER RELATED EVENT COMPONENTS NOT LISTED ABOVE.

IMPORTANT PLEASE REMEMBER THAT A MINIMUM OF TWENTY FEET (20') IS REQUIRED FOR EMERGENCY VEHICLE/PERSONNEL ACCESS. PLEASE REFRAIN FROM ADVERTISING OR PUBLICIZING EVENT MAPS AND/OR ROUTES UNTIL YOU HAVE RECEIVED NOTIFICATION THAT THE MAPS AND/OR ROUTES HAVE BEEN FORMALLY APPROVED.

CONTACTS

HOST ORGANIZATION: Houston Metro Go Texan Jacinto City Galena Park

PUBLIC CONTACT (*REQUIRED*) **NAME:** Anita Hinojosa Garza

TELEPHONE: 409-797-2333

EMAIL (IF YOU WISH TO PROVIDE IT): _____

NON-PUBLIC CONTACT

NAME: _____

(IF DIFFERENT THAN PUBLIC CONTACT)

TELEPHONE: _____

MEDIA CONTACT

NAME: _____

(IF DIFFERENT THAN PUBLIC CONTACT)

TELEPHONE: _____

THE APPLICANT ACKNOWLEDGES AND AGREES TO ALLOW HARRIS COUNTY PRECINCT 2 TO PUBLISH THE CONTACT PERSON AND MEDIA REFERRAL TELEPHONE NUMBERS ON THE INTERNET IN CONJUNCTION WITH THE CALENDAR OF UPCOMING EVENTS ON Harris County Precinct 2 WEBSITE. IF YOU HAVE A WEBSITE AND WOULD LIKE US TO LINK THROUGH OUR CALENDAR, PLEASE PROVIDE THE INTERNET ADDRESS BELOW.

EVENT WEBSITE/HOME PAGE: _____

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APPLICANT & HOST ORGANIZATION INFORMATION – ATTACHMENT B

REQUIRED A WRITTEN COMMUNICATION FROM THE CHIEF OFFICER OF THE HOST ORGANIZATION AUTHORIZING THE APPLICANT AND/OR PROFESSIONAL EVENT ORGANIZER TO APPLY FOR THIS SPECIAL EVENT PERMIT ON THEIR BEHALF MUST BE SUBMITTED WITH YOUR PERMIT APPLICATION.

HOST ORGANIZATION: _____

CHIEF OFFICER OF HOST ORGANIZATION: _____

APPLICANT NAME: _____

ADDRESS: STREET: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: MAIN: _____ ALTERNATE: _____

EMAIL: _____

ORGANIZATION STATUS / PROCEEDS / REPORTING – ATTACHMENT C

DOES YOUR EVENT TAKE PLACE ON A CITY STREET OR RIGHT-OF-WAY?

☐ YES

☐ NO

IF YES, WILL THERE BE AN ENTRY FEE FOR YOUR EVENT?

(THIS INCLUDES CHARGING ADMISSION TO ENTER AN AREA OR CHARGING A REGISTRATION FEE TO PARTICIPANTS)

☐ YES

☒ NO

IS YOUR ORGANIZATION CONSIDERED "TAX EXEMPT / NON-PROFIT"?

☒ YES

☐ NO

***REQUIRED* IF YES,** PLEASE ATTACH TO THIS APPLICATION A COPY OF YOUR IRS 501(C) TAX EXEMPTION LETTER PROVIDING PROOF AND CERTIFYING YOUR CURRENT TAX EXEMPT, NONPROFIT STATUS.

ESTIMATED GROSS RECEIPTS*:

\$ 20,000.00

*PLEASE INCLUDE TICKET, ENTRY, VENDOR, PRODUCT & SPONSORSHIP SALES FROM THIS EVENT & EXPLAIN HOW THIS AMOUNT WAS COMPUTED:
the calculation amount gathered from cook team entry fee to compete, donations, and auction revenue.

