



TEXAS CITY DEPARTMENT OF RECREATION AND TOURISM
REQUISITION FOR TEXAS CITY POLICE SECURITY

2010 5TH Avenue North • Texas City, Texas 77590 • 409-643-5990

This form must be completed and security must be paid in full and secured at the time the room reservation is made. All events are subject to review by the Department of Recreation & Tourism Director. If alcoholic beverages are to be sold, a license must be presented to the Department of Recreation & Tourism Administrative Officer with this form. The function will not be scheduled or permitted to commence until these requirements are met.

SITE OR CENTER: \_\_\_\_\_ ROOM: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ ESTIMATED NUMBER OF GUESTS: \_\_\_\_\_ (Event subject to shut down if exceeded).

ORGANIZATION OR INDIVIDUAL: \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_

EVENT START & END TIME: \_\_\_\_\_ DANCE: [ ] Yes [ ] No If yes, please list time: \_\_\_\_\_

CONCESSIONAIRE/CATERER (If license required) \_\_\_\_\_ License No. \_\_\_\_\_

ALCOHOLIC BEVERAGES: [ ] Yes [ ] No WILL ALCOHOLIC BEVERAGES BE SOLD? [ ] Yes [ ] No [ ] Free [ ] BYOB

HOURS ALCOHOL WILL BE SERVED: Start\* \_\_\_\_\_ End\* \_\_\_\_\_ (\*times may not be changed).

PERSON IN CHARGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

LIST THREE CITIZENS (other than person signing this form) who will be present and accountable:

Table with 3 columns: Name, Address, Phone. Rows 1, 2, 3.

If alcohol is served or allowed at this function please read the following clause and acknowledge.

It shall be the responsibility of the Applicant(s) to ensure that those in attendance at this function do not violate any Texas penal statutes or City ordinances. Applicant(s) further agrees that minors shall not be permitted to consume alcoholic beverages at this function. Applicant(s) agrees to hold the City of Texas City harmless, and shall indemnify the City, for any acts or omissions of negligence committed by anyone in attendance at this function.

SECURITY REQUIREMENTS

The Department of Recreation and Tourism Director or his designees reserve the right to amend requirements when, in their opinion, the nature of the event creates a need for additional security.

Applicants(s) (please print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

For office use only:

TOTAL HOURS: \_\_\_\_\_ # OF GUESTS: \_\_\_\_\_ PACKAGE INCLUDES: \_\_\_\_\_

REVIEW/COMMENTS:

Date Approved: \_\_\_\_\_ Director's Signature: \_\_\_\_\_