

CITY OF MANSFIELD | Event Questionnaire

Event: **Run for a Cure**

Date(s): **10/07/2023**

Please submit this and all other required forms at least 60 Days before your event date.

Public or Private Event

Will your event be open to the public?

YES If yes, the following is required:

General Liability Insurance Certificate

Parade, Block Party, City Streets, Parking Lots

Do you plan to close, block, or use a City street, trail, or sidewalk?

Do you plan to close a street that will impact residents & businesses?

Do you plan to use a private parking lot or other private property?

YES If yes, the following is required:

Street Closure & Notification Form

Street Closure & Notification Form

Letter with Written Permission

Attendance, Tents, and Stage

Do you anticipate 1,000+ event attendees or street/sidewalk spectators?

Do you plan to use a tent larger than 400 sq. ft. or a canopy in excess of 700 sq. ft.?

YES If yes, the following is required:

Fire Operational Permit

Fire Operational Permit

Food, Drinks, or Merchandise Vendor Booths

Will your vendor(s) serve or sell food, drinks, and/or merchandise?

Will you serve or sell food, drinks, and/or merchandise?

Will you have food truck(s) that will serve or sell food or drinks?

YES If yes, the following is required:

Vendor List

Park Vendor and Temp. Food Permit

Vendor List

Sanitation, Water, Waste Water, and Recycling

Will you need a dumpster and/or ClearStream® container for your event?

Will you or vendors need to dispose of water per Regulatory Compliance?

Will you need assistance developing a Trash and Recycling Plan for your event?

YES If yes, the following is required:

Solid Waste Service Request

Temporary Food Permit

Solid Waste Service Request

Amplified Sound at Outdoor Festivals and/or Event

Will you have amplified sound over 70 dba

Will you have amplified sound Monday-Saturday, after 10 p.m.

Will you have amplified sound anytime on a Sunday

Will you have amplified sound over 65 dba on a Sunday

YES If yes, the following is required:

A Letter of Request for an exception to the noise ordinance is required and must be submitted 90 days in advance of the event for City Council's consideration.

Alcohol on City-Owned Property

Do you or a vendor plan to serve or sell alcohol in a parking lot or in the street?

Do you or a vendor plan to serve or sell alcohol on City-owned property?

Do you or a vendor plan to serve or sell alcohol in a park?

Do you plan to apply for a temporary TABC permit for your event?

Do you plan to partner with a vendor who is licensed/permitted by TABC?

YES If yes, the following is required:

TABC License and Health Permit
 City Council's Approval, TABC Permit, Public Safety Request
 Park Board and City Council's Approval, TABC Permit, Police, Lease
 Liquor Liability Insurance is required by the TABC permit holder that is serving or selling the alcohol.

Requests for Services by City Departments

Will you be placing portable restrooms on City property?

Will you need to request an in-kind City service in the form of co-sponsorship?

YES If yes, the following is required:

Parks Service Request and Approval
 City Council Letter of Request

None of the above apply to my request for a Special Event Permit

None of the above apply

CITY OF MANSFIELD | Special Event Permit Application

Applicant Information:

Applicant Name: **Demery Cox** Mobile Number: **682-552-9555**

Street Address: **601 Winterwood Dr.** City, State, Zip: **Kennedale, TX 76060**

Email Address: **coxracingservices@gmail.com** HOT Funds or Cash Sponsor Recipient? Yes No

Applicant is, check all that apply: Event Organizer On-site Emergency Contact Organization Representative

Organization Information: Same as Applicant

Organization: **RunUnited** Mobile Number: **214-724-7807**

Street Address: **650 U.S. 287 Frontage Rd. S, Suite 11** City, State, Zip: **Mansfield, TX 76063**

Email Address: **swilliams@rununited.com** Current HOT Funds Recipient? Yes No

Type of Organization, check all that apply: Nonprofit City Board/Committee School Business Volunteer Individual Other

Event Information:

Event Name: **Run for a Cure** Event Date(s): **10/07/2023**

Event Location: **2001 Julian Feild St, Mansfield, TX 76063** Total Event Attendance: **250**

