

**\*\* 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
- Splash Pad (non-exclusive)
  - VCJ Gym
  - City Park
  - City Street(s) Name of Street(s) \_\_\_\_\_
  - Al Smith Park
  - Depot Grounds
  - MLK Park
  - Shoo Fly
  - Commagere Park
  - Pavilion McDonald Park

**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

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 \_\_\_\_\_

Notify  Police Department  Fire Department  Beautification  Public Works  Harbormaster

Comments \_\_\_\_\_