

El Paso County Parks & Special Events

Event Application

(Application fee is due upon submission)

Application Fee: Commercial \$60 / Non-Profit \$30

Processing takes a minimum of four weeks. To ensure your event is permitted on time, we encourage application submittal at least 45 days in advance of the event day. Application must be turned in 30 days before the event date. Late applications will not be accepted.

Event Information		
Event Name: Sheriff's Office Zombie Run		
Location(s) of Event: Ascarate Park		
Event Type: Run Fundraiser		
Estimated Attendance: 500	Number of Staff/Volunteers: 10	
Date(s) of Event: October 26, 2024		
Start: 9am	End: 1pm	
Load-In Date/Time: 7am	Load-Out Date/Time: 1:30pm	
Applicant Information		
Primary Contact: Sgt. Eric Vela	Party authorized to execute contract?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, name of party authorized to execute contract: Vanessa Tena		
Cell: 915-497-0797	Business Phone:	
E-Mail: evela@epcounty.com	Fax:	
On-Site Contact: Sgt. Eric Vela		
Cell: 915-253-0927	E-Mail: evela@epcounty.com	
I would like to receive updates via email: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Organization		
Name of Organization: El Paso County Sheriff's Office: Community Foundation		
Organization/Business Type: <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Business <input checked="" type="checkbox"/> Non-Profit Organization		
Organization Tax ID: 741839536	Address: 333 N. Oregon, 2nd Floor	
City/State: El Paso, TX	Zip Code: 79901	Website:
Event Information		
Is this an Annual Event? <input type="checkbox"/> Yes If so, number of years [] <input checked="" type="checkbox"/> First Time		I
Where else have you had this event?		

Event Scope (Briefly describe the scope of your event)

The Sheriff's Office will host a fun run where runners will wear a belt with tear-away flags. There will individuals who will be attempting to pull the flags off as the runners run by. The goal is for the runner to finish the run with at least one flag still attached. Participants will also be encouraged to spend time with booths in the parking lot immediately following the run. The event is aimed to encourage health and wellness with physical activity and a safe space for Halloween family fun.

Event Promotion (Please check all advertising methods you plan to utilize) Print TV Radio Internet Billboards Posters Other [_____]

Fire and Safety

All temporary fencing, barriers and temporary structures must be detailed on the site plan. A public safety plan, crowd managers and/or fire guard may be required and must be approved by EPFD.

Will temporary fences or barriers be erected? Yes No

Will temporary membrane structures be erected? (tents, canopies)? Yes No

Will stages or structures be erected? Yes No

Quantity and size of structures: one stage

Description/purpose of structures:

How will you supply electrical power to your event?

Will compressed gasses be used? Yes No (if yes) Flame Type: Cooking Display/Ceremonial

Will the event feature of utilize fireworks/pyrotechnics? Yes No

Contractor Company: License:

Contact Person: Address:

City/State/Zip: Work Phone:

Cell: Email:

Amplification Use

Will your event used amplified devices, microphones, speakers, instruments, etc? Yes No

of Microphones 1 # of Speakers 2 # of Amplifiers 1 Other: _____

Purpose of Amplification: Announcements Ambience Concert Advertising

Location Description of Amplification Devices: near Blue Gill Restaurants

Event Clean Up

Trash Management will be provided by: Vendor Name: _____ Phone #: _____

On Site Responsible Party for Cleanup: Sgt. Eric Vela Cell: 915-253-0927

Utilities and Additional Equipment (Licensee will pay all expenses related to additional equipment)

Electricity: Water:

Power Generator: Portable Restrooms: yes

Music: Lighting:

Tables/Chairs	[Oil/Grey Water Removal:]
Dumpster:	Other:
Entertainment (Describe all that apply)	
Children Activities	Performers
Bands	Inflatables
Fireworks	Animals
Amplified Sound/ PA System	Other
Who will be providing sound monitoring?	
Alcohol and Food Sales	
Sale of Food/Beverage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vendor Name
Distribution of Food/Beverage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vendor Name
Sale of Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vendor Name
(FOR ALCOHOL SALES ONLY) Trade Name of TABC License Applicant	
Acknowledgments	
I understand that any estimate I am provided is only an approximation of the actual cost. I will be responsible for paying the full cost of the fees/services provided to me, which may be higher than the estimates provided. <u>VT</u> initials	
If requesting housekeeping services: I hereby request that El Paso County provide the cleaning as indicated above and as the County and its employees deem appropriate. I am obligated under the County of El Paso Special Event Policies to keep event areas clean of all litter and debris, whether caused by myself, participants, or spectators to the events. I agree to pay the County for the costs of such cleaning services when I am billed for such services. <u>VT</u> initials	
Applicant will coordinate with applicable County departments, City departments, state or federal agencies to obtain any necessary permits and approvals required for the proposed event and use of premises, including but not limited to sound amplification, sale of alcoholic beverages, security services, etc.	
RELEASE: In consideration of the permit for use of County property, it is understood that the applicant contained herein do hereby release and discharge the County, its respective officers, directors, agents, and employees, jointly and severally, from any and all liability for illness, injuries, and damages that may be suffered which arise out of or result from participation in this event.	
I attest that this application is complete and accurate to the best of my knowledge. I understand that any inaccurate or incomplete information provided on this application may delay obtaining special event approval.	

Name of Authorized Party: [**Vanessa Tena**]

Signature of Authorized Party: [] Date: [**09/06/2024**]

FOR OFFICE USE ONLY

Date Received: [_____] [Application Fee Paid]

Processed by: [_____] [Deposit Fee Paid]