



Date: _____

Application for Outdoor Gathering

Background: Under Governor Greg Abbott’s Executive Order GA-30, dated September 17, 2020, for any outdoor gathering in excess of 10 people, the gathering is prohibited unless the Mayor of the City in which the gathering is held approves of the gathering, and such approval can be made subject to certain conditions or restrictions not inconsistent with the Executive Order. ****Please note, approval may be revoked at any time as a result of non-compliance to the order.***

Name of Applicant: _____ Organization: _____

Address of Applicant/Organization: _____

Email of Applicant/Organization: _____

Phone Number of Applicant/Organization: _____

Type of Event/Gathering: _____

Date & Times of Gathering: _____

Location of Gathering: _____

Overall Anticipated Number of Attendees: _____

Likelihood of Individuals Over 65 Years of Age Attending: _____ Likely _____ Unlikely

Size of the Gathering (i.e., X square feet or Y number of acres): _____

Occupancy Load of the Venue (if any): _____

Does the Applicant Have the Ability to:

____ Ensure individuals not of the same household can maintain social distancing (6 ft. separation).

____ Ensure individuals will self-screen before coming to the gathering for COVID signs and/or symptoms, i.e., cough, fever, sore throat, loss of taste or smell, muscle pain, headache, known close contact with a person who is lab confirmed to have COVID-19.

____ Ensure that individuals will wash or disinfect hands after any interaction with employees, other individuals, or items at the gathering, i.e., provide hand sanitizer for the gathering.

____ Consider having the attendees wear face coverings at the gathering when within 6 ft. of another person who is not a member of the individual’s group.

In a separate document of your own choosing, provide your plan and a detailed description of the event, which includes implementation of social distancing procedures and safety measures; Also, include an area map of the set-up.

Submit all completed documents to Kevin Keller, Public Relations Director, at kkeller@copperascovetx.gov for review.

Applicant: _____ Date: _____

____ Approved ____ Disapproved Mayor: _____ Date: _____

Additional Comments/Conditions: _____