ESTIMATED EXPENSES FOR THIS EVENT:

\$ 6350.00

PROJECTED REVENUE OR NET DOLLAR AMOUNT

THE HOST ORGANIZATION WILL RECEIVE FROM THIS EVENT:

\$ 13650.00

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SECURITY PLAN – ATTACHMENT D

Security is required for all events providing alcohol and/or number of guests exceeding 61 people. See chart below for charges and number of officers required. A minimum of four hours will be paid to each officer for events requiring security. Charges will be assessed on an hourly basis and paid in cash to the officers on duty at the start of the event. It is imperative that you provide an accurate number of guests attending the function. Additional guests may not be allowed in the building if adequate security is not available. If your crowd exceeds the amount reflected on your contract, additional security will be called and upon arrival, the excess crowd will be allowed into the facility at that time.

A four hour minimum charge is required for all officer

People	Without Alcohol	With Alcohol
0-60	0 Officers	1 Officer
61-100	1 Officer	2 Officers
101-200	2 Officers	2 Officers
201-300	3 Officers	3 Officers
301-400	4 Officers	4 Officers
401-500	5 Officers	5 Officers

SECURITY CHARGES \$35.00 per hour per officer

	1 Officer	2 Officers	3 Officers	4 Officers	5 Officers
4 Hours	\$140	\$140x2=\$280	\$140x3=\$420	\$140x4=\$560	\$140x5=\$700
5 Hours	\$175	\$175x2=\$350	\$175x3=\$525	\$175x4=\$700	\$175x5=\$875
6 Hours	\$210	\$210x2=\$420	\$210x3=\$630	\$210x4=\$840	\$210x5=\$1,050
7 Hours	\$245	\$245x2=\$490	\$245x3=\$735	\$245x4=\$980	\$245x5=\$1,225
8 Hours	\$280	\$280x2=\$560	\$280x3=\$840	\$280x4=\$1,120	\$280x5=\$1,400
9 Hours	\$315	\$315x2=\$630	\$315x3=\$945	\$315x4=\$1,260	\$315x5=\$1,575
10 Hours	\$350	\$350x2=\$700	\$350x3=\$1,050	\$350x4=\$1,400	\$350x5=\$1,750

MEDICAL PLAN – ATTACHMENT E

YOU MAY BE REQUIRED TO HAVE A MEDICAL PLAN FOR YOUR EVENT. IF YOU HAVE NOT ALREADY ARRANGED FOR FIRST AID STAFFING OR HIRED A CERTIFIED MEDICAL ORGANIZATION TO HANDLE THIS EVENT, YOU WILL HAVE THE OPPORTUNITY TO HIRE THE NEAREST AMBULANCE AUTHORITY (EMS). MORE INFORMATION IS AVAILABLE UPON REQUEST.

WILL YOU OR HAVE YOU HIRED EMS?

☐

YES

☒

NO

WILL YOU OR HAVE YOU HIRED A CERTIFIED MEDICAL ORGANIZATION?

☐

YES

☒

NO

***REQUIRED* IF YES:** MEDICAL ORGANIZATION: _____

ADDRESS: STREET: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____

BUSINESS PHONE: _____ EMAIL: _____

PLEASE DESCRIBE OR ATTACH THE ARRANGEMENTS YOU HAVE MADE FOR FIRST AID STAFFING & EQUIPMENT:

IF NO TO EITHER QUESTION, PLEASE EXPLAIN YOUR PLAN IN THE EVENT OF A MEDICAL SITUATION AT YOUR EVENT:

911 will be called in event of emergency . There will be walkway openings for access to the event .

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ACCESSIBILITY PLAN – ATTACHMENT F

THIS CHECKLIST SERVES AS A PLANNING GUIDELINE AND MAY NOT BE INCLUSIVE OF ALL CITY, COUNTY, STATE AND FEDERAL ACCESS REQUIREMENTS. IT IS THE APPLICANT'S RESPONSIBILITY TO COMPLY WITH ALL ACCESSIBILITY REQUIREMENTS APPLICABLE TO THIS EVENT. YOU MAY ATTACH MORE DETAILED INFORMATION IF NECESSARY.

WILL THERE BE A CLEAR PATH OF TRAVEL THROUGHOUT YOUR EVENT VENUE?