On Site Contact: **Demery Cox** Mobile Number: **682-552-9555**

Select all that apply:

Applicant Booth: Food/Drink (distribute or sell) Alcohol (distribute or sell) Merchandise (distribute or sell)

Vendor Booths: Food/Drink (distribute or sell) Alcohol (distribute or sell) Merchandise (distribute or sell)

Amplified Sound Live Music DJ Music Stage Speech and/or Announcements

Activities: Run/Bike Race Parade Games/Crafts/Arts Inflatable(s) Carnival/Fair

Service Needs: Police Security Fire/EMS Street Closure(s) Parks Solid Waste

Admission: Free Open to the Public Event Fundraising Event Ticketed Private Event

Please provide a brief description of your event: **This event is designed to be conducted at Mansfield Methodist Medical Center and the proceeds from this event**

	Day of the Week	Date and Year	Set-up Time	Start Time	End Time	Take-Down Time Frame	Daily Attendance
DAY 1	Saturday	10/07/23	5:00am	7:30am	9:00am	9:30am	250
DAY 2							
DAY 3							
DAY 4							
DAY 5							

Additional Details, as Needed:

Communications and Crowd Management

Event Coordinator and/or Volunteer: Scymentress Williams	Mobile Number: 504-259-4524	
Method of Crowd Communication: i.e. PA system, megaphone, etc.	PA System	Number of Event Staff: 50
Method of Event Staff Communication: i.e. hand-held radios, mobile phone, etc.	Mobile Phone	Number of Volunteers: 150
Method of Event Staff Identification: i.e. uniforms, event shirts, badges, etc.	Volunteer Shirts	Number of Vendors: 10
Attendance to Event Staff Ratio: i.e. one staff for every 250 attendees	1 for ever 50 attendees	Total Guest Attendance: 500
Crowd Control Measures to be Used:	<input type="text"/>	

Booth and Mobile Truck Vendors: A list of ALL vendors and their location on the Site Map is required and due at the time of the permit application. Vendors on the list, must match the Site Map and the receipts of Park Vendor Permits obtained prior to the event or thereafter.

Event Security Management

Event Coordinator and/or Volunteer: Scymentress Williams	Mobile Number: 504-259-4524	
Public Security Service Provider: i.e. City of Mansfield PD, Tarrant County, etc.	Mansfield Police	Mobile Number: 817-276-4788
Private Security Service Provider: i.e. if you plan to use security guards	<input type="text"/>	Mobile Number: <input type="text"/>

Fire Prevention & Emergency Medical Management

Event Coordinator and/or Volunteer: Scymentress Williams	Mobile Number: 504-259-4524
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- Confirm the following are identified on the Site Map or Public Safety Map for larger events
- First-aid station(s) Fire Lanes Fire Extinguishers EMS entry-exit access points
- Public entry-exit access points & parking AED Station

Emergency Command Post | Missing Person, Weather Emergency, etc.

In the event of extreme weather or other emergencies, the City of Mansfield will refer to the Command Post and the individual listed below as the point person for emergency updates, announcements, cancellations, and/or other event emergency communications.

City of Mansfield Police and Fire Department will have final approval of your public safety plan.

CITY OF MANSFIELD | Street Closure Request

Applicant Name: **Demery Cox** Event Name: **Run for a Cure**
Date of Street Closure Request: **10/07/2023** Purpose of Request: **5K Run/Walk**
Type of Request: Parade Block Party March Run/Walk Bike Street Festival Parking Lot Party Other

Rolling Street Closure Request | Parade, March, Fun Run or Similar; complete all that apply

Assemble Time: **6:00am** Assemble Location: **2001 Julian Feild St, Mansfield, TX 76063**
Start Time: **7:30am** Disassemble Location: **2001 Julian Feild St, Mansfield, TX 76063**
End Time: **09:30am** Length or Distance of Parade, Fun Run, or Other: **5K**

Estimated Number of Entries: Participants Vehicles Bikes Spectators Animals

Full Street or Parking Lot Closure Request | Complete all that apply

Start Closure Time: Street(s) Closure Location:
End Closure Time: Parking Lot Location:

