

4545 Jimmy Doolittle Suite 220 Addison, TX 75001 972-392-4850 Main

AIRPORT SPECIAL EVENT PERMIT APPLICATION

Special events on the airport are allowed with an approved permit. A permit is required when the event is outside the scope of the normal day to day business operations. A special event permit application is not considered received until all information requested has been submitted.

Please complete this application and return to nsamuels@addisontx.gov All applications must be submitted forty-five (45) days prior to the date of the event.

AIRPORT COMPANY HOS	TING THE EVENT:					
DATE OF EVENT:	HOURS OF EVENT:					
PHONE:	_ FAX: E-	-MAIL:				
Location of event:						
Type of event:						
Name of leaseholder:						
Responsible on-site person:		Cell:				
Alternate on-site person: _		Cell:				
General Information						
Please submit a site diagram of your event showing all tables, chairs, static displays, exits, fire extinguisher placements, and ramp.						
Airport gate to be used:	Private gate to	be used:				
Will the event take place ins	ide the building/hangar only?	Yes 🗌 No 🗌				
Please provide the square for	ootage of the hangar/facility/re	oom where the event will				
take place						
Will guests have access to t	he ramp/taxilane?	Yes 🗌 No 🗌				
If any portion of the event will take place outside, or with ramp access, please describe barricade, cone or rope placement to prevent attendees from leaving your ramp:						

Static Display Yes No Number of Static Aircraft Expected Number of Static Vehicles Expected				
Will you be serving al	lcohol?		Yes No	
Will a catering or rental company be involved with your event?			Yes 🗌 No	
Name of catering and	d/or rental companie	es		
Number of invitations	s sent	Guests anticipated_		
Number of Trash Red	ceptacles	Number of restroon	าร	
Parking				
You should have pa expected guests	rking spaces to ac	ccommodate at least 60	-70% of your	
How many parking sp	paces are available	at your facility?		
Will you be using any parking space, ramps, or hangars that are not under your control?			Yes No No	
Will you be using ram Will you be using han			Yes No No No No No No No No No N	
If yes, please comple 1. Parking	ete the over flow pla Ramp			
Address of over-flow	parking or borrowed	d area		
Company name				
. ,		mp/hangar square footac	e being used from	
Number of parking spabove company	_			
Number of parking spabove company		on for over-flow area:		
Number of parking spabove company			-	
Number of parking spabove company Company representa	tive giving permissi	on for over-flow area:	-	
Number of parking spabove company Company representa Printed Name Title	tive giving permissi	on for over-flow area: Date	-	

Number of parking spaces or building/ramp/hangar square footage being used from above company						
Company representative giving permission for over-flow area:						
Printed Name	Signature	Date				
Title	Phone Number					
		ts related to the special event or the possible e surrounding facilities:				
come forth from the airport rules and regairport rules and reg	permit application r gulations and confirm gulations. I have co	Idhere to the findings and recommendations that review process. In addition, I have reviewed them that all plans are in full compliance with the intacted TABC if alcohol is being served to with all TABC requirements.				
		ordinance (#010-050) requires that all persons A) of the Airport be appropriately trained and in				
possession of an Ai	rport Access Permit	t. All fire lanes will be unobstructed at all times.				
Signature of Applica	ant	Date				

For Addison Airport/Town of Addison Use Only

Addison Airport	Date received		
Addison Fire	 Date	☐ Approve ☐ Disapprove	
Hangar doors must remain open feet at all times during temarks:			
P	olice Department		
Number of officers required Number of superv		required	
Addison Police	 Date	☐ Approve ☐ Disapprove	
Remarks:			
Number of officers hired	Airport Confirmation		
Airport Management	Date Returned		
Remarks:			