SPECIAL EVENT PERMIT APPLICATION

FRANKLIN COUNTY WATER DISTRICT

P. O. Box 559 Mount Vernon, Texas 75457 • Voice: (903) 537-4536 • Fax: (903) 537-4538

Date of A	Application	NUMBER: () Paid
Name of	Applicant:	
Mailing A	Address:	
Telephone Number:		Secondary number:
		EVENT DESCRIPTION
Date of E	Event:	to
Event Lo	ocation:	
	_	ent and all proposed activities, including set-up (attach additional information as
District f	for the above do	nt hereby requests a Special Event Permit from the Franklin County Water ribed event to be held on certain property owned or controlled by the District. anting of such permit by the District, Applicant agrees as follows:
1.	Applicant s	l abide by all Rules and Regulations of the District.
2.	location to all tables, b	owing the permitted event, Applicant shall clean up and restore the event east as good a condition as existed prior to the event, including the removal of ths, decorations, and other items brought to the location by Applicant, and the trash in designated receptacles.
3.	claims, da including a therewith, as a result alleged da property) INCLUDIN NEGLIGE Applicant a result of	all indemnify and hold the District harmless from and against any and all ages, suits or causes of action arising after the effective date hereof, costs of defense and attorney's fees incurred by the District in connection d any orders, decrees or judgments which may be entered therein, brought alleged breaches of contract or alleged tortuous conduct or as a result of ges resulting from an injury to person or property (including District connection with the event covered by the Special Event Permit, CLAIMS WHICH ARISE WHOLLY OR IN PART DUE TO THE DEFORM THE DISTRICT, ITS AGENTS OR EMPLOYEES. In addition, all promptly reimburse the District for all costs incurred by the District as applicant's breach of any of the provisions of this permit or the Rules and f the District.
Special E		HEREOF, Applicant has executed and agrees to abide by the terms of this ication, which terms shall automatically be incorporated into and become a part e District.
APPLICA	ANT:	
+++++	++++++++	-+
		FCWD STAFF USE ONLY
	Approved	
	Denied	Signed:
Date		