Street Closure and Notification Form is required

ACKNOWLEDGMENT | Check that you have read and understand each requirement:

- I ACKNOWLEDGE that a map of the route is required; hand drawn maps are not accepted.
- I ACKNOWLEDGE that a Traffic Control Plan is required for street closure requests, unless told otherwise.
- I ACKNOWLEDGE that use of a private parking lot will require Written Right of Possession from the property owner.
- I ACKNOWLEDGE that the Street Closure Form and Street Closure Notification Form may be required
- I ACKNOWLEDGE that if the closure requires a detour plan, then the TCP must show the detour route and all traffic control devices
- I ACKNOWLEDGE that all traffic control will be designed and maintained by a professional barricade company
- I ACKNOWLEDGE that all streets closure requests and approvals will need to be approved by David Boski prior to the approval of the Special Event permit.

Applicant Signature **Demery Cox**

Digitally signed by Demery Cox
Date: 2023.07.14 14:15:24 -05'00'

Date **7/14/2023**

CITY OF MANSFIELD | Street Closure Form

Applicant Name: **Demery Cox** Event Name: **Run for a Cure**
Date of Street Closure Request: **10/07/2023** Purpose of Request: **5K Run/Walk**

Type of Closure: Lane Closure Street Closure Sidewalk Closure Street Crossing (intersection) Block/Cul-de-Sac

Street/Intersection: **Julian Field St.**
Cross Street | From: **Blf Crk Dr.** Start Time: **7:45 am**
Cross Street | To: **Connerton Dr.** End Time: **9:30 am**

Type of Closure: Lane Closure Street Closure Sidewalk Closure Street Crossing (intersection) Block/Cul-de-Sac

Street/Intersection: **Connerton Dr.**
Cross Street | From: **Julian Fld St.** Start Time: **7:45 am**
Cross Street | To: **Matlock Rd.** End Time: **9:30 am**

Type of Closure: Lane Closure Street Closure Sidewalk Closure Street Crossing (intersection) Block/Cul-de-Sac

Street/Intersection: **Matlock Rd.**
Cross Street | From: **Connerton Dr.** Start Time: **8:00 am**
Cross Street | To: **S Matlock Rd** End Time: **9:15 am**

Type of Closure: Lane Closure Street Closure Sidewalk Closure Street Crossing (intersection) Block/Cul-de-Sac

Street/Intersection:
Cross Street | From: Start Time:
Cross Street | To: End Time:

Type of Closure: Lane Closure Street Closure Sidewalk Closure Street Crossing (intersection) Block/Cul-de-Sac

Street/Intersection:
Cross Street | From: Start Time:
Cross Street | To: End Time:

CITY OF MANSFIELD | Fire Operational Permit Application



Applicant Name:	Demery Cox	Mobile Number:	682-552-9555
Street Address:	601 Winterwood Dr.	City, State, Zip:	Kennedale, TX 76060
Email Address:	coxracingservices@gmail.com	Event Date:	10/07/2023
Event Name:	Run for a Cure	Estimated Daily Attendance:	
Event Location:	2001 Julian Feild St, Mansfield, TX 76063		

Select the Permit(s) Required for this Event:

- Carnival, Fair, and Festival Permit**
Submittal Requirements, check to confirm acknowledgment:
 - Public Safety Plan and Site Plan
 - Insurance Certificates for Rides

- Tents of Temporary Membrane Structure**
Submittal Requirements, check to confirm acknowledgment:
 - Copy of the flame spread and fire-proofing certificate
 - Site Plan showing the location of the tent in relation to lot lines, parked vehicles, and structures.
 - Floor plan of the tent showing locations of fire extinguishers, exit signs, and "no smoking" sign

- Outdoor Assembly Event**
Submittal Requirements, check to confirm acknowledgment
 - Submit a public safety plan, and a site plan showing locations of booths, stages, and structures, first aid stations, information and ticket booths, boundaries of event, fire extinguishers, weather shelters, fire/EMS access roads, assembly areas, approximate occupant amounts, and parking

- Exhibits and Trade Shows**
Submittal Requirements, check to confirm acknowledgment
 - Submit a Public Safety Plan and Site Map that shows location of booths, stages, and structures; first aid stations, information and ticket booths, fire extinguishers, marked exits, and parking

Permit Inspection Request (date & time):

Permit Inspection Location Request:

An operational permit shall remain in effect until reissued, renewed, or revoked, or for such a period of time as specified in the permit. Permits are not transferable and any change in occupancy, operation, tenancy, or ownership shall require that a new permit be issued. Issued permits shall be kept on the premises designated therein at all times and shall be readily available for inspection. Once approved a permit cannot be altered or it will be revoked.

