

CITY OF BAY ST. LOUIS

SPECIAL EVENTS APPLICATION

****Return application in person to City Hall, Mayor's Office, Second Floor or fax to (228) 466-5490****

Organization Name _____

Organization Mailing Address _____

Contact Person _____

Telephone Numbers: Daytime _____ Evening _____

Application Date _____ Event Date _____

Event Hours _____ Expected Attendance _____

Event Description _____

Event Location Desired

<input type="checkbox"/> McDonald Splash Pad (non-exclusive)	<input type="checkbox"/> Depot Grounds	<input type="checkbox"/> Harbor Park lot
<input type="checkbox"/> MLK Splash Pad (non-exclusive)	<input type="checkbox"/> Depot Stages	<input type="checkbox"/> Harbor Deck
<input type="checkbox"/> McDonald Park/Pavilion	<input type="checkbox"/> Shoo Fly	<input type="checkbox"/> Private Property
<input type="checkbox"/> MLK Park	<input type="checkbox"/> Sports Complex	<input type="checkbox"/> Al Smith Park
<input type="checkbox"/> City Street(s)	<input type="checkbox"/> Commagere Park	<input type="checkbox"/> VCJ Gym
	<input type="checkbox"/> Boys and Girls	

Name of Street(s) _____

NO PARKING ON THE GRASS AT CITY PARKS

What kind of alcohol, if any, will be served? ☐ Beer ☐ Wine ☐ Liquor

Will outdoor amplification be used, or will there be music or other loud noises? ☐ Yes ☐ No
NOISE ORDINANCE WILL BE IN EFFECT

Are other special needs being requested? ☐ Barricades ☐ Trash Barrels ☐ Electricity
If Barricades or Trash Barrels requested, please let us know how many and location. _____

Security required? ☐ Yes ☐ No

If Yes - security to be provided by: ☐ Applicant ☐ City

Other _____

I understand that additional information may be requested or special permits required based on the nature of the stated event activity. I also understand that my request may require action by the City Council. If so, I will be notified of the meeting time and place.

Signature of Applicant

Application received by: _____ Date: _____

Approved _____ Disapproved _____ Date _____

Comments: _____