Scan QR code & click the blue presentation button
Escanea el QR y Haz clic en el botón azul de presentación

2026 BAZAAR/KERMES INFORMATION NIGHT

APRIL 22, 2026

WHAT IS A SPECIAL EVENT?

Definition

Organized gatherings outside regular parish activities, including bazaars/kermes, dances, parades etc.

Planning and Approvals

Special events require careful planning, Diocesan approvals, insurance, and city permits to ensure compliance. A temporary special event is anytime between 1-14 days.

Safety and Compliance

Following established procedures reduces risks and protects participants while meeting legal and Diocesan procedures.

Qué es un Evento Especial?

Un evento especial es cualquier reunión organizada fuera de las actividades normales de la parroquia, como kermeses, baile o festivales.

Planificación y Aprobaciones

Los eventos especiales requieren planificación previa, aprobaciones, seguro y permisos de la ciudad. Pueden tener una duración de 1 a 14 días.

Seguridad y Cumplimiento

Seguir los procedimientos establecidos reduce riesgos y asegura el cumplimiento legal y diocesano.

CATHOLIC PROPERTIES ROLE

- **The role that Catholic Properties has in the special event process is to assist the parishes in obtaining all necessary documentation for permits, insurance, licenses, and Diocesan approval**
- **The event planning, food or drink sale price points, site maps etc. will be planned at the discretion of your parish bazaar committee**
- **Any questions regarding the applications, permits, licenses, tax reports etc. will need to be addressed receiving business**

- El position que tiene Catholic Properties en el proceso de eventos especiales es ayudar a las parroquias a obtener toda la documentación necesaria para permisos, seguros, licencias y aprobación diocesana
- La planificación, los precios de la venta de comida o bebida, los mapas del lugar, etc., se planificarán a discreción del comité del bazar de tu parroquia
- Cualquier pregunta sobre las solicitudes, permisos, licencias, informes fiscales, etc., deberá ser respondida en el negocio receptor

TIMELINE

ENTIRE PROCESS CAN TAKE APPROXIMATELY 8 WEEKS

Step 1

Aquire Documents
Adquirir documentos

All documents can be downloaded at the Catholic Properties website

Step 2

Submit Documents to Catholic Mutual
Enviar documentos a Catholic Mutual

Submit the following:

- Special Events Application
- Liquor Liability Application
- Vendor Hold Harmless

Then you will be issued a COI in approx. 2 weeks

2 week turnaround

Step 3

Deliver Documents to Catholic Properties
Entregar documentos a propiedades católicas

Submit the following:

- COI
- Page 9 from the City Temporary Permit Application

Step 4

Indemnification Agreement
Indemnización Acuerdo

Catholic Properties will send the agreement to the priest to sign via email

1-3 day turnaround

Step 5

Diocesan Approval & Signature
Aprobación y Firma Diocesana

Catholic Properties will deliver documents for Bishop Tony to sign and notarize

2 week turnaround

Step 6

Parish Rep Picks Up Documents
La parroquial recoge documentos

Catholic Properties will call you once we have received the signed documents for you to pick up

TIMELINE CONT.

ENTIRE PROCESS CAN TAKE APPROXIMATELY 8 WEEKS

Step 7

<u>One Stop Shop</u>

(Only Parishes in El Paso City Limit)
(Solo parroquias dentro del límite de la ciudad de El Paso)

Submit the following:

- City permit application
- COI
- Documents Bishop signed

2 week turnaround

Step 8

<u>TABC Alcohol Permit</u>
Permiso de alcohol TABC

- Submit the Non-Profit Entity Temporary Event Application no later than 30 days before your event. Applications submitted within 10 days will be subject to additional fees

1 week turnaround

Step 9

<u>Texas Comptroller Alcohol Sales Tax Reports</u>
Informes de Impuestos sobre Ventas de Alcohol

- Parish should consider adding a sales tax to the total of each beverage.
- Parish must submit two sales tax reports once event is over but before the deadline to avoid any penalty fees.

Step 10

Document process is complete!

Ensure that all permits and insurance documents are safe & easily accessible!

El proceso de documentación está completo!
Asegúrate de que todos los permisos y documentos de seguro sean seguros y de fácil acceso!

REQUIRED DOCUMENTS

ACCESSING FORMS AND DOCUMENTS

- **Obtaining all Required Documents**

  Complete list of documents can be found at
  https://www.catholicpropertiesofelpaso.org/spevents/

  Or scan the QR code to find our Special Events Forms

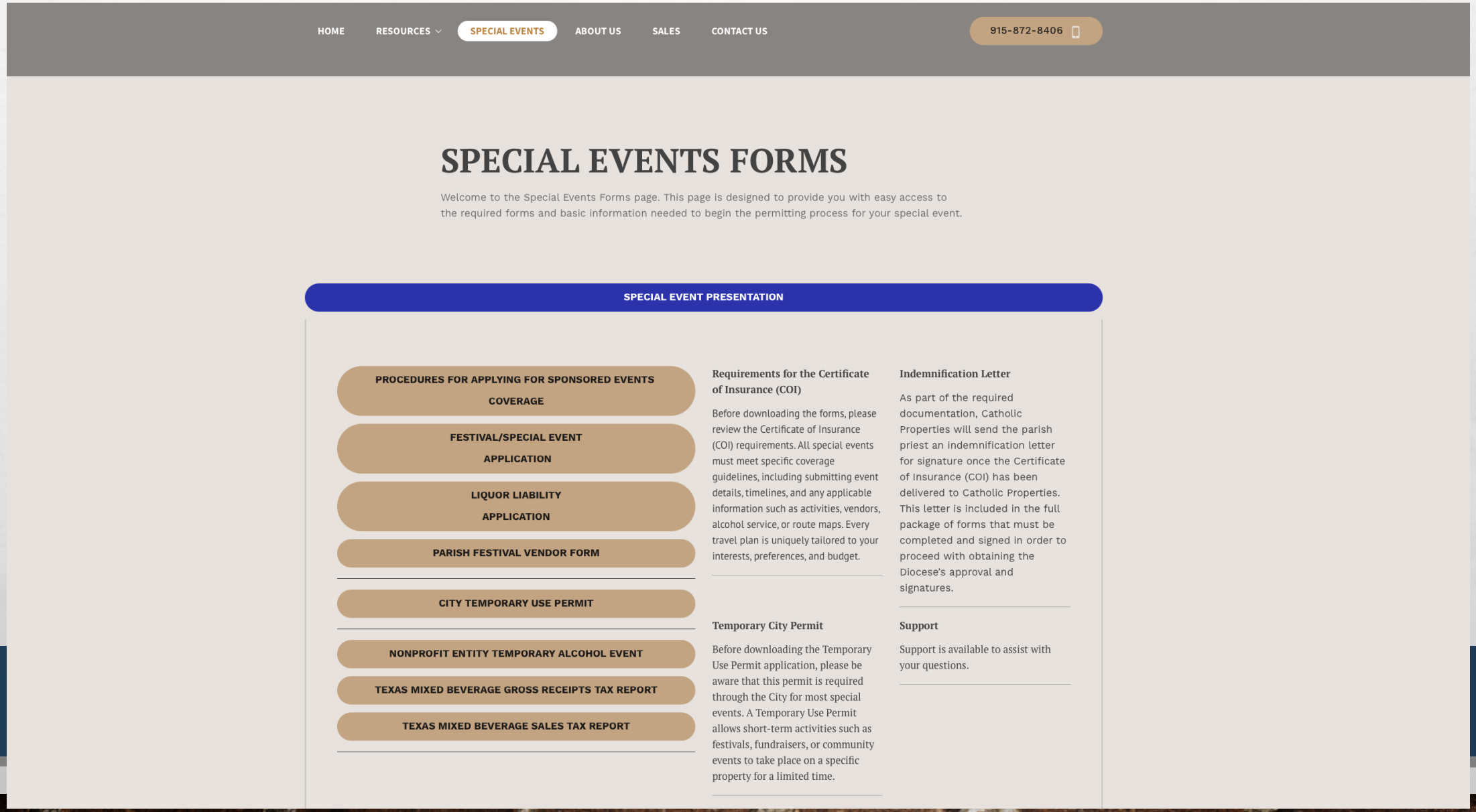
- **As soon as your parish has finalized the date of your event it is recommended that the process begins. At minimum eight (8) weeks prior to the event. Each phase of the process requires approximately two (2) weeks to complete before proceeding to the next step.**

- Obtención de los Documentos Requeridos
  La lista completa de documentos se encuentra disponible en:
  https://www.catholicpropertiesofelpaso.org/spevents/
  También puede escanear el código QR para acceder a los formularios de Eventos Especiales.

- Se recomienda iniciar el proceso al menos ocho (8) semanas antes del evento. Cada fase requiere aproximadamente dos (2) semanas para completarse antes de avanzar a la siguiente etapa.

QR to download forms

CATHOLIC PROPERTIES WEBSITE

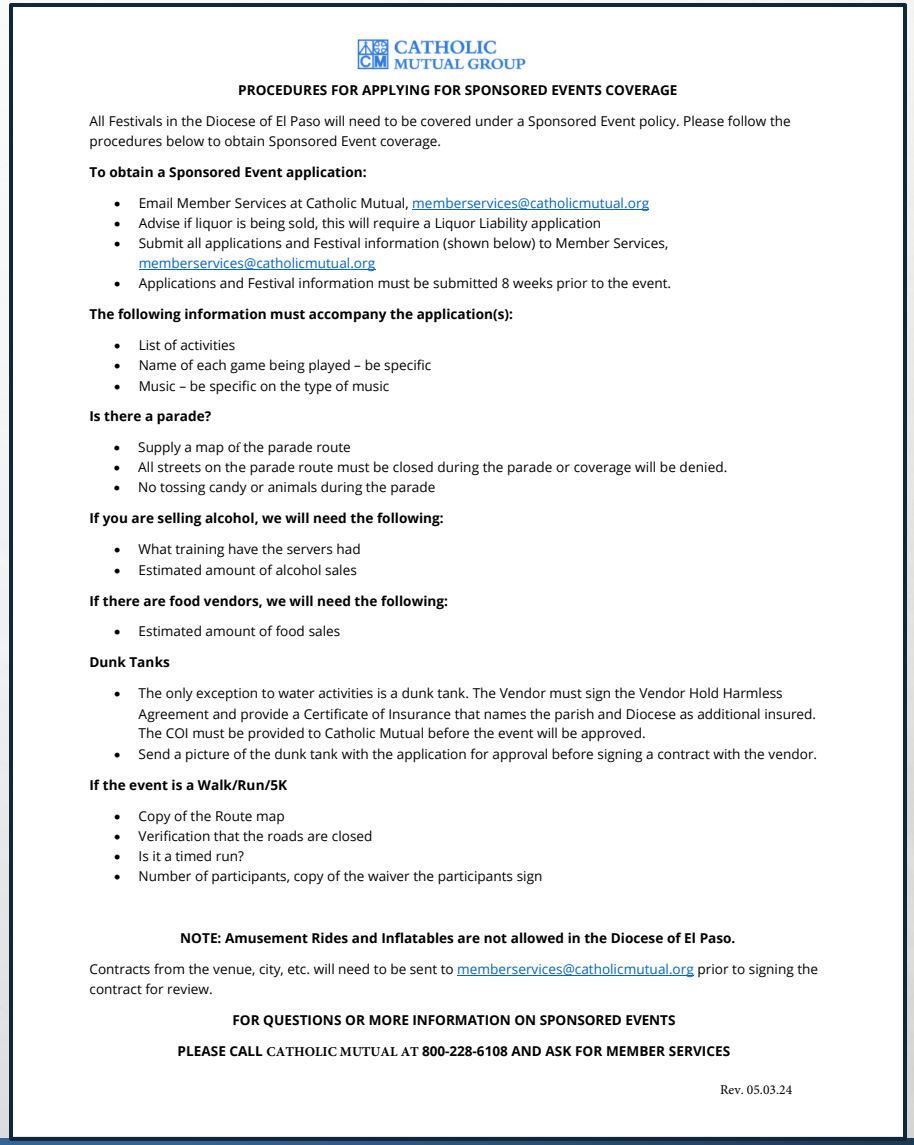


CATHOLIC MUTUAL INSURANCE

CATHOLIC MUTUAL

PROCEDURES FOR APPLYING FOR SPONSORED EVENTS COVERAGE

- **Review informational document of procedures and requirements from Catholic Mutual**
- Revisa el documento informativo de procedimientos y requisitos de Catholic Mutual



CATHOLIC MUTUAL GROUP

PROCEDURES FOR APPLYING FOR SPONSORED EVENTS COVERAGE

All Festivals in the Diocese of El Paso will need to be covered under a Sponsored Event policy. Please follow the procedures below to obtain Sponsored Event coverage.

To obtain a Sponsored Event application:

- Email Member Services at Catholic Mutual, memberservices@catholicmutual.org
- Advise if liquor is being sold, this will require a Liquor Liability application
- Submit all applications and Festival information (shown below) to Member Services, memberservices@catholicmutual.org
- Applications and Festival information must be submitted 8 weeks prior to the event.

The following information must accompany the application(s):

- List of activities
- Name of each game being played – be specific
- Music – be specific on the type of music

Is there a parade?