Fireworks and/or pyrotechnics are not allowed at any event (2018 IFC, 5601.1.3 The possession, manufacture, storage, sale, handling, and use of fireworks are prohibited.

By signing, I acknowledge and understand the requirements listed above.

Applicant Signature: **Demery Cox** Digitally signed by Demery Cox
Date: 2023.07.14 14:16:11 -05'00' Date: **7/14/23**



CITY OF MANSFIELD | Public Safety Service Request



Applicant Name:	Demery Cox	Mobile Number:	682-552-9555
Street Address:	601 Winterwood Dr.	City, State, Zip:	Kennedale, TX 76060
Email Address:	coxracingservices@gmail.com	Event Date:	10/072023
Event Name:	Run for a Cure	Estimated Daily Attendance:	
Event Location:	2001 Julian Feild St, Mansfield, TX 76063		

Select the Service Request(s) for this Event:

- Police Officer Event Security**
The rate of pay for officers during this type of event will be the current City of Mansfield budgeted regular and/or overtime rates for those officers assigned to work the event.
- Emergency Medical Services (EMS) | 2-hour Minimum per EMS Personnel**
The rate of pay for Emergency Ambulance Standby, paramedics, patient transport, and other applicable fees are set forth in Ordinance 2254-22.

Examples of objective standards used to determine the number personnel:

- Event alcohol consumption
- Time, date, and length of event
- Impact of adj. residential/commercial areas
- Traffic Control Plan requirement
- Estimated number of attendees
- Vehicular/pedestrian traffic condition

THIS SECTION WILL BE COMPLETED BY CITY STAFF BASED ON THE SELECTION ABOVE AND EVENT LOGISTICS.

Fire and Rescue	# of Personnel	Total Hours	Total Cost	Staff Initial
Total Ambulance Standby @ \$125 per hour		Length of Request and/or Event =		
Total Paramedics on Standby @ \$50 per hour		Length of Request and/or Event =		
Total Incident Command Officer @ \$75 per hour		Length of Request and/or Event =		
Total Due to the Fire Department:				

CITY OF MANSFIELD | Temporary Food Permit Application



PERMIT # _____

Applicant Name: Demery Cox	Permit Type: <input type="radio"/> Tent <input type="radio"/> Mobile Unit
Vendor Name: _____	Sales Tax ID#: _____
Event Name: Run for a Cure	Inspection: _____
Event Location: 2001 Julian Feild St, Mansfield, TX 76063	Event Date(s): 10/07/2023
Phone Number: 682-552-9555	Email Address: coxracingservices@gmail.com
Street Address: 601 Winterwood Dr.	City, State, Zip: Kennedale, TX 76060
DL State & No. _____	Are You Non-Profit? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, Provide Tax Exempt # _____

List pre-prepared foods to be Served On-site:

There will not be and food handed out. Only bottles of water will be handed out at Race Site.

List foods that will be prepared on-site and the equipment to be used to maintain proper temperature control:

_____	Cooking Equipment: <input type="radio"/> Electrical <input type="radio"/> Charcoal <input type="radio"/> Propane <input type="radio"/> Gas Grill Hot or Cold Holding Equipment: <input type="radio"/> Electrical <input type="radio"/> Mechanical Type of Equip. Using: _____
_____	Cooking Equipment: <input type="radio"/> Electrical <input type="radio"/> Charcoal <input type="radio"/> Propane <input type="radio"/> Gas Grill Hot or Cold Holding Equipment: <input type="radio"/> Electrical <input type="radio"/> Mechanical Type of Equip. Using: _____
_____	Cooking Equipment: <input type="radio"/> Electrical <input type="radio"/> Charcoal <input type="radio"/> Propane <input type="radio"/> Gas Grill Hot or Cold Holding Equipment: <input type="radio"/> Electrical <input type="radio"/> Mechanical Type of Equip. Using: _____
_____	Cooking Equipment: <input type="radio"/> Electrical <input type="radio"/> Charcoal <input type="radio"/> Propane <input type="radio"/> Gas Grill Hot or Cold Holding Equipment: <input type="radio"/> Electrical <input type="radio"/> Mechanical Type of Equip. Using: _____

