

DECEI VE M MAR NZ 3 2015 BY: \*\*\*\*\*\*\*\*\*\*\*

1200 East Broad Street, Mansfield, TX 76063 www.mansfield-tx.gov Fax: 817-477-1416

**Special Event Application** 

Organization/Group. American Cancer Soully, Inc.	Date: March 8,2015
Applicant: peth Anne Underwood	
Applicant's Address: 3301 West Freeway Fortworth, TX	Phone No. 405 310 20,54
*Will be called for information needed and when the permit is $\gamma_{\rm MDO}$ ready for pick-up	Emall: bethannwindenwooda
Address of Event: 303 N Walnut Creek, Mahsfi	eld, TX 70063 cancer. or
	atherine Rose Park
Date of Event: MAY 16, 2015	Hours of Event: (epm - 12am
Public Invited or Private Party? Public (NVI)	Estimated Number of Attendees 500
Is the event in a Mansfield Park? 405	*If yes, Insurance is required
Do you plan to Temporarily Close a Public Street? NO	*If yes, Insurance is required
Is the event on Private Property other than your own? $~{ m N}{ m \dot{O}}$	*If yes, signed permission is required
Will there be any new or temporary electric lines installed?	Νο
*If yes, a registered Electrician must obtain a permit. Indicate the I	ine locations on the site plan.
Will you be using generators? UCS	*If yes, show location on the site plan
Do you plan to have any Tents?	*If yes, a separate permit is required.
Do you plan to have any Promotional Signs? (banners, streamers, balloons)	*If yes, a separate permit is required
City of Mansfield Assistance Requested:	
Barricades/ Street Closure?	*If yes, show on site plan where you want to close the street and a resident roster must be submitted
Police/Traffic Control/Security?	*If yes, attach an explanation and the name and contact number of person you are making arrangements with.
<ul> <li>Please Read and Include the Following Information For all outdoor activities, a site plan must be attached. One show where all items will be located on the site plan.</li> <li>If Insurance is required, the City of Mansfield must be listed</li> <li>All documents must be turned in at the same time. Please a before the date of your event.</li> <li>Applicant's Printed Name:</li> </ul>	can be provided if requested. You need to as "Additional Insured".
CHRISTI JAMES Chri	sti (Januz

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Promotional Signage	Display Application
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Installation Address	303 N. Walnut Creek	Suite No.
Tenant/Business	maxican Gancer Society, 11	nc.
Applicant* Beth A	and Underwood	1 phone No. 4053702954
*Will be called for information	on about the sign and when the permit is ready for pl	ck-up - /

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Sign Comp	-			·		·			
Name	Ma-1	provided	banners	Contac	t Name	L	T		
Address				City			State	7	Zip
Phone No.				Email					
				, .					
Purpose o	f Sign						r		
Special Eve	ent 💢	Sale or Prom	notion 🗌	Gran	d Openin	g 🗌	Other		
Date Reque	esting Displa	y to Begin	5/16/2	015					
Type of Si				<u></u>		1-h-h-n-n-1 \	Utdah In P		
Banner 🛛	] Quantit		Ize in Sq Fee			ight and V		eet	·····
		Sizes - betw	-CRA ZX-		51 4101			Quar	<u></u>
Balloon 🗌	Quanti	ty: M	/Ind Signs (p	ennants,	streamen	s) 🛄		<u>  Quai</u>	
Diance tes	ad and Incl	ude the Follo	owing Info	rmatio	n With T	his App	olicatio	n	
THIS PERM	TT APPLICA	TION WILL BE	AUTOMATI	CALLY E	<u>DENIED</u> IF	F ALL ÎN	IFORMA	TION	
TO NOT CO	THIS PERMIT APPLICATION WILL BE AUTOMATICALLY <u>DENIED</u> IF ALL INFORMATION IS NOT COMPLETED/PROVIDED.								
I CTCN C	ONTENT.	For all sidns.	include a s	imple d	rawing o	r attach	n a picti	ure of	1
the sign, s	howing sign	content and	dimensions	, List e	verythin	ng that	you pi	an to	¥.
put up for the promotion. 2. SITE PLAN SHOWING LOCATION OF SIGN(S):									
2. SILE PL	AN STOW	or hanners, il	nclude a dra	wing o	f the face	e of the	bullding	g with	1
A. For wall signs or banners, include a drawing of the face of the building with the sign(s). Label dimensions of buildings and sign(s).									
B For all other signs show the sign and its relation to the building on the									
property and to the lot boundaries, Label distances of sign(s) from building									
and lot houndaries									
3. NOTE: One promotional signage display, (temporary signs such as banners,									
La la service or any kind of wind sign) is permitted three (3) times in a									
allowed for a period of twenty-one (21) consecutive days within the first three (3)									
allowed for a period of twenty-one (21) consecutive days within the first times (b) months of the date of issuance of a certificate of occupancy or business license.									