☒

YES

☐

NO

PLEASE DESCRIBE:

walk ways between the 3 rows of tents (map to be included) closer tom date of event

HAVE YOU DEVELOPED A DISABLED PARKING AND/OR TRANSPORTATION PLAN (INCLUDING THE USE OF PUBLIC TRANSPORTATION OR SHUTTLE SERVICES) FOR YOUR EVENT?

☒

YES

☐

NO

PLEASE DESCRIBE:

parking lot attendantsfor easy navigation and directio

WILL YOUR EVENT INVOLVE THE USE OF A PARKING AND/OR SHUTTLE PLAN?

☒

YES

☐

NO

PLEASE DESCRIBE:

committee members helping traffic flow and lot for easy navigation and direction.

IS YOUR EVENT TAKING PLACE AT NIGHT AND WHILE OUTDOORS?

☒

YES

☐

NO

IF YES, PLEASE DESCRIBE HOW THE EVENT AND SURROUNDING AREA WILL BE ILLUMINATED TO ENSURE THE SAFETY OF THE PARTICIPANTS AND SPECTATORS:

the use of the parking lot lights , each tent will be responsible for additional lightin

REQUIRED UNLESS THE APPLICANT CAN SUBSTANTIATE THE AVAILABILITY OF BOTH ADA ACCESSIBLE AND NON-ACCESSIBLE FACILITIES IN THE IMMEDIATE AREA OF THE EVENT SITE AVAILABLE TO THE PUBLIC DURING THE EVENT, THE COUNTY WILL DETERMINE THE TOTAL NUMBER OF PORTABLE TOILET FACILITIES ON A CASE-BY-CASE BASIS.

DO YOU PLAN TO USE PERMANENT AND/OR PORTABLE TOILET FACILITIES AT YOUR EVENT?

☒

YES

☐

NO

IF YES:

TOTAL NUMBER OF PERMANENT TOILET FACILITIES:

LOCATED AT: on premise restrooms near pavillion area

TOTAL NUMBER OF PORTABLE/TEMPORARY TOILET FACILITIES:

35

TOILET FACILITY COMPANY:

UNITED SITE SERVICES, Inc.

TOILET FACILITY COMPANY CONTACT NUMBER:

832-588-5913E: derek.meehan@unitedsiteservices.com

TOTAL NUMBER OF ADA ACCESSIBLE TOILET FACILITIES:

1 plus cook teams have opportunity to have additional

A MINIMUM OF 10% OF THE TOILET FACILITIES AT YOUR EVENT SHOULD BE ADA ACCESSIBLE.

IF NO:

PLEASE EXPLAIN:

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ENTERTAINMENT & RELATED ACTIVITIES – ATTACHMENT G

ARE THERE ANY MUSICAL ENTERTAINMENT FEATURES RELATED TO YOUR EVENT?

☐

YES

☐

NO

WILL SOUND AMPLIFICATION BE USED?

☐

YES

☐

NO

IF YES:

PLEASE COMPLETE THE FOLLOWING INFORMATION OR PROVIDE AN ATTACHMENT LISTING ALL BANDS AND /OR PERFORMERS, TYPE OF MUSIC, SOUND CHECK AND PERFORMANCE SCHEDULE.

NUMBER OF STAGES: Stages if used in individual tented are

NUMBER OF PERFORMERS / BANDS: Not known

PERFORMER(S) / BAND NAME & MUSIC TYPE: Ea cook team may have a DJ or live music , some may opt out ,

the entertainment is not schedules or provided by committee

PERFORMANCE DATE(S): Jan 13 and Jan 14th 2023

START TIME: varies (AM / PM) FINISH TIME: 11pm (AM / PM)

WILL SOUND CHECKS BE CONDUCTED PRIOR TO THE EVENT?

☒

YES

☐

NO

IF YES: START TIME: _____ (AM / PM) FINISH TIME: _____ (AM / PM)

PLEASE DESCRIBE THE SOUND EQUIPMENT THAT WILL BE USED: ea cook team will be responsible for the entertainment set up in their tent area if they choose to have entertainment .

WILL INFLATABLES, HOT AIR BALLOONS OR SIMILAR DEVICES BE USED AT YOUR EVENT?