ACKNOWLEDGMENT | Check that you have read and understand each requirement:

- I ACKNOWLEDGE that health permits are approved and issued prior to the event
- I ACKNOWLEDGE that preparation or storage of food in the home is not permitted unless you are a cottage manufacturer.
- I ACKNOWLEDGE that food items served without Regulatory Compliance approval may result in permit suspension.
- I ACKNOWLEDGE that Temporary Food Service Booth Requirements must be in place prior to selling or preparing food. i.e. overhead protection, hand sink and warewashing set up.
- I ACKNOWLEDGE that the \$60 nonrefundable, Temporary Food Permit Application Fee is due with this application.
- I ACKNOWLEDGE that the food booth requirements and understand that failure to comply with City of Mansfield ordinances may result in citations for violations and/or closure of the booth until violations are corrected.

By signing, I acknowledge that I understand the Temporary Food Service Requirements.

Applicant Signature: **Demery Cox** Digitally signed by Demery Cox Date: 2023.07.14 14:15:44 -05'00' Date: **7/14/2023**

RUN FOR A CURE 5K ROUTE

3.11 mi

Distance

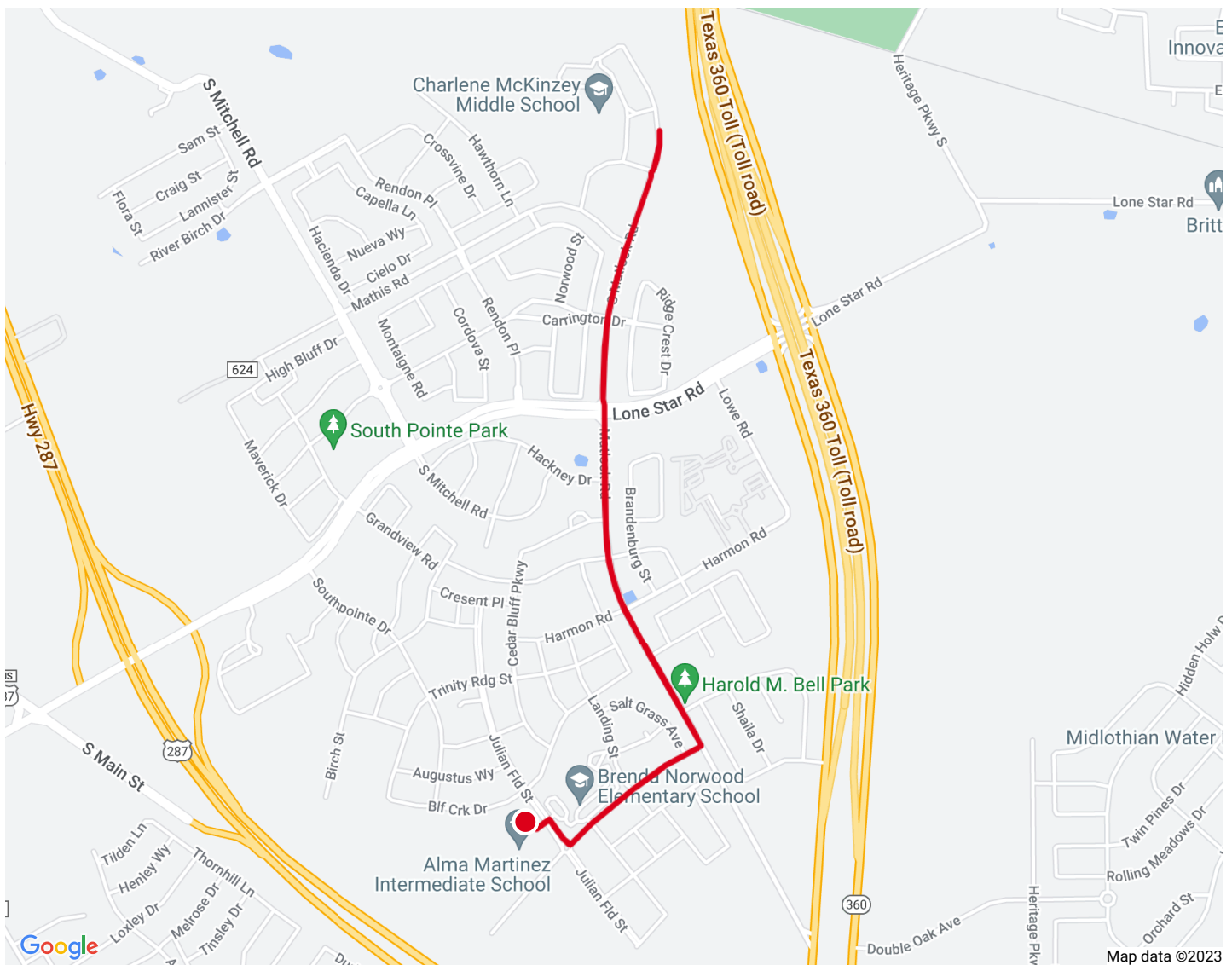
48 ft

Elevation Gain

Run

Activity Type

Notes

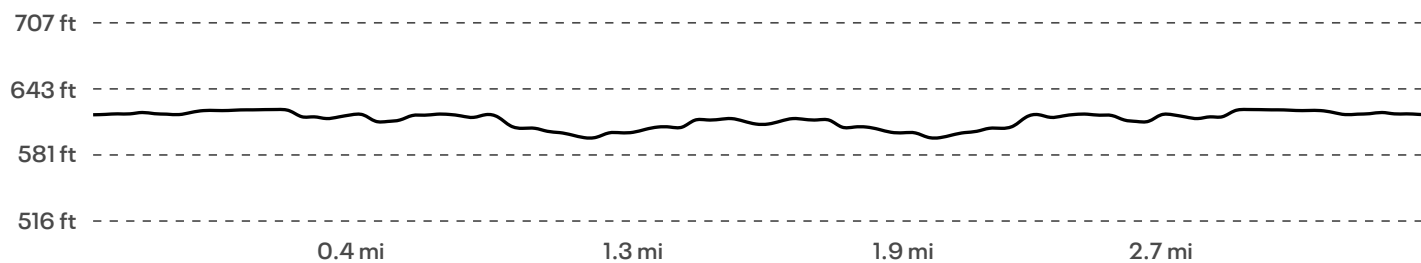


Elevation

Start
620 ft

Max
625 ft

Gain