- Supply a map of the parade route
- All streets on the parade route must be closed during the parade or coverage will be denied.
- No tossing candy or animals during the parade

If you are selling alcohol, we will need the following:

- What training have the servers had
- Estimated amount of alcohol sales

If there are food vendors, we will need the following:

- Estimated amount of food sales

Dunk Tanks

- The only exception to water activities is a dunk tank. The Vendor must sign the Vendor Hold Harmless Agreement and provide a Certificate of Insurance that names the parish and Diocese as additional insured. The COI must be provided to Catholic Mutual before the event will be approved.
- Send a picture of the dunk tank with the application for approval before signing a contract with the vendor.

If the event is a Walk/Run/5K

- Copy of the Route map
- Verification that the roads are closed
- Is it a timed run?
- Number of participants, copy of the waiver the participants sign

NOTE: Amusement Rides and Inflatables are not allowed in the Diocese of El Paso.

Contracts from the venue, city, etc. will need to be sent to memberservices@catholicmutual.org prior to signing the contract for review.

FOR QUESTIONS OR MORE INFORMATION ON SPONSORED EVENTS

PLEASE CALL CATHOLIC MUTUAL AT 800-228-6108 AND ASK FOR MEMBER SERVICES

Rev. 05.03.24

K&K INSURANCE

1712 Magnavox Way P.O. Box 2338
Fort Wayne, IN 46801-2338
1-800-553-8368 Fax 1-260-459-5624
www.kandkinsurance.com
CA# 0334819

CATHOLIC DIOCESE FESTIVAL/SPECIAL EVENT APPLICATION

IMPORTANT

THIS IS NOT A BINDER. INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED FOR COMPLETION.

APPLICANT INFORMATION

Named Insured as it is to appear on policy:
Doing Business As:
Insured is: ❑ Corporation ❑ Partnership ❑ Joint Venture ❑ Other:
Mailing Address:
City: State: Zip:
Contact Person: Title:
Telephone Number: ( ) Fax Number: ( )
E-mail Address: Web Site:

UNDERWRITING INFORMATION

1. Name of Event:
2. Description of event/operations/business:
3. Policy Period Requested: to
4. Date(s) of Event:
   Opening and closing hours of event: Open: Close:
5. Location of Event Site (Name of Facility):
   Address:
   City: State: Zip:
6. What is your past experience producing this type of event?
7. Gross Receipts last year (all sources): $
   This year's budget: $
8. Estimated total attendance this year:
   Estimated maximum daily attendance:
   Total attendance last year:
9. List any entities requiring Additional Insured status on your policy

Name of Entity	Business Relationship to You	Certificate Required
a.		❑ Yes ❑ No
b.		❑ Yes ❑ No
c.		❑ Yes ❑ No

10. Has insurance for this event ever been: ❑ Cancelled ❑ Declined ❑ Nonrenewed
    If so, please explain:
11. Who provides security for this event? ❑ City ❑ County ❑ State ❑ Employees ❑ Private Agency
    a. Does the private agency provide a Certificate of Insurance naming you as additional insured? ❑ Yes ❑ No ❑ N/A
    b. If security personnel are the event employees, are they armed? ❑ Yes ❑ No ❑ N/A
       If yes, please attach training procedures to this application.

1485 12/25

CATHOLIC MUTUAL

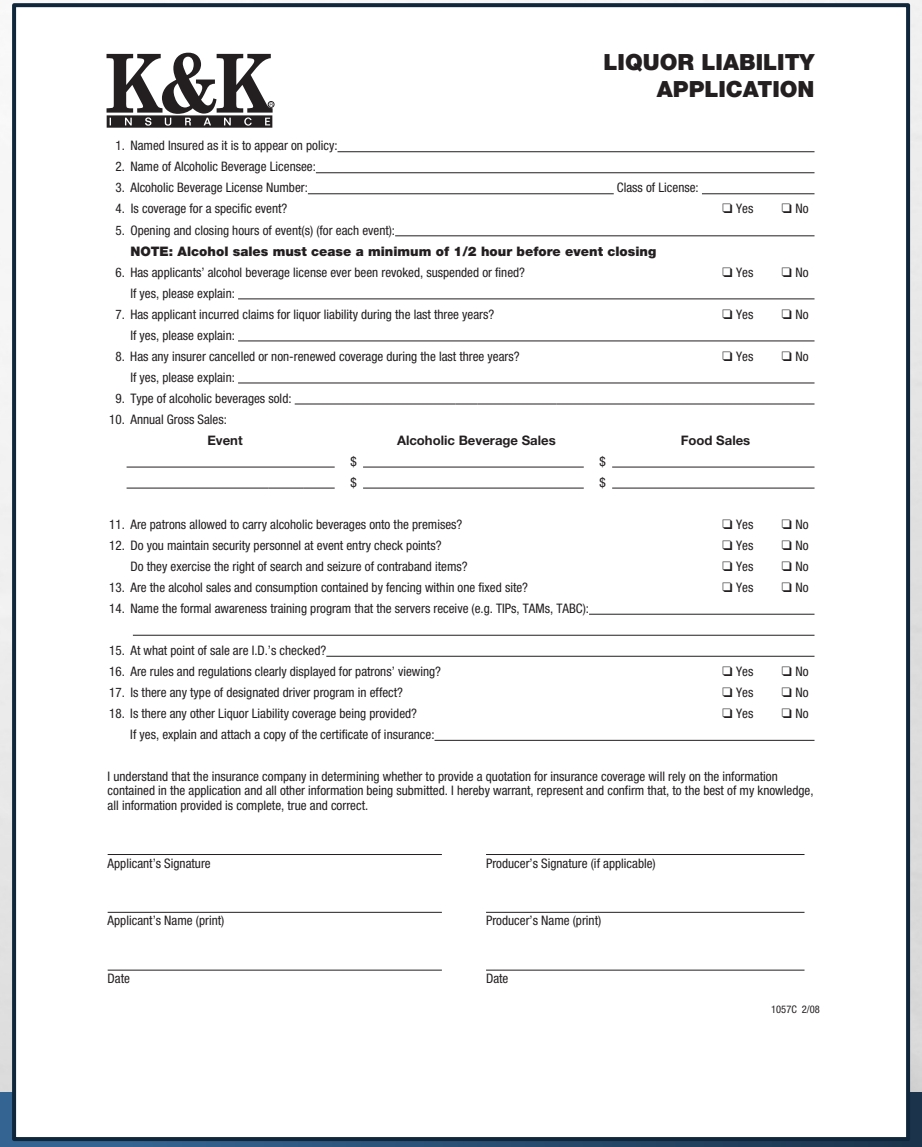
K&K CATHOLIC DIOCESE FESTIVAL/SPECIAL EVENT APPLICATION

- **This 2-page application is to be completed by the parish representative**
- Esta aplicación de 2 páginas debe ser completada por el representante parroquial

CATHOLIC MUTUAL

LIQUOR LIABILITY APPLICATION

- **This application is required if any alcohol will be consumed (liquor, wine, beer, malt liquor)**
- Esta aplicación es obligatoria si se va a consumer alcohol durante el evento (licor, cerveza, vino, hard seltzers)



K&K INSURANCE

LIQUOR LIABILITY APPLICATION

1. Named Insured as it is to appear on policy:_____
2. Name of Alcoholic Beverage Licensee:_____
3. Alcoholic Beverage License Number:_____ Class of License: _____
4. Is coverage for a specific event? ❑ Yes ❑ No
5. Opening and closing hours of event(s) (for each event):_____

NOTE: Alcohol sales must cease a minimum of 1/2 hour before event closing

6. Has applicants' alcohol beverage license ever been revoked, suspended or fined? ❑ Yes ❑ No
   If yes, please explain: _____
7. Has applicant incurred claims for liquor liability during the last three years? ❑ Yes ❑ No
   If yes, please explain: _____
8. Has any insurer cancelled or non-renewed coverage during the last three years? ❑ Yes ❑ No
   If yes, please explain: _____
9. Type of alcoholic beverages sold: _____
10. Annual Gross Sales:

Event	Alcoholic Beverage Sales	Food Sales
_____	$ _____	$ _____
_____	$ _____	$ _____

11. Are patrons allowed to carry alcoholic beverages onto the premises? ❑ Yes ❑ No
12. Do you maintain security personnel at event entry check points? ❑ Yes ❑ No
    Do they exercise the right of search and seizure of contraband items? ❑ Yes ❑ No
13. Are the alcohol sales and consumption contained by fencing within one fixed site? ❑ Yes ❑ No
14. Name the formal awareness training program that the servers receive (e.g. TIPs, TAMs, TABC):_____
15. At what point of sale are I.D.'s checked?_____
16. Are rules and regulations clearly displayed for patrons' viewing? ❑ Yes ❑ No
17. Is there any type of designated driver program in effect? ❑ Yes ❑ No
18. Is there any other Liquor Liability coverage being provided? ❑ Yes ❑ No
    If yes, explain and attach a copy of the certificate of insurance:_____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature | Producer's Signature (if applicable)

Applicant's Name (print) | Producer's Name (print)

Date | Date

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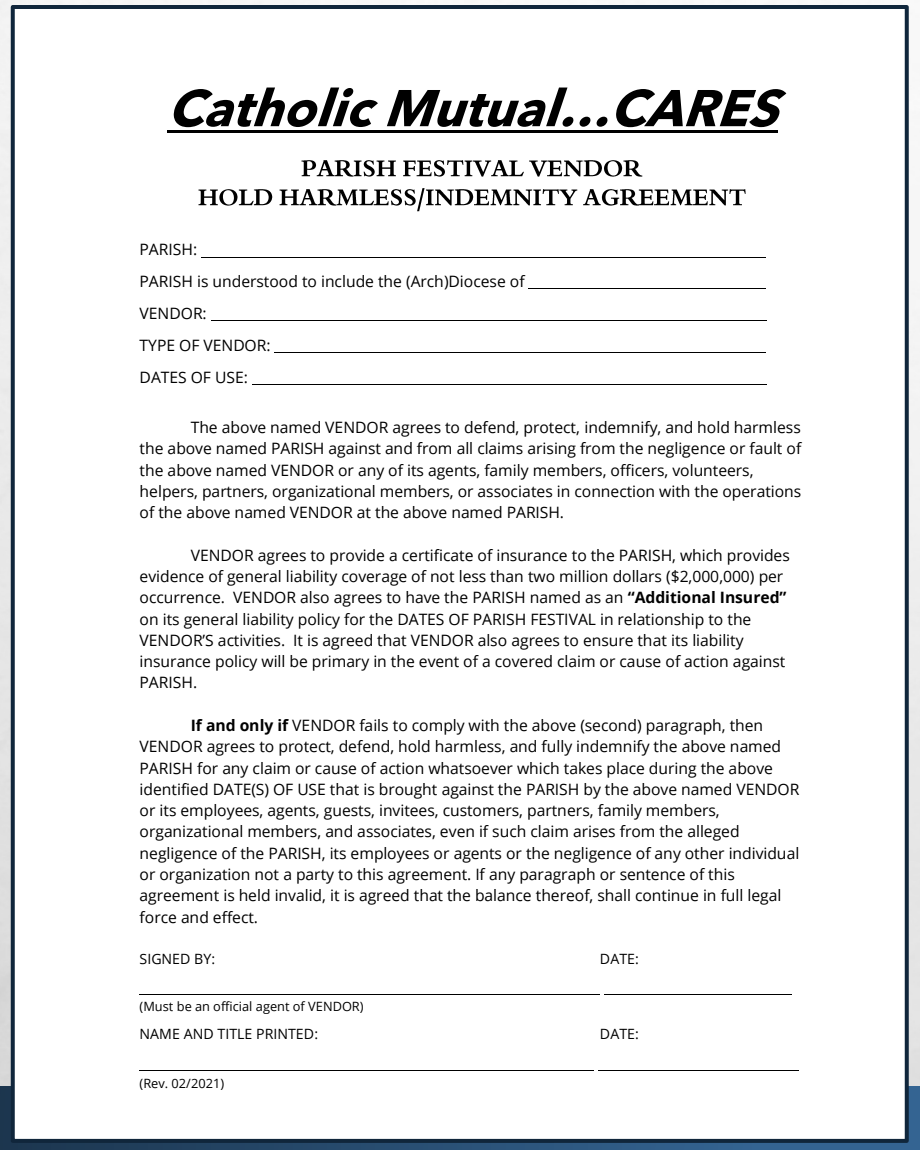


Catholic Mutual…CARES

PARISH FESTIVAL VENDOR
HOLD HARMLESS/INDEMNITY AGREEMENT

PARISH: _____

PARISH is understood to include the (Arch)Diocese of _____

VENDOR: _____

TYPE OF VENDOR: _____

DATES OF USE: _____

The above named VENDOR agrees to defend, protect, indemnify, and hold harmless the above named PARISH against and from all claims arising from the negligence or fault of the above named VENDOR or any of its agents, family members, officers, volunteers, helpers, partners, organizational members, or associates in connection with the operations of the above named VENDOR at the above named PARISH.

VENDOR agrees to provide a certificate of insurance to the PARISH, which provides evidence of general liability coverage of not less than two million dollars ($2,000,000) per occurrence. VENDOR also agrees to have the PARISH named as an **"Additional Insured"** on its general liability policy for the DATES OF PARISH FESTIVAL in relationship to the VENDOR'S activities. It is agreed that VENDOR also agrees to ensure that its liability insurance policy will be primary in the event of a covered claim or cause of action against PARISH.

