



TEMPORARY EVENT INFORMATION QUESTIONNAIRE

This questionnaire is not an application and does not guarantee approval of the proposed event. Completion of all fields is required; incomplete forms will automatically be rejected. Once completed, submit by email to specialevents@austintexas.gov. Applicant will be contacted by a member of ACE and will be advised on the materials that will be required for their review meeting. Applicant may be required to fill out one or more applications for permits associated with the proposed temporary event.

If you have questions or need information on permits, please call (512) 974-1000.

APPLICANT INFORMATION

BUs Y.	Business Name:
Address:	City/State:
Phone:	Email:

EVENT INFORMATION

Official Title of Event:	
Venue Name (if applicable):	Event Address:
Date(s):	Time(s):
Type of event (concert, political/matters of public interest, advertising event, private party, or list other type):	
Anticipated Attendance (per day):	Total Attendance (combined days):
On-Site Event Contact:	Phone:

Please circle the following that applies to the event:

Will any portion of the event be held indoors?	Yes	No
Will you be changing the intended use of the building?	Yes	No
Will the event be held in a parking lot?	Yes	No
Will there be food at the event?	Yes	No
Will alcohol be consumed at the event?	Yes	No
Will there be amplified sound outdoors?	Yes	No
Will there be any flame effects at the event?	Yes	No
Will alleys or roadways be used?	Yes	No
Will there be reserved parking at the event?	Yes	No
Do you have a viable site plan?	Yes	No
Do you have event insurance?	Yes	No

*Commercial general liability insurance with a combined single limit of \$500,000 per occurrence must be provided.