48 ft



DISTANCE (MI)	DIRECTION
0.00	Head east
0.01	Head southeast toward Julian Fld St
0.02	Turn left toward Julian Fld St
0.05	Turn right onto Julian Fld St
0.09	Head southeast on Julian Fld St
0.10	At the traffic circle, take the 1st exit onto Connerton Dr
0.40	Head northwest on Matlock Rd toward Mill Valley Ln
1.02	Head north on Matlock Rd toward Lone Star Rd
1.35	Head north on S Matlock Rd
1.47	Slight right to stay on S Matlock Rd
1.55	Head north on S Matlock Rd
1.68	Slight right to stay on S Matlock Rd
1.76	Head north on Matlock Rd toward Lone Star Rd
2.08	Head northwest on Matlock Rd toward Mill Valley Ln
2.70	Head southeast on Julian Fld St
2.71	At the traffic circle, take the 1st exit onto Connerton Dr
3.01	Head southeast toward Julian Fld St
3.02	Turn left toward Julian Fld St
3.05	Turn right onto Julian Fld St
3.09	Head east
3.11	Destination

FACILITY USE PERMIT

Jul 27, 2023

Permit Number:

3EP79T4KDW96

Approved By:

DeMonica Hudspeth-Clark

Approved Date:

07/11/2023



By using this permit you agree to the terms and conditions of [Alma Martinez Intermediate School | Mansfield ISD](https://www.facilitron.com/terms/amis76063) (view at: <https://www.facilitron.com/terms/amis76063>) and [Facilitron, Inc.](https://www.facilitron.com/terms) (view at: <https://www.facilitron.com/terms>).