If and only if VENDOR fails to comply with the above (second) paragraph, then VENDOR agrees to protect, defend, hold harmless, and fully indemnify the above named PARISH for any claim or cause of action whatsoever which takes place during the above identified DATE(S) OF USE that is brought against the PARISH by the above named VENDOR or its employees, agents, guests, invitees, customers, partners, family members, organizational members, and associates, even if such claim arises from the alleged negligence of the PARISH, its employees or agents or the negligence of any other individual or organization not a party to this agreement. If any paragraph or sentence of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

SIGNED BY: _____ DATE: _____

(Must be an official agent of VENDOR)

NAME AND TITLE PRINTED: _____ DATE: _____

(Rev. 02/2021)

CATHOLIC MUTUAL

VENDOR HOLD HARMLESS INDEMNITY AGREEMENT

- **All vendors must sign this agreement and provide the parish with their insurance documents**
- Todos los proveedores deben firmar este acuerdo y proporcionar a la parroquia sus documentos de seguro

CATHOLIC MUTUAL

OVERALL DOCUMENTS TO SUBMIT TO CATHOLIC MUTUAL

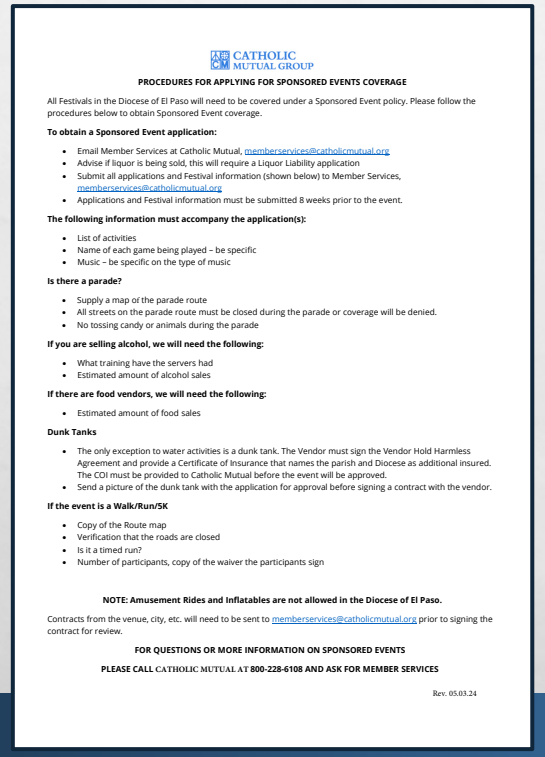
All forms submitted via email
Todos los formularios enviados por correo electrónico a

memberservices@catholicmutual.org

Special Event Application
Solicitud de responsabilidad civil por alcohol

Liquor Liability Application
Solicitud de responsabilidad civil por alcohol

Vendor Hold Harmless Indemnity Agreement
Acuerdo de indemnización inofensiva para el vendedor



CATHOLIC MUTUAL GROUP

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If the event is a Walk/Run/5K

- Copy of the Route map
- Verification that the roads are closed
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Rev. 05.03.24

K&K INSURANCE
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www.kandkinsurance.com
CA# 0334819

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APPLICANT INFORMATION

Named Insured as it is to appear on policy:
Doing Business As:
Insured is: ❑ Corporation ❑ Partnership ❑ Joint Venture ❑ Other:
Mailing Address:
City: State: Zip:
Contact Person: Title:
Telephone Number: ( ) Fax Number: ( )
E-mail Address: Web Site:

UNDERWRITING INFORMATION

1. Name of Event:
2. Description of event/operations/business:
3. Policy Period Requested: to
4. Date(s) of Event:
   Opening and closing hours of event: Open: Close:
5. Location of Event Site (Name of Facility):
   Address:
   City: State: Zip:
6. What is your past experience producing this type of event?
7. Gross Receipts last year (all sources): $
   This year's budget: $
8. Estimated total attendance this year:
   Estimated maximum daily attendance:
   Total attendance last year:
9. List any entities requiring Additional Insured status on your policy

	Name of Entity	Business Relationship to You	Certificate Required
a.			❑ Yes ❑ No
b.			❑ Yes ❑ No
c.			❑ Yes ❑ No

10. Has insurance for this event ever been: ❑ Cancelled ❑ Declined ❑ Nonrenewed
    If so, please explain:
11. Who provides security for this event? ❑ City ❑ County ❑ State ❑ Employees ❑ Private Agency
    a. Does the private agency provide a Certificate of Insurance naming you as additional insured? ❑ Yes ❑ No ❑ N/A
    b. If security personnel are the event employees, are they armed? ❑ Yes ❑ No ❑ N/A
       If yes, please attach training procedures to this application.

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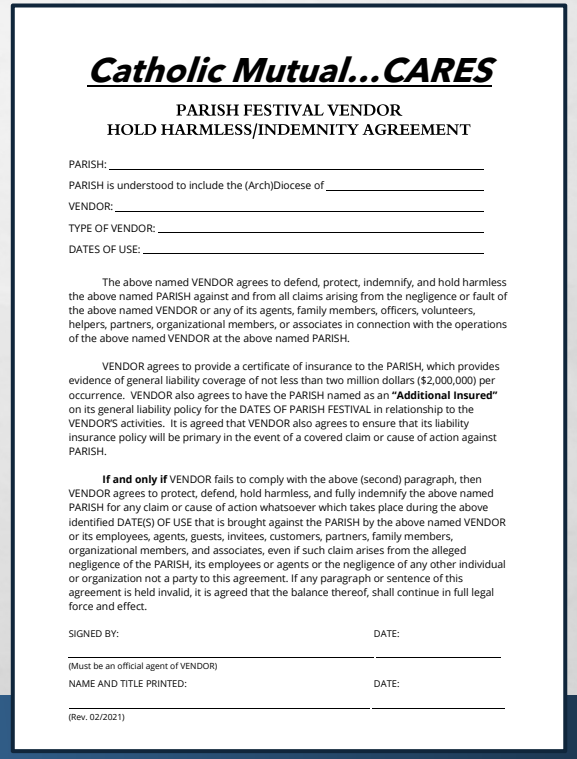

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If and only if VENDOR fails to comply with the above (second) paragraph, then VENDOR agrees to protect, defend, hold harmless, and fully indemnify the above named PARISH for any claim or cause of action whatsoever which takes place during the above identified DATE(S) OF USE that is brought against the PARISH by the above named VENDOR or its employees, agents, guests, invitees, customers, partners, family members, organizational members, and associates, even if such claim arises from the alleged negligence of the PARISH, its employees or agents or the negligence of any other individual or organization not a party to this agreement. If any paragraph or sentence of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

SIGNED BY: _____ DATE: _____

(Must be an official agent of VENDOR)

NAME AND TITLE PRINTED: _____ DATE: _____

(Rev. 02/2021)

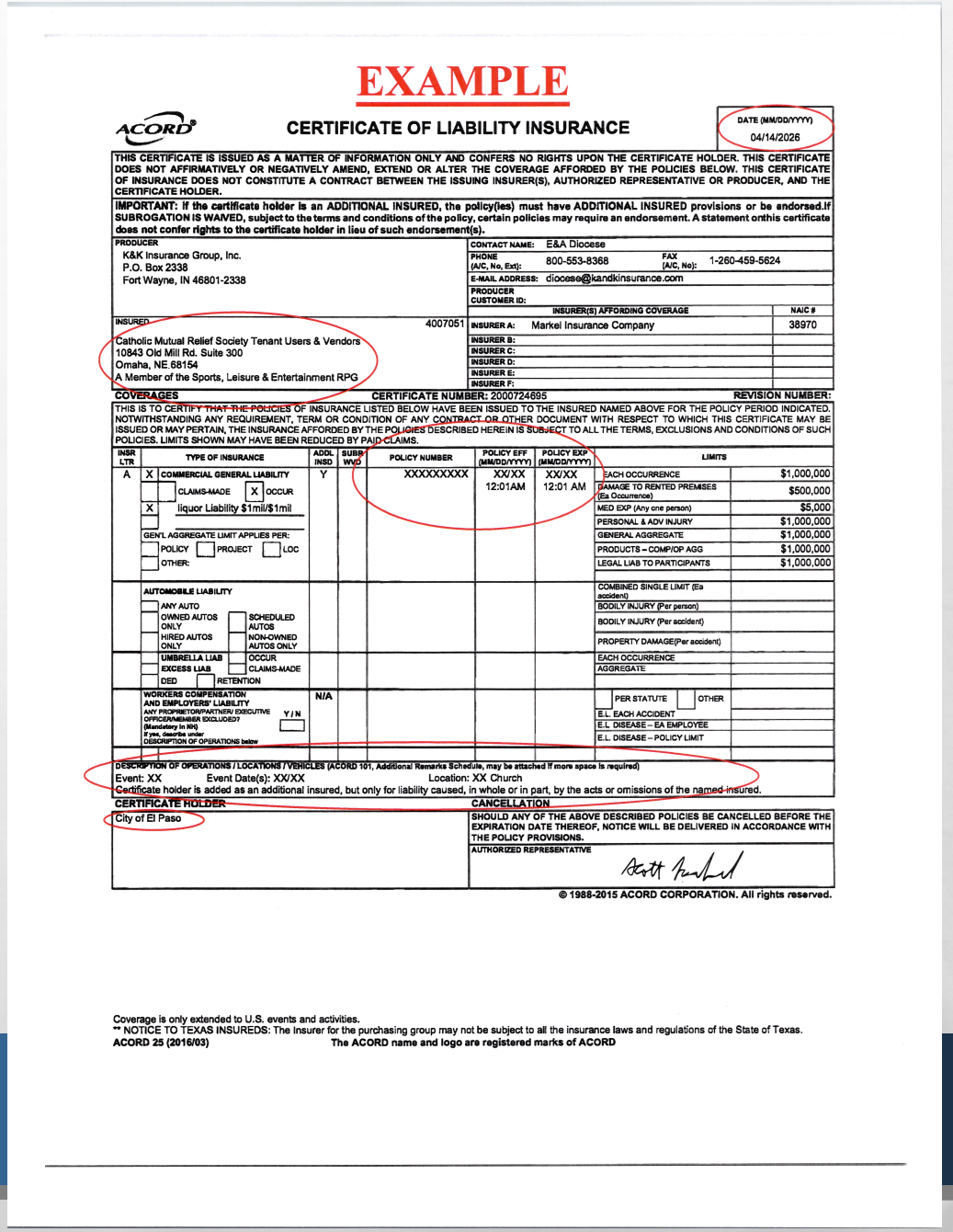
Any questions with these forms call Catholic Mutual at Catholic Mutual (800)228-8108

Si tienes alguna pregunta sobre estos formularios, llama a Catholic Mutual al (800)228-8108

CATHOLIC MUTUAL

CERTIFICATE OF INSURANCE (COI)

- **After approval, a Certificate of Insurance (COI) is issued as proof of insurance required by the Diocese and city permits.**
- **This is an example of a COI Catholic Mutual will issue your parish**
- **Certificate holder will be adjusted according to the city limit your parish is located within**
- Tras la aprobación, se emite un Certificado de Seguro (COI) como prueba de seguro requerida para los permisos diocesanos y municipales.
- Este es un ejemplo de una Catholic Mutual de la COI que emitirá tu parroquia
- El titular del certificado se ajustará según el límite de la ciudad en la que se encuentre tu parroquia



EXAMPLE

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/14/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
K&K Insurance Group, Inc.
P.O. Box 2338
Fort Wayne, IN 46801-2338

CONTACT NAME: E&A Diocese
PHONE (A/C, No, Ext): 800-553-8368 FAX (A/C, No): 1-260-459-5624
E-MAIL ADDRESS: diocese@kandkinsurance.com
PRODUCER CUSTOMER ID:

INSURER(S) AFFORDING COVERAGE — NAIC #
INSURER A: Markel Insurance Company — 38970
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

INSURED 4007051
Catholic Mutual Relief Society Tenant Users & Vendors
10843 Old Mill Rd. Suite 300
Omaha, NE 68154
A Member of the Sports, Leisure & Entertainment RPG

COVERAGES CERTIFICATE NUMBER: 2000724695 REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	Y		XXXXXXXXX	XX/XX 12:01AM	XX/XX 12:01 AM	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence)	$500,000
	X liquor Liability $1mil/$1mil						MED EXP (Any one person)	$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$1,000,000
	POLICY PROJECT LOC						GENERAL AGGREGATE	$1,000,000
	OTHER:						PRODUCTS – COMP/OP AGG	$1,000,000
							LEGAL LIAB TO PARTICIPANTS	$1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					PER STATUTE OTHER	
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N						E.L. EACH ACCIDENT	
	(Mandatory in NH)						E.L. DISEASE – EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE – POLICY LIMIT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Event: XX Event Date(s): XX/XX Location: XX Church
Certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