☐

YES

☒

NO

IF YES, PLEASE DESCRIBE: _____

WILL ANY FIREWORKS, ROCKETS, LASERS, OR OTHER PYROTECHNICS BE USED AT YOUR EVENT?

☐

YES

☒

NO

IF YES, PLEASE DESCRIBE: _____

WILL ANY SIGNS, BANNERS, DECORATIONS, OR SPECIAL LIGHTING BE USED AT YOUR EVENT?

☒

YES

☐

NO

IF YES, PLEASE DESCRIBE: tent decorations and sponsorship banners and additional public signage

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CONCESSIONAIRES / VENDORS – ATTACHMENT H

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WILL YOUR EVENT INVOLVE THE SALE OF ALCOHOLIC BEVERAGES?

☐ YES

☐ NO

IF YES, PLEASE DESCRIBE: _____

IMPORTANT GLASS CONTAINERS ARE STRICTLY PROHIBITED. THE APPLICANT ALONE IS RESPONSIBLE FOR ENSURING THE SAFE SALE OR DISTRIBUTION OF ALCOHOL AT THE EVENT, AND FOR COMPLIANCE WITH ALL APPLICABLE LAWS, RULES, AND REGULATIONS; HARRIS COUNTY PRECINCT 2 ASSUMES NO RESPONSIBILITY FOR ESTABLISHING COMPLIANCE OF TEXAS ALCOHOLIC BEVERAGE COMMISSION (TABC) PROCEDURES AND REQUIREMENTS.

DOES YOUR EVENT INCLUDE FOOD CONCESSIONS?

☒ YES

☐ NO

IF YES, PLEASE BE AWARE YOU WILL BE REQUIRED TO OBTAIN A PERMIT FROM THE HARRIS COUNTY HEALTH DISTRICT IF YOU INTEND TO SELL FOOD OF ANY KIND. PLEASE DESCRIBE OR ATTACH A DETAILED DESCRIPTION OF WHAT TYPE OF FOOD IS INVOLVED AND HOW IT WILL BE SERVED:

DOES YOUR EVENT INCLUDE FOOD PREPARATION AREAS?

☒ YES

☐ NO

IF YES, PLEASE DESCRIBE OR ATTACH A DETAILED DESCRIPTION OF HOW THE FOOD WILL BE PREPARED:

Each cook team will have a prep area to cook for competition

DO YOU INTEND TO COOK FOOD IN THE EVENT AREA?

☒ YES

☐ NO

IF YES, PLEASE SPECIFY METHOD:

☐ GAS

☐ ELECTRIC

☐ CHARCOAL

☐ OTHER

IF OTHER, PLEASE DESCRIBE: _____

WILL ITEMS OR SERVICES BE SOLD AT YOUR EVENT?

☒ YES

☐ NO

IF YES, PLEASE DESCRIBE: crafts and food vendors in general public area and public auction

SANITATION & RECYCLING – ATTACHMENT I

REQUIRED THE APPLICANT IS RESPONSIBLE FOR PROPER DISPOSAL OF WASTE AND GARBAGE THROUGHOUT THE TERM OF YOUR EVENT. A **CLEAN-UP DEPOSIT IS REQUIRED**. IF THE EVENT AREA IS RETURNED TO A CLEAN CONDITION IMMEDIATELY UPON CONCLUSION OF YOUR EVENT, YOU ARE ELIGIBLE TO RECEIVE THIS DEPOSIT BACK.

NUMBER OF TRASH CANS: 38

NUMBER OF TRASH CANS WITH LIDS: _____

NUMBER OF DUMPSTERS WITH LIDS: 2

NUMBER OF RECYCLING CONTAINERS: _____

[^] ***REQUIRED*** ONE (1) FOR EVERY INCREMENT OF 400 PEOPLE.

SANITATION COMPANY: _____ CONTACT NUMBER: _____

PLEASE DESCRIBE OR ATTACH A DETAILED DESCRIPTION OF YOUR PLAN FOR CLEAN-UP AND REMOVAL OF WASTE AND GARBAGE DURING AND AFTER THE EVENT: Traditionally county staff monitor and clean grounds during event. The committee supplies roll off dumpster for event. the committee also cleans grounds on Sunday after event.