Event Contact: If you have any issues during your event, please contact Dawn Mailloux - Smith (682-552-6176)

THIS PERMIT AUTHORIZES USE OF FACILITIES AS FOLLOWS

Permit Holder:	RunUnited
Contact Name:	Scymentress Williams
Contact Email:	swilliams@rununited.com
Contact Phone:	8174207885
Event Name:	Run for a Cure 5K
>Maximum Daily Attendance:	250
Location: View Map	Alma Martinez Intermediate School 2001 Julian St Mansfield TX 76063
Activity:	Other (meeting, class, etc.)

Reservation Detail

Saturday 10/07/2023

Services/Equipment:

Custodial Staff Hrs: 5; Qty: 1

6:00AM - 11:00AM Parking Lot (Outdoor)

CERTIFICATE OF INSURANCE	PRINT DATE: 5/18/2023
	CERTIFICATE NUMBER: 20230518968260

AGENCY:	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
Edgewood Partners Insurance Center 5909 Peachtree Dunwoody Road, Suite 800 Atlanta, GA 30328 678-324-3300 (Phone), 678-324-3303 (Fax)	

NAMED INSURED:	INSURERS AFFORDING COVERAGE:
USA Track & Field, Inc. RunUnited 130 East Washington Street, Suite 800 Indianapolis IN 46204	INSURER A: Accredited Surety and Casualty Company, Inc. NAIC# 26379 INSURER B: Allied World National Assurance Company NAIC# 19489

EVENT INFORMATION:
Run for a Cure (10/7/2023 - 10/7/2023)

POLICY/COVERAGE INFORMATION:

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS	TYPE OF INSURANCE:	POLICY NUMBER(S):	EFFECTIVE:	EXPIRES:	LIMITS:
A	GENERAL LIABILITY				
	<input checked="" type="checkbox"/> Occurrence	1-TRE-IN-17-01338542-00	11/1/2022 12:01 AM	11/1/2023 12:01 AM	GENERAL AGGREGATE (Applies Per Event) \$4,000,000
	<input checked="" type="checkbox"/> Participant Legal Liability				EACH OCCURRENCE \$2,000,000
					DAMAGE TO RENTED PREMISES (Each Occ.) \$2,000,000
					MEDICAL EXPENSE (Any one person) EXCLUDED
					PERSONAL & ADV INJURY \$2,000,000
					PRODUCTS-COMP/OP AGG \$2,000,000
A	UMBRELLA/EXCESS LIABILITY				
	<input checked="" type="checkbox"/> Occurrence	1-TRE-IN-17-01338543-00	11/1/2022 12:01 AM	11/1/2023 12:01 AM	EACH OCCURRENCE \$3,000,000
					AGGREGATE \$3,000,000
B	OTHER				
	<input checked="" type="checkbox"/> EXCESS LIABILITY	0313-1301	11/1/2022 12:01 AM	11/1/2023 12:01 AM	EACH OCCURRENCE \$7,000,000
					AGGREGATE \$7,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

Coverage applies to USA Track & Field sanctioned events and registered practices, including any directly related activities, such as event set-up and tear-down, participant check-in and award ceremonies.

The certificate holder is an additional insured per the following endorsement: Blanket Additional Insured (RSCG 03 03)

The General Liability policy is primary and non-contributory with respect to the negligence of the Named Insureds (Form CG 20 01)

The General Liability policy contains a blanket Waiver of Subrogation as required by contract per Waiver of Transfer of Rights of Recovery Against Others (Form CG 24 04).

Excess policy follows form of underlying General Liability.

CERTIFICATE HOLDER:	NOTICE OF CANCELLATION:
City of Mansfield 1200 E. Broad St. mansfield TX 76063	Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.
	AUTHORIZED REPRESENTATIVE:
	