CERTIFICATE HOLDER
City of El Paso

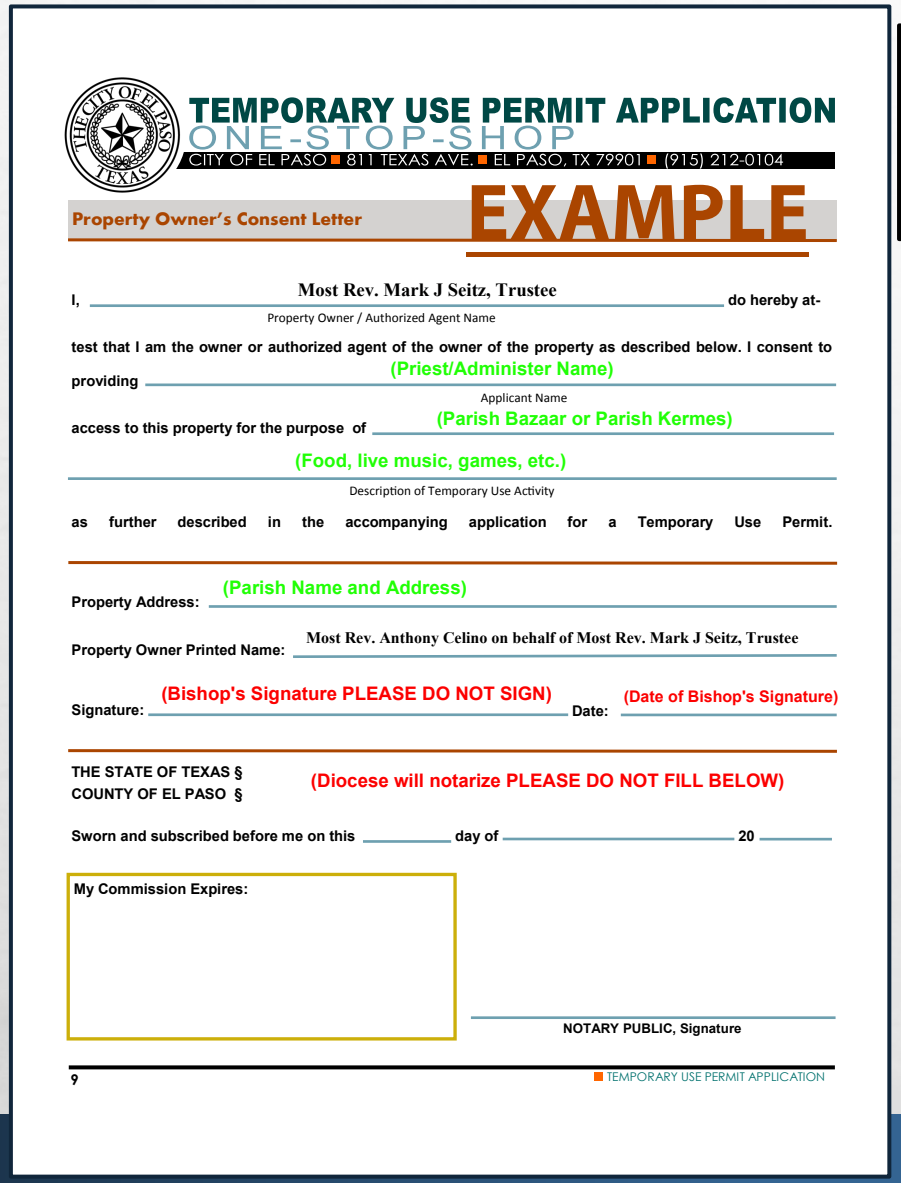
CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE

Coverage is only extended to U.S. events and activities.
** NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas.
ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD

PAGE 9 CITY PERMIT APPLICATION

City of El Paso Only

All parishes outside of city limits need to file permit application with their city office



TEMPORARY USE PERMIT APPLICATION
ONE-STOP-SHOP
CITY OF EL PASO ■ 811 TEXAS AVE. ■ EL PASO, TX 79901 ■ (915) 212-0104

Property Owner's Consent Letter

EXAMPLE

I, Most Rev. Mark J Seitz, Trustee do hereby attest that I am the owner or authorized agent of the owner of the property as described below. I consent to providing (Priest/Administer Name) access to this property for the purpose of (Parish Bazaar or Parish Kermes) (Food, live music, games, etc.) as further described in the accompanying application for a Temporary Use Permit.

Property Owner / Authorized Agent Name

Applicant Name

Description of Temporary Use Activity

Property Address: (Parish Name and Address)

Property Owner Printed Name: Most Rev. Anthony Celino on behalf of Most Rev. Mark J Seitz, Trustee

Signature: (Bishop's Signature PLEASE DO NOT SIGN) Date: (Date of Bishop's Signature)

THE STATE OF TEXAS §
COUNTY OF EL PASO §

(Diocese will notarize PLEASE DO NOT FILL BELOW)

Sworn and subscribed before me on this _____ day of _____ 20 _____

My Commission Expires:

NOTARY PUBLIC, Signature

9 ■ TEMPORARY USE PERMIT APPLICATION

EL PASO CITY INSPECTION DIVISION (ONE-STOP SHOP)

PAGE 9 EXAMPLE OF EL PASO CITY TEMPORARY PERMIT APPLICATION

- **Submit only Page 9 of the application to Catholic Properties for Diocesan approval and Bishop Tony's notarized signature.**
- **Refer to the provided example for completing Page 9. Fields highlighted in green indicate the sections to be completed by your parish. Do not fill out any of the information indicated in red.**

- Envíe solo la página 9 de la solicitud a Catholic Properties para la aprobación diocesana y la firma notariada del obispo Tony.
- Consulte el ejemplo proporcionado para completar la página 9. Los campos resaltados en verde indican las secciones que debe completar tu parroquia. No rellenes ninguna de las informaciones indicadas en rojo.

TEMPORARY USE PERMIT APPLICATION
ONE-STOP-SHOP

CITY OF EL PASO ■ 811 TEXAS AVE. ■ EL PASO, TX 79901 ■ (915) 212-0104

Property Owner's Consent Letter

I, Most Rev. Mark J Seitz, Trustee do hereby at-
Property Owner / Authorized Agent Name

test that I am the owner or authorized agent of the owner of the property as described below. I consent to providing _____
Applicant Name

access to this property for the purpose of _____

_____
Description of Temporary Use Activity

as further described in the accompanying application for a Temporary Use Permit.

Property Address: _____

Property Owner Printed Name: Most Rev. Anthony Celino on behalf of Most Rev. Mark J Seitz, Trustee

Signature: _____ Date: _____

THE STATE OF TEXAS §
COUNTY OF EL PASO §

Sworn and subscribed before me on this _____ day of _____ 20 _____

My Commission Expires:

_____
NOTARY PUBLIC, Signature

EL PASO CITY INSPECTION DIVISION (ONE-STOP SHOP)

PAGE 9 OF EL PASO CITY TEMPORARY PERMIT APPLICATION

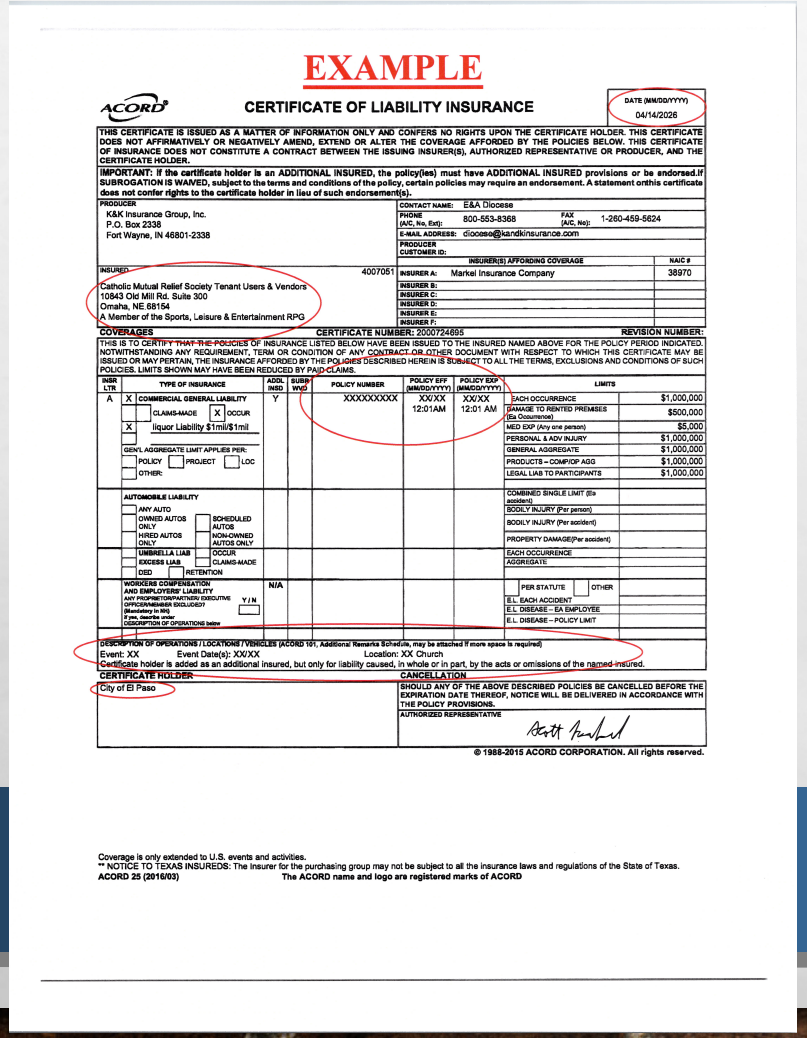
- **Visual of what page nine will look like and refer to the example and only fill out the green portion with your parish information**
- Visual de cómo será la página nueve, consulta el ejemplo y solo rellena la parte verde con la información de tu parroquia

CATHOLIC PROPERTIES

DOCUMENTS TO TURN INTO CATHOLIC PROPERTIES

COI (Issued by Catholic Mutual)

COI (Emitido por Catholic Mutual)



EXAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/14/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
K&K Insurance Group, Inc.
P.O. Box 2338
Fort Wayne, IN 46801-2338

CONTACT NAME: E&A Diocese
PHONE (A/C, No, Ext): 800-553-8368 FAX (A/C, No): 1-260-459-5624
E-MAIL ADDRESS: diocese@kandkinsurance.com
PRODUCER CUSTOMER ID:

INSURER(S) AFFORDING COVERAGE — NAIC #
INSURER A: Markel Insurance Company — 38970
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

INSURED 4007051
Catholic Mutual Relief Society Tenant Users & Vendors
10843 Old Mill Rd. Suite 300
Omaha, NE 68154
A Member of the Sports, Leisure & Entertainment RPG

COVERAGES CERTIFICATE NUMBER: 2000724695 REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	Y		XXXXXXXXX	XX/XX 12:01AM	XX/XX 12:01 AM	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence)	$500,000
	X liquor Liability $1mil/$1mil						MED EXP (Any one person)	$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$1,000,000
	POLICY PROJECT LOC						GENERAL AGGREGATE	$1,000,000
	OTHER:						PRODUCTS – COMP/OP AGG	$1,000,000
							LEGAL LIAB TO PARTICIPANTS	$1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N	N/A					PER STATUTE OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE – EA EMPLOYEE	
							E.L. DISEASE – POLICY LIMIT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Event: XX Event Date(s): XX/XX Location: XX Church
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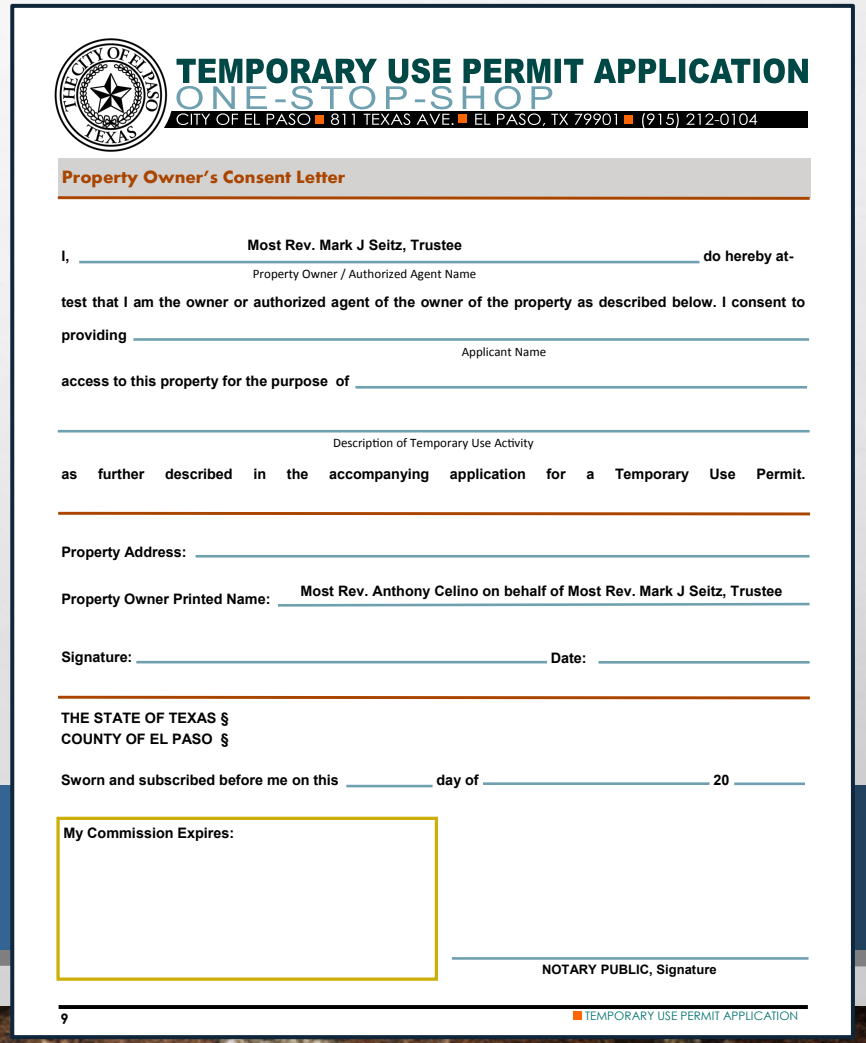
CERTIFICATE HOLDER
City of El Paso

CANCELLATION
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

Coverage is only extended to U.S. events and activities.
** NOTICE TO TEXAS INSUREDS: The insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas.
ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD

Page 9 (City Temp Permit Application)

Página 9 (Solicitud de permiso temporal de la ciudad)



TEMPORARY USE PERMIT APPLICATION
ONE-STOP-SHOP
CITY OF EL PASO ■ 811 TEXAS AVE. ■ EL PASO, TX 79901 ■ (915) 212-0104

Property Owner's Consent Letter

I, Most Rev. Mark J Seitz, Trustee do hereby attest that I am the owner or authorized agent of the owner of the property as described below. I consent to providing _____ access to this property for the purpose of _____

Property Owner / Authorized Agent Name

Applicant Name

Description of Temporary Use Activity

as further described in the accompanying application for a Temporary Use Permit.

