NRH

APPLICATION FOR A

TEMPORARY VENDOR / SPECIAL EVENT

(PLEASE PRINT OR TYPE ALL INFORMATION)

City of North Richland Hills
Building Inspections Dept.
7301 NE Loop 820
N Richland Hills, TX 76180

0ffice (817) 427-6330

Fax (817) 427-6303

PART 1. LOCATION INFORMATION

Place of Sales / event:

Street Address of sales / event:

Contact Person at place of sales / event:

Telephone number:

PART 2. TYPE OF PERMIT REQUESTED (Check appropriate boxes and fill in appropriate information in blank spaces.)

☐ **OUTDOOR SALES**

☐ ****SPECIAL EVENT (COMMERCIAL ONLY)**

☐ ****CARNIVAL / CIRCUS**

☐ ****FUND RAISING EVENT**

_____ **with commercial vendors**

_____ **without commercial vendors**

****ACTUAL EVENTS ARE LIMITED TO (3) THREE CONSECUTIVE DAYS IN ONE 180 DAY PERIOD.**
HOURS OF OPERATION LIMITED TO 8AM – 11PM SUNDAY – FRIDAY, SATURDAY 8AM – 12AM.

Date of Sale / Event:

From: _____ to _____

Dates of set up / removal _____

Will a tent be erected?

YES _____ NO _____

(If yes, then a separate permit is required)

Will food be sold, served, or prepared?

YES _____ NO _____

(If yes, then a separate Health Dept. permit may be required.)

Will signs be erected?

YES _____ NO _____

(If yes, then a separate permit is required.)

PART 3. APPLICANT INFORMATION

Name of Applicant:

Name of business:

Applicant's address:

Name of sponsoring organization:

Applicant's City / State / Zip:

Address of sponsoring organization:

Applicant's telephone number:

Applicant's Drivers License #:

Telephone number of sponsoring organization:

I hereby certify that the foregoing information is correct to the best of my knowledge and that said sales or event will be Performed in accordance with the information contained herein and in compliance with the zoning regulations of the City of North Richland Hills and any other applicable ordinances.

Date _____

Your Name (Printed) _____ Signature: _____

PART 4. FOR OFFICE USE ONLY

Special event criteria:

Verify minimum site requirements in zoning regulations for special events: _____ Permit # _____0000_____

Permit Approved:
☐ Yes ☐ No

Reviewed by:

Notified Contact Person:
Date:

Comments:

Vendor Permit Fee: _____
Sale Permit Fee: _____
Tent Permit Fee: _____
Sign Permit Fee: _____
Total Fees: _____

City of North Richland Hills
Office of Emergency Management/Homeland Security
Event Planning Worksheet

Please fill out only one sheet per event. If your event requires multiple permits/requests please let those departments know that you have turned this into another department.
This worksheet should be turned in with your completed paperwork. This worksheet will be forwarded to the Office of Emergency Management and will be disseminated from that point to all agencies. Please include the information in as much detail as possible.

Event name: _____

Event Date(s): _____Event Start Time: _____ Event End Time: _____

Exact Address of event: _____

If in a large location, such as a park or school facility what is the specific area of the event: _____

Expected attendance _____ Staff and volunteers: _____

Sponsoring Entity:_____

Note: this onsite contact should have the listed cell phone on their person at all times. If utilizing radios, then frequencies and PL tone shall be provided.

On-site Contact name: _____

Office number: _____ Cell Number: _____ Pager # _____

Will there be site security? _____ Type: _____

Will there be site medical? _____ Type: _____

Will parking be controlled? _____ By whom: _____

Will traffic be controlled? _____ By whom: _____ _____

Will food be served? _____Contact: _____

Specific Communications capabilities on site: _____

If utilizing radios, what frequencies or channels including PL tones:
_____

Please attach a specific site plan including all parking areas and planned entrance and egress for emergency vehicles.

Agencies notified: PD___ FD___ PW___ NS___ PZ___ ED___ PK___ CM ___ MA ___

For city use: Permit Types issued: _____

Permit #'s: _____