



Buffalo Bayou Partnership

105-B Sabine Street
Houston, Texas 77007
Phone: 713.752.0314
buffalobayou.org

**BUFFALO BAYOU
PARTNERSHIP**

ELEANOR TINSLEY PARK EVENT APPLICATION

	Eleanor Tinsley Park <i>Full Facility:</i> Bud Light Amphitheater, Hines Meadow, & Nau Family Pavilion	Eleanor Tinsley Park's Bud Light Amphitheater	Eleanor Tinsley Park's Hines Meadow	Nau Family Pavilion
Commercial License Fee WEEKEND*	\$7,000/day	\$5,000/day	\$2,000/day	\$2,000 day
Non Profit License Fee WEEKEND*	\$5,000/day	\$3,750/day	\$1,250/day	\$1,250/day
Set-Up/Break Down	\$1,000/day	\$500/day	\$500/day	\$500/day
Refundable Security Deposit*	\$30,000*	\$25,000*	\$5,000*	\$5,000*

*Deposits listed above are minimum amounts; all deposits will be determined by location, size, duration, and potential impact to the park.

*Weekday pricing is available for events taking place Monday - Thursday. Rates listed are for a full day rental (8+ hours)

Event Name:					
Event Date(s):	START DATE:	END DATE:	Hour(s):	START TIME:	END TIME:
Set Up:	START DATE:	START TIME:	Break Down:	END DATE:	END TIME:
Event Type:	<input type="checkbox"/> Private <input type="checkbox"/> Public - Free <input type="checkbox"/> Public - Ticketed				
Area Requested:	<input type="checkbox"/> Eleanor Tinsley Park Full Facility <input type="checkbox"/> Bud Light Amphitheater <input type="checkbox"/> Hines Meadow <input type="checkbox"/> Nau Family Pavilion				
Applicant Name: _____					
Company / Agency / Sponsor: _____					
Organization Type: <input type="checkbox"/> For Profit/Commercial <input type="checkbox"/> Non-Profit: Tax ID# _____					
Address: _____					
City / State / Zip: _____					
Cell Phone: _____ Email: _____					
Event Planner Name & Mobile (if different from applicant): _____					

Event Scope/ Description:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				
Expected Attendance:					
Structures:	<input type="checkbox"/> Tenting <input type="checkbox"/> Booths <input type="checkbox"/> Tables <input type="checkbox"/> Chairs <input type="checkbox"/> Stage <input type="checkbox"/> Food Trucks <input type="checkbox"/> Generators				
Entertainment:	<input type="checkbox"/> Amplified Sound/PA System <input type="checkbox"/> Performers <input type="checkbox"/> Bands <input type="checkbox"/> Inflatables <input type="checkbox"/> Children's Activities				
Food/Beverage:	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> Distribution Food? <input type="checkbox"/> YES <input type="checkbox"/> NO Sale of Food? <input type="checkbox"/> YES <input type="checkbox"/> NO Food Booths? <input type="checkbox"/> YES <input type="checkbox"/> NO # ____ Food Booths </td> <td style="width: 50%;"> Distribution of Alcoholic Beverages? <input type="checkbox"/> YES <input type="checkbox"/> NO Sale of Alcoholic Beverages <input type="checkbox"/> YES <input type="checkbox"/> NO # ____ Alcoholic Beverage Booths </td> </tr> <tr> <td colspan="2"> Onsite Cooking? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify: <input type="checkbox"/> Propane/Open Flame <input type="checkbox"/> Electric </td> </tr> </table>	Distribution Food? <input type="checkbox"/> YES <input type="checkbox"/> NO Sale of Food? <input type="checkbox"/> YES <input type="checkbox"/> NO Food Booths? <input type="checkbox"/> YES <input type="checkbox"/> NO # ____ Food Booths	Distribution of Alcoholic Beverages? <input type="checkbox"/> YES <input type="checkbox"/> NO Sale of Alcoholic Beverages <input type="checkbox"/> YES <input type="checkbox"/> NO # ____ Alcoholic Beverage Booths	Onsite Cooking? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify: <input type="checkbox"/> Propane/Open Flame <input type="checkbox"/> Electric	
Distribution Food? <input type="checkbox"/> YES <input type="checkbox"/> NO Sale of Food? <input type="checkbox"/> YES <input type="checkbox"/> NO Food Booths? <input type="checkbox"/> YES <input type="checkbox"/> NO # ____ Food Booths	Distribution of Alcoholic Beverages? <input type="checkbox"/> YES <input type="checkbox"/> NO Sale of Alcoholic Beverages <input type="checkbox"/> YES <input type="checkbox"/> NO # ____ Alcoholic Beverage Booths				
Onsite Cooking? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify: <input type="checkbox"/> Propane/Open Flame <input type="checkbox"/> Electric					
Portable Toilets:	# ____ Regular Units # ____ ADA Units # ____ Handwashing Units Provider: _____				
Event Clean Up:	Trash Clean Up & Recycling Vendor: _____ Contact Name: _____ Contact Number: _____ Describe the trash & recycling plan from set-up through break down: _____ _____				

Event Security:	<p style="text-align: center;"># ____ Crowd Control Officers* # ____ Traffic Control Officers* <small>*Must be certified peace officers</small></p> <p>Officer Agency: _____</p> <p>Security Coordinator Name: _____ Contact Number: _____</p> <p style="text-align: center;"># ____ Supplemental Security Personnel</p> <p>Security Agency: _____</p> <p>Coordinator Name: _____ Contact Number: _____</p>
Parking:	<p>Event Parking:</p> <p># ____ Production Vehicles # ____ Production Trucks # ____ Attendee Vehicles</p> <p>Valet: <input type="checkbox"/> Yes (please specify): Company: _____ <input type="checkbox"/> No</p> <p>Parking Location: _____</p> <p>Set-Up/ Break Down:</p> <p># ____ Vehicles # ____ Trucks</p> <p>Parking Location: _____</p> <p style="text-align: center;">***Please note that while production vehicles may be parked in The Water Works Parking lot with BBP permission, event parking is prohibited in the Buffalo Bayou Park Maintenance lot***</p>
Medical Support	<p style="text-align: center;"># ____ EMTs # ____ Other Medical Personnel</p> <p>Medical Support Agency: _____</p> <p>Medical Coordinator Name: _____ Contact Number: _____</p>
Insurance	<p>Requirements: Commercial General Liability insurance against claims for bodily injury or death and property damage occurring in our upon or resulting from the facility, affording immediate protection to the limits of not less than \$1,000,000 per occurrence with a \$2,000,000 aggregate and including advertising injury and personal injury. Buffalo Bayou Partnership and the City of Houston must be named as additional insured on the policy. The policy must contain an endorsement waiving any claim or right of subrogation against Buffalo Bayou Partnership and the City of Houston.</p>

I hereby certify that the above information is complete and correct and agree to all requirements set forth.

Applicant Signature: _____ Date: _____