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MARKETING & MITIGATION OF IMPACT – ATTACHMENT J

PLEASE DESCRIBE YOUR PLAN(S) TO NOTIFY ALL RESIDENTS, BUSINESSES, PLACES OF WORSHIP, SCHOOLS, AND OTHER ENTITIES IN THE COMMUNITY THAT MAY BE IMPACTED BY YOUR EVENT:

public flyer

IMPORTANT PLEASE KEEP IN MIND THAT IF YOU ARE HOSTING A RUN/WALK, BIKE TOUR/RACE, OR ANY OTHER EVENT Harris County Precinct 2 DEEMS APPLICABLE, YOU WILL BE REQUIRED TO PLACE AT LEAST ONE DIGITAL MESSAGE BOARD ALERT SIGN WITHIN THE ROUTE AREA NOTIFYING THE COMMUNITY OF THE EVENT AT LEAST ONE WEEK PRIOR TO YOUR EVENT.

IF APPLICABLE, AT WHAT LOCATION DO YOU INTEND TO PLACE YOUR DIGITAL MESSAGE ALERT SIGN?:

WILL THIS EVENT BE MARKETING, PROMOTED, OR ADVERTISED IN ANY MANNER?

☒

YES

☐

NO

IF YES, PLEASE DESCRIBE:

Committee members will use approved HLSR marketing material, website, social media for promotion

WILL THERE BE LIVE MEDIA COVERAGE DURING THE EVENT?

☐

YES

☒

NO

IF YES, PLEASE DESCRIBE:

INSURANCE REQUIREMENTS – ATTACHMENT K

REQUIRED INSURANCE FOR YOUR EVENT WILL BE REQUIRED BEFORE FINAL PERMIT APPROVAL IS GIVEN. INSURANCE COVERAGE MUST BE MAINTAINED FOR THE DURATION OF THE EVENT, INCLUDING SET UP AND TEAR DOWN DATES. THE APPLICANT MUST OBTAIN COMMERCIAL GENERAL LIABILITY INSURANCE THAT NAMES THE COUNTY AND ANY OTHER ENTITIES IMPACTED BY THIS EVENT AS AN "ADDITIONAL INSURED." **THE COUNTY HAS FINAL AUTHORITY REGARDING THE INSURANCE COVERAGE AND LIMITS FOR THE SPECIAL EVENT AND CAN REQUIRE INSURANCE COVERAGE FROM OTHER SERVICE PROVIDERS; PLACE REQUIREMENTS ON EVENT COMPONENTS AND/OR MODIFY EVENT COMPONENTS IN A SPECIAL EVENT DUE TO THE UNIQUE NATURE OR RISK OF A PARTICULAR EVENT OR EVENT COMPONENT; AND REQUIRE PARTICIPANT WAIVERS.**

CERTIFICATES OF INSURANCE MUST REFLECT:

COMMERCIAL GENERAL LIABILITY WITH LIMITS OF:

- \$1 MILLION PER OCCURRENCE
- \$2 MILLION GENERAL AGGREGATE

WORKERS' COMPENSATION WITH LIMITS OF:

- \$1 MILLION (REQUIRED IF THE INSURED HAS PAID EMPLOYEES)

LIQUOR LIABILITY

- REQUIRED IF ALCOHOL WILL BE CONSUMED AT THE EVENT

NAME OF INSURANCE AGENCY:

ADDRESS:

STREET:

CITY:

STATE:

ZIP:

TELEPHONE:

MAIN:

ALTERNATE:

CONTACT NAME:

POLICY TYPE:

POLICY NUMBER:

POLICY AMOUNT:

PLEASE OBTAIN AND ATTACH A "CERTIFICATE OF INSURANCE" (COI) REFLECTING THE ABOVE AND NAMING HARRIS COUNTY PRECINCT 2 AS AN ADDITIONAL INSURED.