Applicant's Signature	Christi Sames	
Property Owner or Manager Printed Name & Signature	CHRUSTI JAMES, SR MGR RELAY FOR UFE	*REQUIRED
	FOR OFFICE USE	
Comments		

Planning Dept Approve D Deny D Date

9-27-12

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Temporary	Tent	Application
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Tent location Address	203 N. Wall	WH CRECK Mansfield, TX Suite No.				
Tenant/Business Karh	erine Rose mem					
	Aquerte Fulle	Beth two Underwood Phone No. 405 310 2954				
Applicant* MCCLCLA Applicant Address 3301	West Freeway	Fort Worth, TX 74107				
Applicant Address 3301 *Will be called for Information abo	but the tent and when th	he permit is ready for pick-up				
Tent Company TAYIC	or Rentalls					
Tent Company Name		Contact Number 817 332 6258				
Company Address 2:20	University Dr. FO	ort Worfh, TX 76107				
Purpose of Tent:	J					
Special Event 🖾 Sale o	r Promotion 🗌	Assembly 🔲 Other 🗌				
Dates Tent will be on the P		6 15 2016 Removed: 5 18 2016				
Size and Height of Ter	nt (in feet at tall	lest peak)				
#1 Tent Size 2.0 × 20'		Helght in feet #1 (2				
#2 Tent Size 10 × 10		Height in feet #2 10'				
#3 Tent Size		Height in feet #3				
Please read and Inclu	de the Following	g Information With This Application Fee \$60				
1. <b>SITE PLAN:</b> You must include a site plan showing where the Tent(s) will be located on the property. You need to indicate the distance from any structures and the property lines.						
2, FLOOR PLAN: Provide aisles, exits, etc. Note if th	a simple floor plan ne Tent sides will be	for each tent showing the tables, chairs, stages, width of e Up or Down.				
3. FLAME RESISTANT CE tent you are renting. The	E <b>RTIFICATE:</b> You n Fent Company can p	must attach a Flame Resistant Certificate for the specific provide this.				
4. NOTE: Temporary tent sales by retail establishments or tent assemblies may be permitted for a period not to exceed thirty (30) days and <u>no more than once a year</u> . No tents or similar structures shall be erected in any required yard setbacks or designated easements.						
Applicant's Printed Nan	Applicant's Printed Name CHRISTI JAMES					
Applicant's Signature	Christ	James				
Property Owner/Manag Printed Name						
Property Owner/Manag Signature *REQUIR	jer ED					

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		Plame Relardant Process Used Will Not Be Removed By Washing And Is Effective For The Life Of The Fabric NYDER MFG NEW PHILADELPHIA, OH SINDER MFG NEW PHILADELPHIA, OH SIGNED: Second Events DIVISION - ANCHOR INDUSTRIES INC.	년 일 2 2 2 2 2 2 2 2 2 2 2 2 2 3 2 2 3 2 3	Certification is hereby made that: The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshal Code, All fabric has been tested and passes NFPA 701-99, CPAI 84, ULC 109,		781080 WILL-ED INC DBA TAYLORS RENTAL EQUIPMENT 811 UNIVERSITY DR FORT WORTH TX 761072935	This is to certify that the materials described have been flame-retardant treated     (or are inherently noninflammable) and were supplied to:	Implementation     Implementation       Implementation     Implementatio	ON SUED BY	Contificate of Flame Res
(		Be Removed By Of The Fabric Wland Special Events DIVISION - ANCHOR INDUSTRIES INC.	,	retardant approved ince with California :PAI 84, ULC 109,		· •	reated	Tent Identification 04231746	Date of Shipment 3/27/2006	SOUCISISSE SUCI
	ј тø/тø	면 <u>Eleanananana</u> PAGE	<u>eefeefee</u>	TAYLORS RENTAL		eeeeeeeeeeeeeessss		NG20:20	<u>1999년</u> 5\2014	

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March 11, 2015

Dear City of Mansfield,

On behalf of the 2015 Relay For Life of Mansfield Event Leadership Team, we would like to thank you for the support that you gave to our event this past year. We would also like to request permission for the use of Katherine Rose Memorial Park for the Relay For Life of Mansfield 2015. The event will run from 6:00 pm — midnight on Saturday, May 16, 2015. Additionally, we would ask that all fees associated with facility rental be waived.

The American Cancer Society Relay For Life is the world's largest and most impactful fundraising event to end cancer. It unites communities across the globe to celebrate people who have battled cancer, remember loved ones lost, and take action to finish the fight once and for all. Relay began in Mansfield in 2003 and has been a great event to promote awareness of the American Cancer Society and fight against cancer ever since. While most people expect Relay to be a 5K or a run, it is actually not — while teams are asked to have one person on the track at all times, it is more of a festival-type atmosphere that promotes cancer awareness, celebrates survivors, and allows us to remember those we've lost to cancer.

If there are any questions or concerns, please feel free to contact me at any time. Thank you for all of the support and cooperation in this matter. We look forward to working with you again this year.

Sincerely,

Beth Anne Underwood Community Manager, Relay For Life bethanne.underwood@cancer.org (405) 370-2954 (cell) (817) 570-0611 (office)

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JAN-31-2012 13:28

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Ogden, IRS Center

## Department of the Treasury

P.O. Box 9941, Ogden, Utah 84409

MS 6273

## Refer Reply To: 0423291513 Date: January 31, 2012 3910C

AMERICAN CANCER SOCIETY INC NATIONAL HOME OFFICE % FINANCE 250 WILLIAMS ST 4TH FLR ATLANTA GA 30303

## Taxpayer Identification Number: 13-1788491

Dear Taxpayer:

We received your request dated January 05, 2012, asking us to verify your Employer Identification Number 13-1788491 and name.

This letter confirms the parent and subordinate organization are exempt under Section 501(c) [3] of the Internal Revenue Code.

Parent Organization Name: AMERICAN CANCER SOCIETY INC

Subordinate Organization

The EIN and Name on our records is 13-1788491 and AMERICAN CANCER SOCIETY INC NATIONAL HOME OFFICE.

Please provide a copy of this letter to your subordinate. A separate letter will not be mailed to the subordinate organization.

If you have any questions, please call us toll free at 1-877-829-5500. or you can write to us at the address shown at the top of this letter, If you write, please include:

A copy of this letter ,
 Your telephone number and
 The best hours you can be reached in the spaces below.

You should keep a copy of this letter for your records.

Telephone Number \_\_\_\_\_ Hours \_\_\_\_\_

Sincerely Yours, .

Ogden Entity Department