Property Address: _____

Property Owner Printed Name: Most Rev. Anthony Celino on behalf of Most Rev. Mark J Seitz, Trustee

Signature: _____ Date: _____

THE STATE OF TEXAS §
COUNTY OF EL PASO §

Sworn and subscribed before me on this _____ day of _____ 20 _____

My Commission Expires:

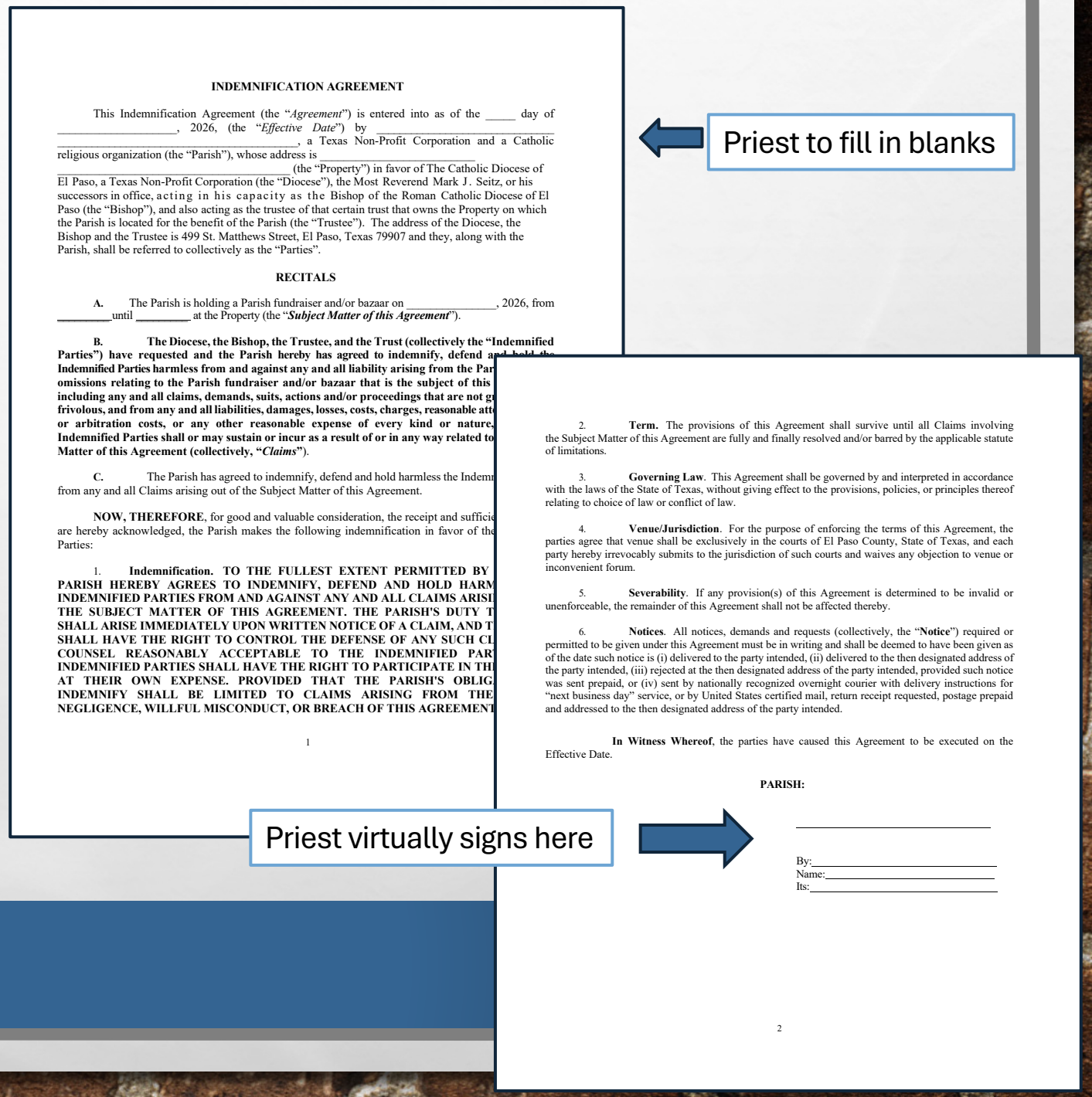
NOTARY PUBLIC, Signature

CATHOLIC MUTUAL

INDEMNIFICATION AGREEMENT

- **Once Catholic Properties has received your COI and Page 9 document, we will send your priest/administrator the indemnification agreement to fill out and sign virtually in Adobe sent via email**

- Una vez que Catholic Properties haya recibido el Certificado de Indemnización (COI) de su parroquia y el documento de la página 9, enviaremos a su sacerdote/administrador el acuerdo de indemnización para que lo complete y firme virtualmente en Adobe por correo electrónico.



INDEMNIFICATION AGREEMENT

This Indemnification Agreement (the "*Agreement*") is entered into as of the _____ day of _____, 2026, (the "*Effective Date*") by _____, a Texas Non-Profit Corporation and a Catholic religious organization (the "Parish"), whose address is _____ (the "Property") in favor of The Catholic Diocese of El Paso, a Texas Non-Profit Corporation (the "Diocese"), the Most Reverend Mark J. Seitz, or his successors in office, acting in his capacity as the Bishop of the Roman Catholic Diocese of El Paso (the "Bishop"), and also acting as the trustee of that certain trust that owns the Property on which the Parish is located for the benefit of the Parish (the "Trustee"). The address of the Diocese, the Bishop and the Trustee is 499 St. Matthews Street, El Paso, Texas 79907 and they, along with the Parish, shall be referred to collectively as the "Parties".

RECITALS

A. The Parish is holding a Parish fundraiser and/or bazaar on _____, 2026, from _____until _____ at the Property (the "***Subject Matter of this Agreement***").

B. The Diocese, the Bishop, the Trustee, and the Trust (collectively the "Indemnified Parties") have requested and the Parish hereby has agreed to indemnify, defend and hold the Indemnified Parties harmless from and against any and all liability arising from the Par omissions relating to the Parish fundraiser and/or bazaar that is the subject of this including any and all claims, demands, suits, actions and/or proceedings that are not g frivolous, and from any and all liabilities, damages, losses, costs, charges, reasonable att or arbitration costs, or any other reasonable expense of every kind or nature, Indemnified Parties shall or may sustain or incur as a result of or in any way related to Matter of this Agreement (collectively, "*Claims*").

C. The Parish has agreed to indemnify, defend and hold harmless the Indem from any and all Claims arising out of the Subject Matter of this Agreement.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficie are hereby acknowledged, the Parish makes the following indemnification in favor of the Parties:

1. **Indemnification. TO THE FULLEST EXTENT PERMITTED BY PARISH HEREBY AGREES TO INDEMNIFY, DEFEND AND HOLD HARM INDEMNIFIED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS ARISI THE SUBJECT MATTER OF THIS AGREEMENT. THE PARISH'S DUTY T SHALL ARISE IMMEDIATELY UPON WRITTEN NOTICE OF A CLAIM, AND T SHALL HAVE THE RIGHT TO CONTROL THE DEFENSE OF ANY SUCH CL COUNSEL REASONABLY ACCEPTABLE TO THE INDEMNIFIED PAR INDEMNIFIED PARTIES SHALL HAVE THE RIGHT TO PARTICIPATE IN TH AT THEIR OWN EXPENSE. PROVIDED THAT THE PARISH'S OBLIG INDEMNIFY SHALL BE LIMITED TO CLAIMS ARISING FROM THE NEGLIGENCE, WILLFUL MISCONDUCT, OR BREACH OF THIS AGREEMENT**

1

2. **Term.** The provisions of this Agreement shall survive until all Claims involving the Subject Matter of this Agreement are fully and finally resolved and/or barred by the applicable statute of limitations.

3. **Governing Law**. This Agreement shall be governed by and interpreted in accordance with the laws of the State of Texas, without giving effect to the provisions, policies, or principles thereof relating to choice of law or conflict of law.

4. **Venue/Jurisdiction**. For the purpose of enforcing the terms of this Agreement, the parties agree that venue shall be exclusively in the courts of El Paso County, State of Texas, and each party hereby irrevocably submits to the jurisdiction of such courts and waives any objection to venue or inconvenient forum.

5. **Severability**. If any provision(s) of this Agreement is determined to be invalid or unenforceable, the remainder of this Agreement shall not be affected thereby.

6. **Notices**. All notices, demands and requests (collectively, the "**Notice**") required or permitted to be given under this Agreement must be in writing and shall be deemed to have been given as of the date such notice is (i) delivered to the party intended, (ii) delivered to the then designated address of the party intended, (iii) rejected at the then designated address of the party intended, provided such notice was sent prepaid, or (iv) sent by nationally recognized overnight courier with delivery instructions for "next business day" service, or by United States certified mail, return receipt requested, postage prepaid and addressed to the then designated address of the party intended.

In Witness Whereof, the parties have caused this Agreement to be executed on the Effective Date.

PARISH:

_____

By:_____
Name:_____
Its:_____

2

Priest to fill in blanks

Priest virtually signs here

DIOCESE APPROVAL

DIOCESE OF EL PASO
APPROVAL & NOTARIZED SIGNATURE

Catholic Properties will take the following documents on behalf of the parish to be approved, signed and notarized by Bishop

- ✓ COI
- ✓ Page 9
- ✓ Indemnification Agreement
- ✓ City Letter from Bishop (if consuming alcohol)

- **Catholic Properties will notify the parish representative to pick up their documents as soon as we have received the signed paperwork. (approx. 2 week turn around time)**

Catholic Properties tomará los siguientes documentos en nombre de la parroquia para que sean aprobados, firmados y notariados por el Obispo

- ✓ COI
- ✓ Página 9
- ✓ Acuerdo de indemnización
- ✓ Carta de la ciudad del obispo (si consume alcohol)

- **Catholic Properties notificará al representante parroquial que recoja sus documentos tan pronto como recibamos la documentación firmada. (tiempo de respuesta aproximado de 2 semanas)**

PARISH

PARISH

- **The parish is responsible for picking up the signed documents from Catholic Properties office once your parish or parish representative has been notified that they are ready**

  499 St Matthews St. El Paso, TX 79907 Building E Suite 1

- La parroquia es responsable de recoger los documentos firmados en la oficina de Catholic Propertiesuna vez que tu parroquia o representante parroquial haya sido notificado de que están listos

  499 St Matthews St. El Paso, TX 79907 Edificio E suite 1

ONE STOP SHOP SUBMISSION

City of El Paso Only

All parishes outside of city limits need to file permit application with their city office

ONE STOP SHOP
DOCUMENTS TO SUBMIT

- **Submit all approved and notarized documents along with required site drawings to the One Stop Shop located at 811 Texas Avenue in El Paso**
- **Call One Stop Shop at (915) 212-0104 with any city permit questions**
- Envía todos los documentos aprobados y notariados, junto con los planos del lugar requeridos, en el One Stop Shop ubicado en el 811 Texas Avenue en El Paso
- Llama a One Stop Shop al (915) 212-0104 si tienes alguna pregunta sobre permisos municipales