Harris County Precinct 2 SPECIAL EVENT APPLICATION

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AFFIDAVIT OF APPLICANT

I CERTIFY THAT THE INFORMATION CONTAINED IN THE FOREGOING APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE RULES AND REGULATIONS GOVERNING THE PROPOSED SPECIAL EVENT UNDER HARRIS COUNTY PRECINCT 2 CODE AND I UNDERSTAND THAT THIS APPLICATION IS MADE SUBJECT TO THE RULES AND REGULATIONS ESTABLISHED BY THE COUNTY. I AGREE TO ABIDE BY THESE RULES, AND FURTHER CERTIFY THAT I, ON BEHALF OF THE HOST ORGANIZATION, AM ALSO AUTHORIZED TO COMMIT THAT ORGANIZATION, AND THEREFORE AGREE TO BE FINANCIALLY RESPONSIBLE FOR ANY COST AND FEES THAT MAY BE INCURRED BY OR ON BEHALF OF THE EVENT TO HARRIS COUNTY PRECINCT 2. THE APPLICANT FURTHER ACKNOWLEDGES THAT SUBMITTAL OF THIS APPLICATION DOES NOT ENTITLE THE APPLICANT OR ORGANIZATION TO HOLD THE EVENT, AND THAT THEY MUST OBTAIN PERMISSION FROM HARRIS COUNTY PRECINCT 2 TO DO SO.

PRINT NAME OF APPLICANT / HOST ORGANIZATION: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

PRINT NAME OF PROFESSIONAL EVENT ORGANIZER: Anita Hinojosa Garza

TITLE: HMGT JCGP captain

SIGNATURE: _____

DATE: 08.05.2022

Harris County Precinct 2 SPECIAL EVENT APPLICATION

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SPECIAL EVENT APPLICATION FAQ

WHAT IS THE TOTAL COST I WILL END UP PAYING?

HERE IS A LIST OF FEES THAT MAY BE APPLICABLE TO YOUR EVENT:

SHOULD YOUR EVENT REQUIRE A LANE OR ROAD CLOSURE, OR TRAFFIC EQUIPMENT SET-UP, ADDITIONAL FEES (SALARY/LABOR AND EXPENSE REIMBURSEMENTS) WILL VARY AND YOU SHOULD REQUEST A COST ESTIMATE FROM THE SPECIAL EVENTS COORDINATOR.

SHOULD YOUR EVENT REQUIRE SECURITY, AND YOU HAVE HIRED OR INTEND TO HIRE HARRIS COUNTY POLICE DEPARTMENT, ADDITIONAL FEES WILL VARY BASED ON THE AMOUNT OF PERSONNEL AND HOURS NEEDED DURING THE COURSE OF THE EVENT. YOU WILL BE PROVIDED AN ESTIMATE FROM THE HARRIS COUNTY POLICE DEPARTMENT UPON REQUEST.

ADDITIONAL FEES TO CONSIDER WHEN PLANNING YOUR EVENT INCLUDE THE COST OF INSURANCE, AND ANY OTHER PERMITS OR REQUESTS REQUIRED FROM ENTITIES OUTSIDE OF HARRIS COUNTY PRECINCT 2.

WHEN IS PAYMENT DUE?

YOU WILL BE INVOICED FOR THE SERVICES OR PERMITS REQUESTED AFTER YOUR APPLICATION HAS BEEN SUBMITTED. PAYMENT MUST BE RECEIVED BY THE SPECIAL EVENTS COORDINATOR NO LATER THAN 1 WEEK PRIOR TO THE START OF YOUR EVENT. IF THE COST ESTIMATE YOU ARE PROVIDED IS DIFFERENT FROM THE ACTUAL/FINAL AMOUNT, YOU WILL BE BILLED FOR OR REFUNDED THE REMAINING AMOUNT POST-EVENT.

WHEN DO I NEED TO SUBMIT MY SPECIAL EVENT APPLICATION BY?

A COMPLETED APPLICATION MAY BE FILED AS EARLY AS 180 DAYS BEFORE THE EVENT, BUT MUST BE RECEIVED NO LATER THAN 75 DAYS BEFORE THE ACTUAL EVENT DATE.

FOR MORE INFORMATION ON THE SPECIAL EVENT PERMIT PROCESS, PLEASE REFER TO HARRIS COUNTY SPECIAL EVENT PERMIT APPLICATION GUIDELINES. A COPY OF THESE GUIDELINES IS AVAILABLE UPON REQUEST. YOU MAY ALSO CONTACT THE SPECIAL EVENTS COORDINATOR IF YOU HAVE ANY ADDITIONAL QUESTIONS OR CONCERNS.

