



**CITY OF MCALLEN  
APPLICATION FOR CARNIVAL, CIRCUS OR MASS GATHERING**

NOTE SECTION 10-42 OF ORDINANCE 1990-50 STATES: THE APPLICATION MUST BE SUBMITTED 45 DAYS PRIOR TO THE EVENT.

1. DATE OF EVENT: \_\_\_\_\_ THROUGH \_\_\_\_\_
2. GENERAL DESCRIPTION OF EVENT: \_\_\_\_\_  
\_\_\_\_\_
3. LOCAL PROMOTER(S)/SPONSOR(S):  
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_  
\_\_\_\_\_
4. OWNER(S) OF THE REAL PROPERTY ON WHICH EVENT WILL BE LOCATED: \_\_\_\_\_  
\_\_\_\_\_
5. THE SPECIFIC DESCRIPTION OF THE PROPERTY ON WHICH THE EVENT WILL BE HELD: \_\_\_\_\_  
\_\_\_\_\_
6. THE TIME OF DAY THE EVENT WILL OCCUR: \_\_\_\_\_  
\_\_\_\_\_
7. MAXIMUM NUMBER OF PEOPLE EXPECTED TO ATTEND: \_\_\_\_\_ (ATTENDANCE SHALL BE LIMITED TO THAT NUMBER).
8. CARNIVAL, CIRCUS OR ANY AND ALL PERFORMERS AT SAID EVENT:  
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_  
\_\_\_\_\_
9. DESCRIPTION OF EACH STEP SPONSOR HAS TAKEN TO INSURE MINIMUM STANDARDS OF SANITATION AND HEALTH DURING THE ACTIVITY. (PLEASE STATE WHETHER SPONSOR HAS CONTACTED THE HEALTH DEPT. ((681-1900)) REGARDING SAID EVENT): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. DESCRIPTION OF EACH STEP THE SPONSOR HAS TAKEN TO GUARD AGAINST HAZARDS OF FIRE AND SMOKE AND A PLAN FOR ORDERLY DISBURSEMENT OF PEOPLE IN THE EVENT OF A FIRE . (PLEASE STATE WHETHER SPONSOR HAS MET WITH THE FIRE MARSHAL ((681-2500)) REGARDING SAID EVENT): \_\_\_\_\_  
\_\_\_\_\_
11. DESCRIPTION OF ALL PREPARATIONS BEING MADE TO PROVIDE TRAFFIC CONTROL ON THE PUBLIC STREETS IN AND AROUND SAID EVENT. (PLEASE INDICATE WHETHER SPONSOR HAS SPOKEN WITH THE TRAFFIC SAFETY COORDINATOR ((681-2700)) REGARDING SAID EVENT): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. DESCRIPTION OF ALL PREPARATIONS MADE TO PROVIDE ADEQUATE MEDICAL AND NURSING CARE FOR SAID EVENT: \_\_\_\_\_  
\_\_\_\_\_
13. DESCRIPTION OF ALL PREPARATIONS MADE TO SUPERVISE MINORS WHO MAY ATTEND SAID EVENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. 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 DEPT. ((681-2305)) REGARDING SAID EVENT): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOCUMENTATION REQUIRED FOR PROCESSING OF APPLICATION PER MCALLEN CITY ORDINANCE.**

1. THE APPLICATION FEE OF \$250.00 SHALL ACCOMPANY THIS APPLICATION.
2. A CERTIFICATE OF LIABILITY INSURANCE OR LETTER GUARANTEEING THE ISSUANCE OF LIABILITY INSURANCE IN ACCORDANCE WITH THE RECOMMENDATIONS OF THE RISK MANAGEMENT OFFICE SHALL BE ATTACHED TO THIS APPLICATION. (PLEASE CONTACT THE MCALLEN RISK MANAGEMENT OFFICE TO DISCUSS THE INSURANCE REQUIREMENTS).
3. A CERTIFIED COPY OF THE AGREEMENT BETWEEN THE SPONSOR AND THE PROPERTY OWNER ON WHICH THE EVENT WILL BE LOCATED SHALL BE ATTACHED TO THIS APPLICATION.
4. A CERTIFIED COPY OF ANY AGREEMENTS BETWEEN THE SPONSOR AND ANY CIRCUS, CARNIVAL OR PERFORMERS EXPECTED TO PROVIDE ENTERTAINMENT FOR SAID EVENT IS TO BE ATTACHED TO THIS APPLICATION.

I, \_\_\_\_\_, PROMOTER/SPONSOR, HEREBY AGREE TO ABIDE BY ANY & ALL CITY ORDINANCES INCLUDING BUT NOT LIMITED TO CITY OF MCALLEN ORDINANCE CH. 10, AND I HEREBY ACKNOWLEDGE THAT I HAVE READ ORDINANCE CH. 10 AND HAVE PERSONALLY SPOKEN WITH DEPT. REPRESENTATIVES OF THE HEALTH, TRAFFIC SAFETY, POLICE, FIRE MARSHAL AND RISK MANAGEMENT PRIOR TO FILING THIS APPLICATION.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2019.

\_\_\_\_\_  
PROMOTER/SPONSOR