Documents to Submit

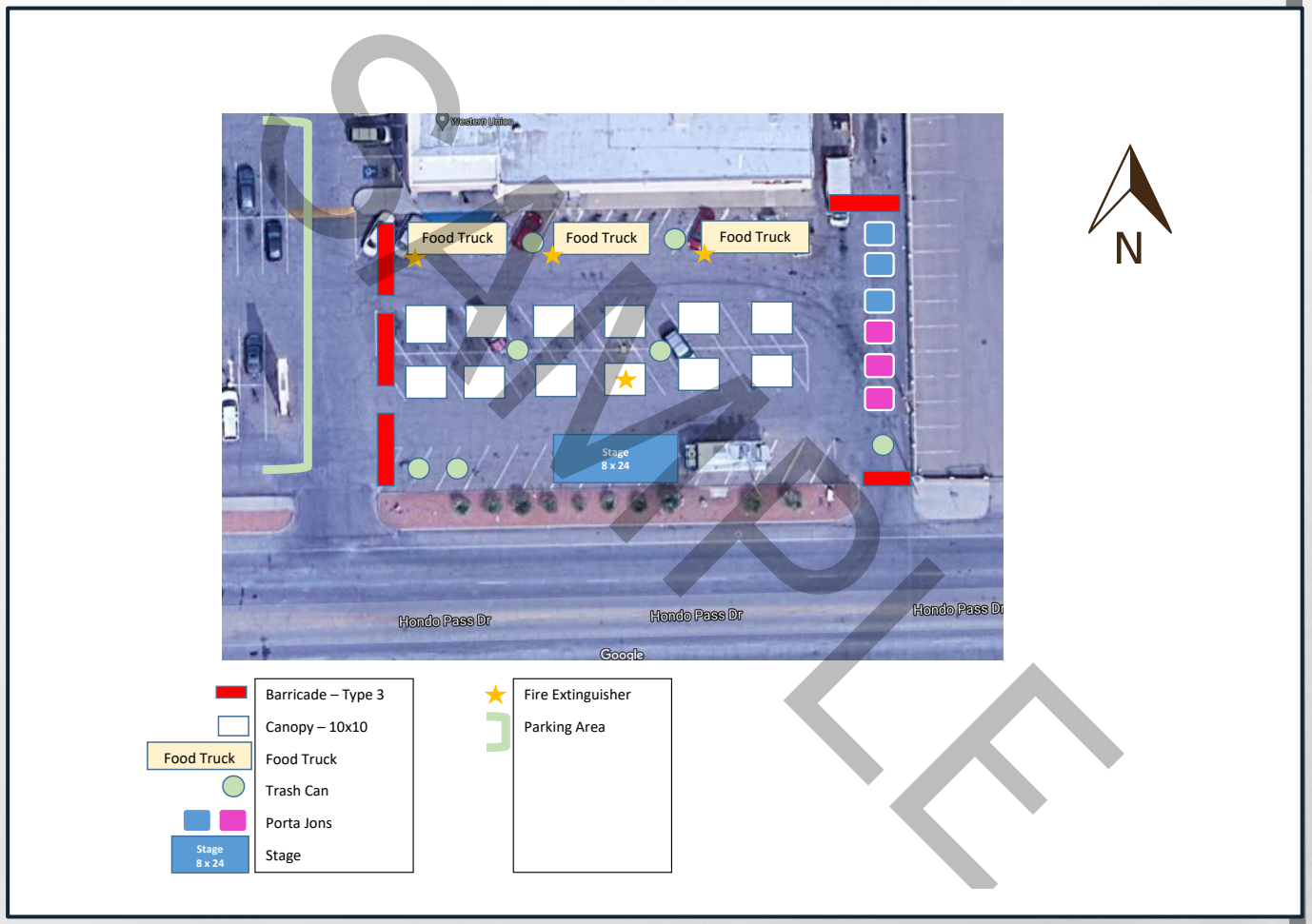
- **Full City Temporary Event Permit Application**
- **Labeled Site Plan**
- **COI**
- **Indemnification Agreement**
- **Letter to the City from Bishop Tony (if consuming alcohol)**

Documentos a Presentar

- Solicitud completa de permiso temporal para eventos de la ciudad
- Plano del Sitio Etiquetado
- COI
- Acuerdo de indemnización
- Carta a la ciudad del obispo Tony (si consume alcohol)

ONE STOP SHOP
LABELED AERIAL SITE PLAN

- **Recommended to include:**
  - ✓ **First Aid booth**
  - ✓ **Missing person booth**
  - ✓ **Path for emergency vehicles**
- **Call One Stop Shop at (915) 212-0104 with any site plan or city permit questions**
- Se recomienda incluir:
  - ✓ Puesto de primeros auxilios
  - ✓ Puesto de personas desaparecidas
  - ✓ Camino para vehículos de emergencia
- Llama a One Stop Shop (915) 212-0104 si tienes cualquier pregunta sobre permisos de la ciudad

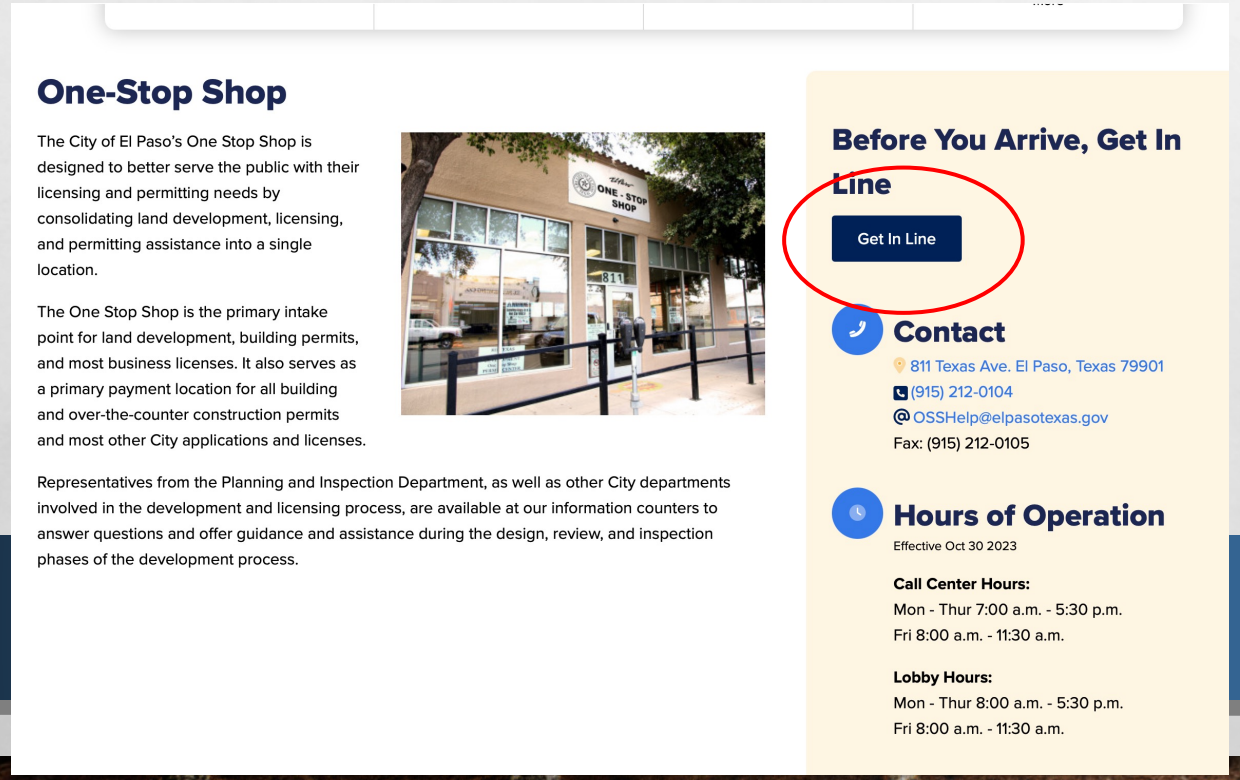


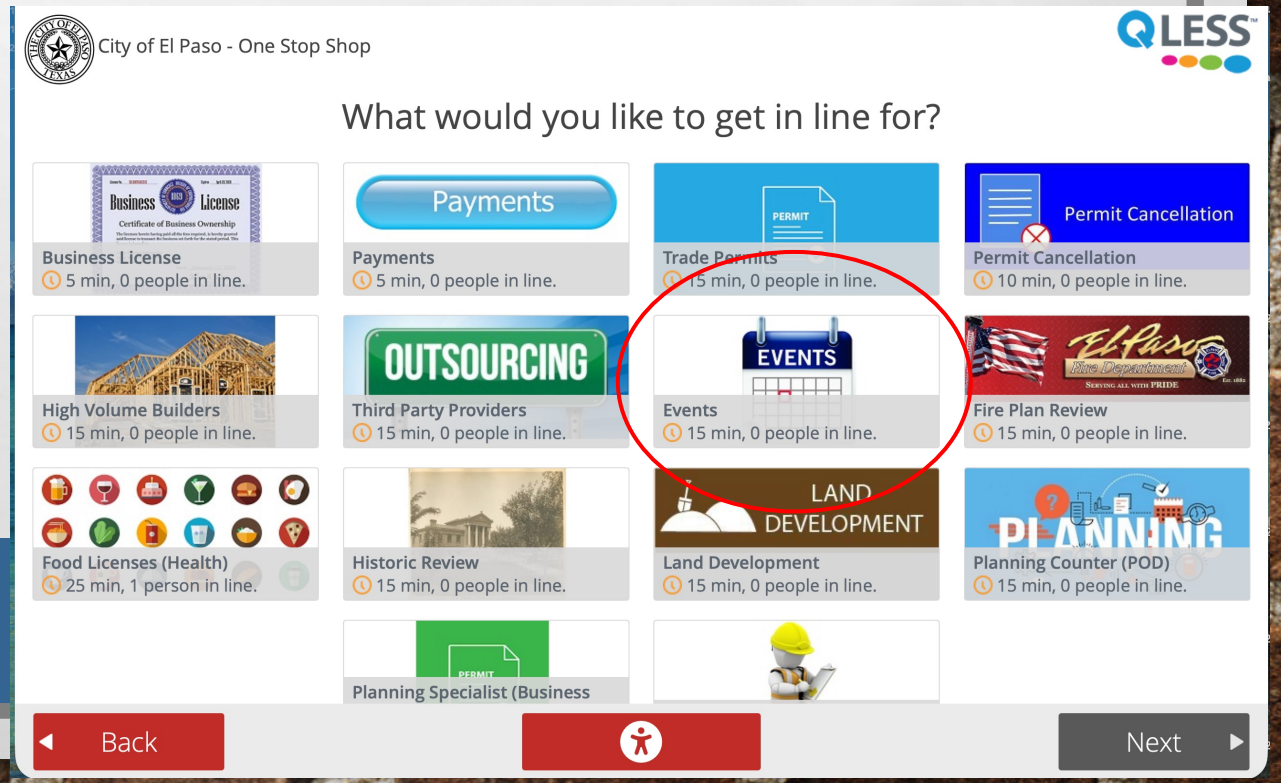
ONE STOP SHOP

- Virtually get in line early before you arrive
- Prácticamente haz cola antes de llegar

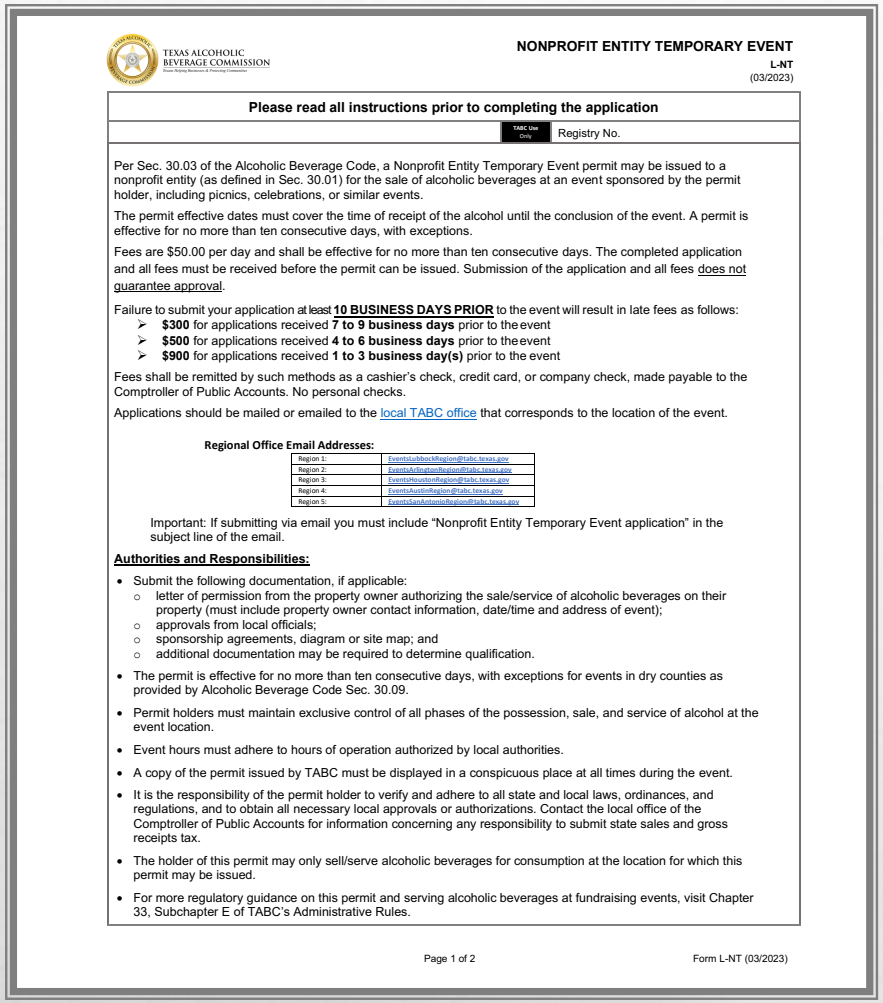
https://www.elpasotexas.gov/planning-and-inspections/

Scan QR code for One Stop Shop website





TABC



TEXAS ALCOHOLIC BEVERAGE COMMISSION

NONPROFIT ENTITY TEMPORARY EVENT
L-NT
(03/2023)

Please read all instructions prior to completing the application

TABC Use Only — Registry No.