SPECIAL EVENT APPLICATION CHECKLIST

THANK YOU FOR COMPLETING YOUR SPECIAL EVENT PERMIT APPLICATION. BEFORE YOU SUBMIT YOUR APPLICATION TO Harris County Precinct 2, PLEASE MAKE SURE THAT THE FOLLOWING STEPS HAVE BEEN COMPLETED:

HAVE YOU?

- ☐ SIGNED AND DATED YOUR APPLICATION?
- ☐ ATTACHED A WRITTEN COMMUNICATION FROM THE CHIEF OFFICER OF THE HOST ORGANIZATION AUTHORIZING THE APPLICANT AND/OR PROFESSIONAL EVENT ORGANIZER TO APPLY FOR THIS SPECIAL EVENT PERMIT ON THEIR BEHALF?
- ☐ ATTACHED YOUR SITE PLAN / ROUTE MAP?
- ☐ ATTACHED A COPY OF YOUR IRS 501(C) TAX EXEMPTION LETTER IF APPLICABLE?
- ☐ REQUESTED OR SUBMITTED AN EVENT ENTRY FEE EXEMPTION WAIVER APPLICATION IF APPLICABLE? (THIS MAY BE SUBMITTED AFTER THE APPLICATION HAS BEEN TURNED IN BUT MUST BE RECEIVED AT LEAST 10 DAYS PRIOR TO THE EVENT BEGINNING).
- ☐ ATTACHED OR COMPLETED YOUR EVENT SECURITY PLAN?
- ☐ ATTACHED OR COMPLETED YOUR EVENT MEDICAL PLAN?
- ☐ ATTACHED OR COMPLETED YOUR ACCESSIBILITY AND/OR PARKING/SHUTTLE PLAN?
- ☐ REQUESTED OR SUBMITTED A LOUDSPEAKER PERMIT APPLICATION IF APPLICABLE? (THIS MAY BE SUBMITTED AFTER THE APPLICATION HAS BEEN TURNED IN BUT MUST BE RECEIVED AT LEAST 10 DAYS PRIOR TO THE EVENT BEGINNING).
- ☐ ATTACHED OR COMPLETED YOUR CONCESSIONAIRES / VENDORS PLAN?
- ☐ ATTACHED OR COMPLETED YOUR SANITATION & RECYCLING PLAN?
- ☐ ATTACHED OR COMPLETED YOUR MARKETING AND/OR MITIGATION OF IMPACT PLAN?
- ☐ ATTACHED A CERTIFICATE OF INSURANCE LISTING THE HARRIS COUNTY AS ADDITIONAL INSURED? (THIS MAY BE SUBMITTED AFTER THE APPLICATION HAS BEEN TURNED IN BUT MUST BE RECEIVED AT LEAST 10 DAYS PRIOR TO THE EVENT BEGINNING).

YOU MAY ALSO SUBMIT YOUR SPECIAL EVENT PERMIT APPLICATION AND ANY ATTACHMENTS TO THE EMAIL ABOVE.

300 E. 8th St., Austin, Tex 78701

Department of the Treasury

Person to Contact: Lanette E. Black

Telephone Number : (512) 397-5867

District Director

Internal Revenue Service

Date:

| In reply refer to:

5 DEC 1977

| E:EX:1002LEB:eg

AUS:EO:77-2422

Houston Livestock Show and Rodeo, Inc.
P.O. Box 20070
Houston, TX 77025

Accounting Period Ending: April 30

Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If your purposes, character, or method of operation is changed, please let us know so we can consider the effect of the change on your exempt status. Also, you should inform us of all changes in your name or address.

(Over)

Form L-178 (Rev. 8-73)

If your gross receipts each year are normally more than \$5,000, you are required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of 85,000, for failure to file a return on time.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Please keep this determination letter in your permanent records.

Sincerely yours,


District Director

This determination modifies our letter of February 14, 1940, and revokes our letter of November 1, 1976.

Enclosure:
IR-1789

cc: F. Cleveland Hedrick
R. L. Stevenson