Per Sec. 30.03 of the Alcoholic Beverage Code, a Nonprofit Entity Temporary Event permit may be issued to a nonprofit entity (as defined in Sec. 30.01) for the sale of alcoholic beverages at an event sponsored by the permit holder, including picnics, celebrations, or similar events.

The permit effective dates must cover the time of receipt of the alcohol until the conclusion of the event. A permit is effective for no more than ten consecutive days, with exceptions.

Fees are $50.00 per day and shall be effective for no more than ten consecutive days. The completed application and all fees must be received before the permit can be issued. Submission of the application and all fees does not guarantee approval.

Failure to submit your application at least **10 BUSINESS DAYS PRIOR** to the event will result in late fees as follows:
- **$300** for applications received **7 to 9 business days** prior to the event
- **$500** for applications received **4 to 6 business days** prior to the event
- **$900** for applications received **1 to 3 business day(s)** prior to the event

Fees shall be remitted by such methods as a cashier's check, credit card, or company check, made payable to the Comptroller of Public Accounts. No personal checks.

Applications should be mailed or emailed to the local TABC office that corresponds to the location of the event.

Regional Office Email Addresses:

Region 1:	EventsLubbockRegion@tabc.texas.gov
Region 2:	EventsArlingtonRegion@tabc.texas.gov
Region 3:	EventsHoustonRegion@tabc.texas.gov
Region 4:	EventsAustinRegion@tabc.texas.gov
Region 5:	EventsSanAntonioRegion@tabc.texas.gov

Important: If submitting via email you must include "Nonprofit Entity Temporary Event application" in the subject line of the email.

Authorities and Responsibilities:

- Submit the following documentation, if applicable:
  - letter of permission from the property owner authorizing the sale/service of alcoholic beverages on their property (must include property owner contact information, date/time and address of event);
  - approvals from local officials;
  - sponsorship agreements, diagram or site map; and
  - additional documentation may be required to determine qualification.
- The permit is effective for no more than ten consecutive days, with exceptions for events in dry counties as provided by Alcoholic Beverage Code Sec. 30.09.
- Permit holders must maintain exclusive control of all phases of the possession, sale, and service of alcohol at the event location.
- Event hours must adhere to hours of operation authorized by local authorities.
- A copy of the permit issued by TABC must be displayed in a conspicuous place at all times during the event.
- It is the responsibility of the permit holder to verify and adhere to all state and local laws, ordinances, and regulations, and to obtain all necessary local approvals or authorizations. Contact the local office of the Comptroller of Public Accounts for information concerning any responsibility to submit state sales and gross receipts tax.
- The holder of this permit may only sell/serve alcoholic beverages for consumption at the location for which this permit may be issued.
- For more regulatory guidance on this permit and serving alcoholic beverages at fundraising events, visit Chapter 33, Subchapter E of TABC's Administrative Rules.

Page 1 of 2 — Form L-NT (03/2023)

TABC APPLICATION

NON-PROFIT ENTITY TEMPORARY EVENT APPLICATION

- To acquire the liquor license submit the Non-Profit Entity Temporary Event Application 30 days before your event. Applications submitted within 10 days will be subject to additional fees.

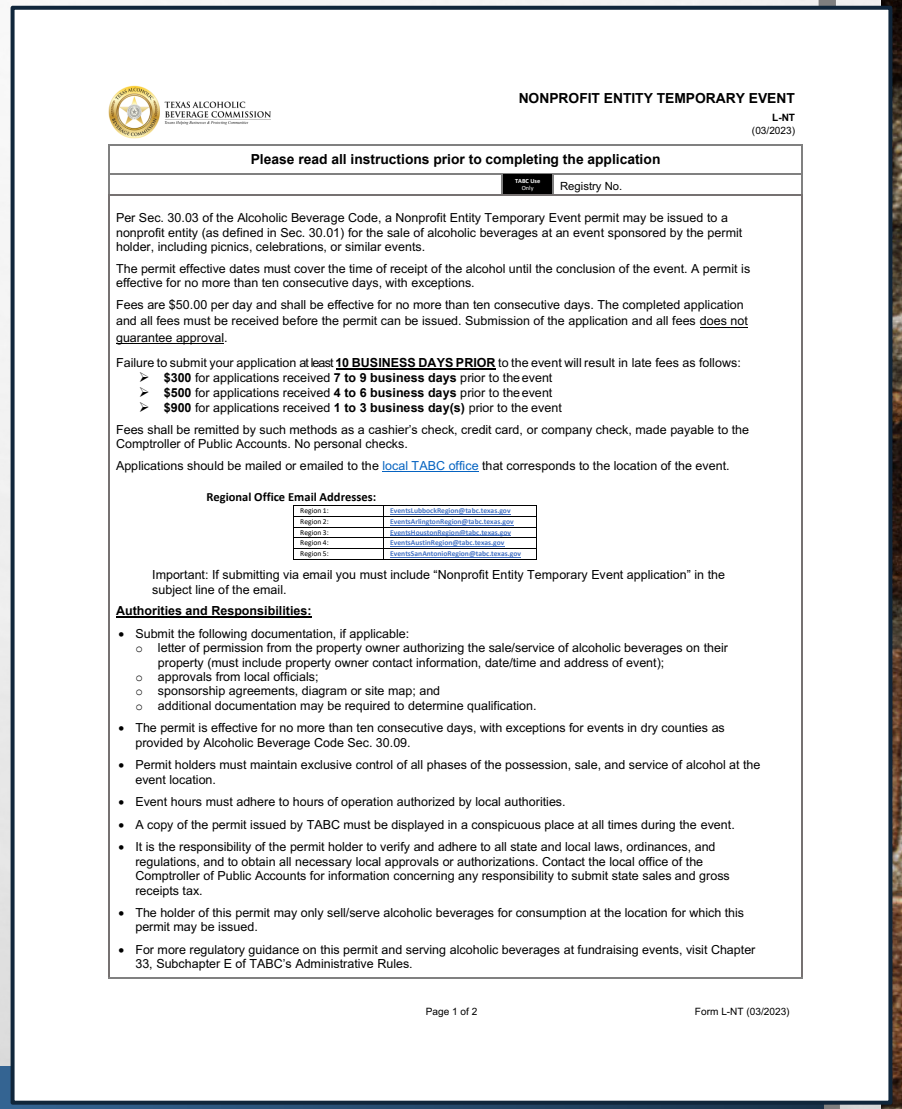
- Additional required documents needed to apply:
  - ✓ City permit
  - ✓ City Letter from the Bishop
  - ✓ Site Map
- Submit via mail or in person at:

  El Paso TABC Office
  401 E Franklin Ave.
  Suite 120 El Paso, TX 79901
  Phone (915)351-3697

SOLICITUD TABC
SOLICITUD DE EVENTO TEMPORAL DE LA ENTIDAD SIN ÁNIMO DE LUCRO

- Para obtener la licencia de alcohol, presenta la Solicitud de Evento Temporal de la Entidad Sin Ánimo de Lucro 30 días antes de tu evento. Las solicitudes presentadas en un plazo de 10 días estarán sujetas a tasas adicionales.
- Se necesitan documentos adicionales necesarios para solicitar:
  - ✓ Permiso municipal,
  - ✓ Carta de la ciudad del obispo
  - ✓ Mapa del sitio
- Envía por correo postal o en persona en:

  Oficina de TABC en El Paso
  401 E Franklin Ave.
  Suite 120 El Paso, TX 79901
  Teléfono (915)351-3697



TEXAS ALCOHOLIC BEVERAGE COMMISSION

NONPROFIT ENTITY TEMPORARY EVENT
L-NT
(03/2023)

Please read all instructions prior to completing the application

TABC Use Only | Registry No.

Per Sec. 30.03 of the Alcoholic Beverage Code, a Nonprofit Entity Temporary Event permit may be issued to a nonprofit entity (as defined in Sec. 30.01) for the sale of alcoholic beverages at an event sponsored by the permit holder, including picnics, celebrations, or similar events.

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Region 3:	EventsHoustonRegion@tabc.texas.gov
Region 4:	EventsAustinRegion@tabc.texas.gov
Region 5:	EventsSanAntonioRegion@tabc.texas.gov

Important: If submitting via email you must include "Nonprofit Entity Temporary Event application" in the subject line of the email.

Authorities and Responsibilities:

- Submit the following documentation, if applicable:
  - letter of permission from the property owner authorizing the sale/service of alcoholic beverages on their property (must include property owner contact information, date/time and address of event);
  - approvals from local officials;
  - sponsorship agreements, diagram or site map; and
  - additional documentation may be required to determine qualification.
- The permit is effective for no more than ten consecutive days, with exceptions for events in dry counties as provided by Alcoholic Beverage Code Sec. 30.09.
- Permit holders must maintain exclusive control of all phases of the possession, sale, and service of alcohol at the event location.
- Event hours must adhere to hours of operation authorized by local authorities.
- A copy of the permit issued by TABC must be displayed in a conspicuous place at all times during the event.
- It is the responsibility of the permit holder to verify and adhere to all state and local laws, ordinances, and regulations, and to obtain all necessary local approvals or authorizations. Contact the local office of the Comptroller of Public Accounts for information concerning any responsibility to submit state sales and gross receipts tax.
- The holder of this permit may only sell/serve alcoholic beverages for consumption at the location for which this permit may be issued.
- For more regulatory guidance on this permit and serving alcoholic beverages at fundraising events, visit Chapter 33, Subchapter E of TABC's Administrative Rules.

Page 1 of 2 Form L-NT (03/2023)

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

ALCOHOL SALES TAX

ONCE EVENT IS OVER

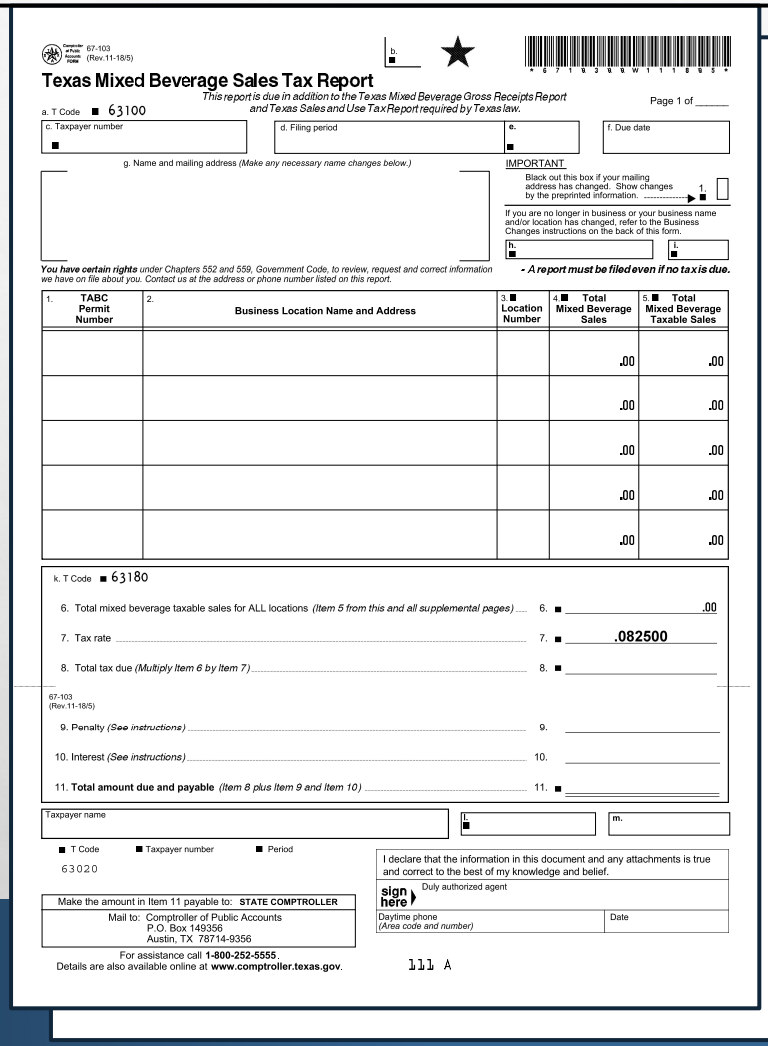
UNA VEZ QUE TERMINE EL EVENTO

ALCOHOL SALES TAX REPORTS

- **“A tax-exempt parish in Texas must report and pay Mixed Beverage Gross Receipts Tax on alcohol sales, even if they qualify as a non-profit. While they may have a sales tax exemption on items for their purpose, this does not apply to selling alcohol. They must file the Texas Mixed Beverage Tax Report” via Texas Comptroller of Public Accounts**
  (https://comptroller.texas.gov/taxes/mixed-beverage/sales.php)

- "Una parroquia exenta de impuestos en Texas debe declarar y pagar el Impuesto sobre Ingresos Brutos de Bebidas Mixtas en ventas de alcohol, incluso si califican como una organización sin ánimo de lucro. Aunque pueden tener una exención del impuesto sobre las ventas sobre artículos para su propósito, esto no se aplica a la venta de alcohol. Deben presentar el Informe Fiscal sobre Bebidas Mixtas de Texas" a través del Contralor de Cuentas Públicas de Texas (https://comptroller.texas.gov/taxes/mixed-beverage/sales.php)

TEXAS MIXED BEVERAGE REPORT &
TEXAS MIXED BEVERAGE GROSS RECEIPTS TAX REPORT



67-103 (Rev.11-18/5)

Texas Mixed Beverage Sales Tax Report

This report is due in addition to the Texas Mixed Beverage Gross Receipts Report and Texas Sales and Use Tax Report required by Texas law.

Page 1 of _____

a. T Code ■ 63100

c. Taxpayer number ■

d. Filing period

e. ■

f. Due date

g. Name and mailing address *(Make any necessary name changes below.)*

IMPORTANT

Black out this box if your mailing address has changed. Show changes by the preprinted information. ----------▶ 1. ■

If you are no longer in business or your business name and/or location has changed, refer to the Business Changes instructions on the back of this form.

h. ■ i. ■

You have certain rights *under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone number listed on this report.*

- A report must be filed even if no tax is due.

1. TABC Permit Number	2. Business Location Name and Address	3. ■ Location Number	4. ■ Total Mixed Beverage Sales	5. ■ Total Mixed Beverage Taxable Sales
			.00	.00
			.00	.00
			.00	.00
			.00	.00
			.00	.00

k. T Code ■ 63180

6. Total mixed beverage taxable sales for ALL locations *(Item 5 from this and all supplemental pages)* ..... 6. ■ .00

7. Tax rate ..... 7. ■ .082500

8. Total tax due *(Multiply Item 6 by Item 7)* ..... 8. ■

67-103 (Rev.11-18/5)

9. Penalty *(See instructions)* ..... 9.

10. Interest *(See instructions)* ..... 10.

11. **Total amount due and payable** *(Item 8 plus Item 9 and Item 10)* ..... 11. ■

Taxpayer name

l. ■ m.

■ T Code ■ Taxpayer number ■ Period

63020

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.

sign here ▶ Duly authorized agent

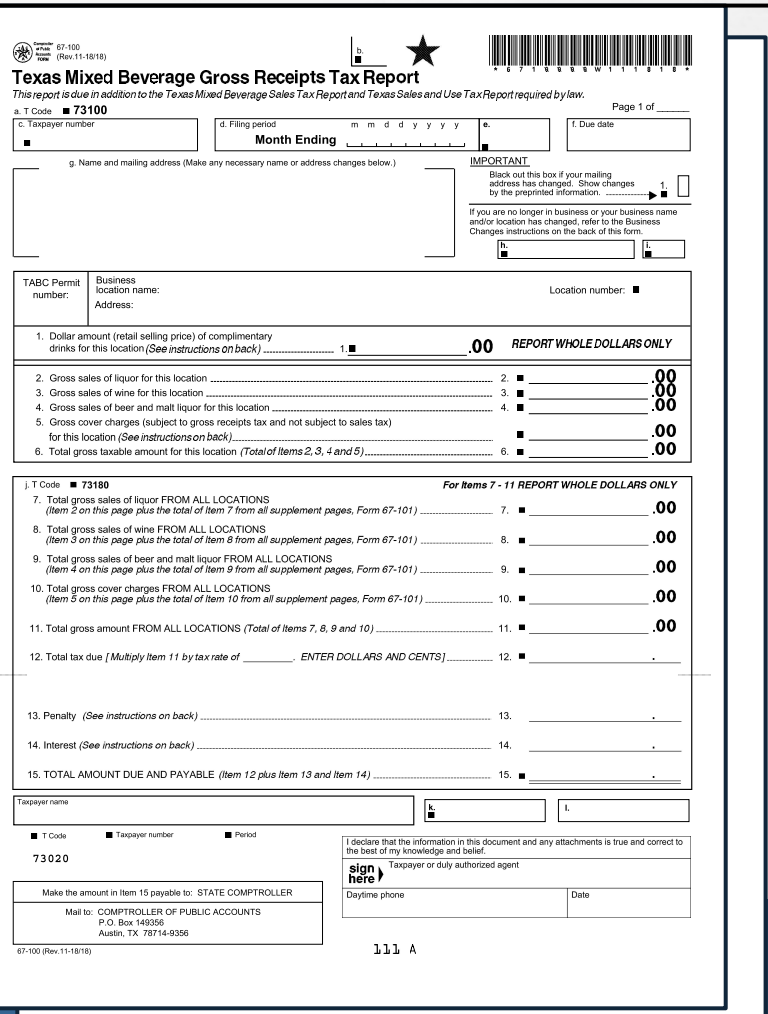
Daytime phone *(Area code and number)* | Date

Make the amount in Item 11 payable to: **STATE COMPTROLLER**

Mail to: Comptroller of Public Accounts
P.O. Box 149356
Austin, TX 78714-9356

For assistance call **1-800-252-5555**.
Details are also available online at **www.comptroller.texas.gov**.

111 A



67-100 (Rev.11-18/18)

Texas Mixed Beverage Gross Receipts Tax Report

This report is due in addition to the Texas Mixed Beverage Sales Tax Report and Texas Sales and Use Tax Report required by law.

Page 1 of _____

a. T Code ■ 73100

c. Taxpayer number ■

d. Filing period **Month Ending** m m d d y y y y

e. ■

f. Due date

g. Name and mailing address (Make any necessary name or address changes below.)

IMPORTANT

Black out this box if your mailing address has changed. Show changes by the preprinted information. ----------▶ 1. ■

If you are no longer in business or your business name and/or location has changed, refer to the Business Changes instructions on the back of this form.

h. ■ i. ■

TABC Permit number: | Business location name: | Address: | Location number: ■

1. Dollar amount (retail selling price) of complimentary drinks for this location *(See instructions on back)* ..... 1. ■ .00 ***REPORT WHOLE DOLLARS ONLY***

2. Gross sales of liquor for this location ..... 2. ■ .00
3. Gross sales of wine for this location ..... 3. ■ .00
4. Gross sales of beer and malt liquor for this location ..... 4. ■ .00
5. Gross cover charges (subject to gross receipts tax and not subject to sales tax) for this location *(See instructions on back)* ..... ■ .00
6. Total gross taxable amount for this location *(Total of Items 2, 3, 4 and 5)* ..... 6. ■ .00

j. T Code ■ 73180 ***For Items 7 - 11 REPORT WHOLE DOLLARS ONLY***

7. Total gross sales of liquor FROM ALL LOCATIONS *(Item 2 on this page plus the total of Item 7 from all supplement pages, Form 67-101)* ..... 7. ■ .00
8. Total gross sales of wine FROM ALL LOCATIONS *(Item 3 on this page plus the total of Item 8 from all supplement pages, Form 67-101)* ..... 8. ■ .00
9. Total gross sales of beer and malt liquor FROM ALL LOCATIONS *(Item 4 on this page plus the total of Item 9 from all supplement pages, Form 67-101)* ..... 9. ■ .00
10. Total gross cover charges FROM ALL LOCATIONS *(Item 5 on this page plus the total of Item 10 from all supplement pages, Form 67-101)* ..... 10. ■ .00
11. Total gross amount FROM ALL LOCATIONS *(Total of Items 7, 8, 9 and 10)* ..... 11. ■ .00
12. Total tax due *[Multiply Item 11 by tax rate of _____. ENTER DOLLARS AND CENTS]* ..... 12. ■ .
13. Penalty *(See instructions on back)* ..... 13. .
14. Interest *(See instructions on back)* ..... 14. .
15. TOTAL AMOUNT DUE AND PAYABLE *(Item 12 plus Item 13 and Item 14)* ..... 15. ■ .

Taxpayer name

k. ■ l.

■ T Code ■ Taxpayer number ■ Period

73020

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.

sign here ▶ Taxpayer or duly authorized agent

Daytime phone | Date

Make the amount in Item 15 payable to: STATE COMPTROLLER

Mail to: COMPTROLLER OF PUBLIC ACCOUNTS
P.O. Box 149356
Austin, TX 78714-9356

67-100 (Rev.11-18/18)

111 A

ALCOHOL SALES TAX REPORTS

- **It is recommended you include the 8.25% sales tax to each alcoholic beverage, otherwise the parish will be responsible for the full tax amount due**
- **These two reports must be submitted together with your payment the 20th day of your reporting period**

Total Alcohol Sales	Reporting Period	Due Date
$0 - $500	Yearly	January 20th
$501 - $1,500	Quarterly	April 20 to report Jan. – March July 20 to report April – June Oct. 20 to report July – Sept. Jan. 20 to report Oct. – Dec.
$1,501+	Monthly	20th of the month following event

Penalties

A $50 penalty is assessed on each report filed after the due date
If tax is paid 1-30 days after the due date, a 5 percent penalty is assessed.
If tax is paid over 30 days after the due date, a 10 percent penalty is assessed.

INFORMES DE IMPUESTOS SOBRE VENTAS DE ALCOHOL

- **Se recomienda incluir el 8.25% de impuesto sobre ventas en cada bebida alcohólica, de lo contrario la parroquia será responsable del importe total del impuesto debido**
- **Estos dos informes y el cheque deben presentarse juntos el vigésimo día de tu periodo de informe check**

Ventas totales de alcohol	Periodo de Informe	Fecha de parto
$0 - $500	Anualmente	20 de enero
$501 - $1,500	Trimestral	20 de abril para informar enero-marzo 20 de julio para informar abril – junio 20 de octubre para informar julio – septiembre 20 de enero para presentarse octubre-diciembre
$1,501+	Mensual	20 del mes siguiente al evento

Penalizaciones

Se aplica una multa de $50 por cada informe presentado después de la fecha límite

Si el impuesto se paga entre 1 y 30 días después de la fecha de vencimiento, se aplica una penalización del 5%

Si el impuesto se paga más de 30 días después de la fecha límite, se aplica una penalización del 10%

ALCOHOL SALES TAX REPORTS
HOW TO SUBMIT FORMS

- **Mail to: Comptroller of Public Accounts**
  P.O. Box 149356
  Austin, TX 78714-9356

- **For assistance call 1-800-252-5555**
- **Find more information at www.comptroller.texas.gov**

- **Additional help can be provided by the Diocesan Finance Office Greg Watters (915) 872-8404**

- Correo a: Comptroller of Public Accounts
  P.O. Box 149356
  Austin, TX 78714-9356

- Para recibir ayuda, llame al 1-800-252-5555
- Encuentra más información en www.comptroller.texas.gov

- Se puede proporcionar ayuda adicional a través de la Oficina Diocesana de Finanzas con Greg Watters (915) 872-8404

FAQ'S

- **Q: We have been doing bazaars/kermes for years and never had to report our alcohol sales or pay sales taxes on alcohol? Why do we have to start doing it now?**
- **A: It was brought up to our attention that the parishes were supposed to always be paying and reporting but it was until last year that one parish was flagged by the Texas Comptroller and they received a penalty fee and had to report and pay the taxes so we are trying to avoid that from happening this year. If you want clarification you can speak to the Texas Comptroller or Greg Watters at the Diocese Finance office.**
- P: Llevamos años haciendo kermes y nunca hemos tenido que declarar nuestras ventas de alcohol ni pagar impuestos sobre el alcohol. ¿Por qué tenemos que empezar a hacerlo ahora?
- R: Nos informaron que las parroquias siempre debían pagar e informar, pero fue hasta el año pasado cuando una parroquia fue marcado por el Contralor de Texas y recibieron una penalizacion y tuvieron que declarar y pagar los impuestos, así queremos evitar eso este año. Si quieren clarificacion pueden hablar con el Contralor de Texas o con Greg Watters en la oficina de Finanzas de la Diócesis.

FAQ'S

- **Q: What if my bazaar is only 1 day, do I need to go through this process?**
- **A: Yes, an event no matter if it is only one day if it is considered out of normal parish practices is considered a special event and needs to have specific approval, insurance coverage and city permits.**
- P: ¿Y si mi bazar dura solo un día, tengo que pasar por este proceso?
- R: Sí, un evento, aunque sea solo un día si se considera fuera de las prácticas parroquiales normales, se considera un evento especial y necesita una aprobación específica, cobertura de seguro y permisos municipales.

FAQ'S

- **Q: Why does it take two weeks for most process phases?**
- **A: Two weeks is the approximate turn around time because they are processed in the order that they were received and often are being reviewed and approved by multiple people.**

- P: ¿Por qué la mayoría de las fases de proceso tardan dos semanas?
- R: Dos semanas es el tiempo aproximado de respuesta porque se procesan en el orden en que se recibieron y a menudo están siendo revisadas y aprobadas por varias personas.

FAQ'S

- **Q: Do I need to apply for the liquor liability insurance if we are not selling alcohol for profit but are allowing event goers to bring in their own alcohol? (BYOB, ice coolers, etc)**
- **A: Yes. Liquor liability insurance is required whenever alcohol is consumed at an event, as alcohol-related incidents can create significant liability exposure.**
- P: ¿Por qué la mayoría de las fases de proceso tardan dos semanas?
  R: Dos semanas es el tiempo aproximado de respuesta porque se procesan en el orden en que se recibieron y a menudo están siendo revisadas y aprobadas por varias personas.

THANK YOU FOR JOINING US!

QR code to our website

This presentation will be available on our website & if you have any questions here is the contact information:

Catholic Mutual (800)228-8108
One Stop Shop (915) 212-0104
TABC (915)351-3697
Texas Comptroller 1-800-252-5555
Diocese Finance Office (915)872-8404
Catholic Properties -(915)872-8406

Esta presentación estará disponible en nuestra página web y si tienes alguna pregunta, aquí tienes la información de contacto:

Catholic Mutual (800)228-8108
One Stop Shop (915) 212-0104
TABC (915)351-3697
Contralor de Texas 1-800-252-5555
Finanzas de la Diócesis (915)872-8404
Catholic Properties(915)872-8406