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 BSL Running Club.

Organization Mailing Address [redacted] Felicity Street.

Contact Person Leanne Mueray

Telephone Numbers: Daytime [redacted] Evening _____

Application Date 01-05-2026 Event Date 10-24-2026

Event Hours 7-10:00 A.M. Expected Attendance 150-200

Event Description Cult Classics 5K & Ainsley's Angels to promote inclusivity in Running.

Event Location Desired

- ☐ McDonald Splash Pad (non-exclusive)
- ☐ MLK Splash Pad (non-exclusive)
- ☐ McDonald Park/Pavilion
- ☐ MLK Park
- ☒ City Street(s) Name of Street(s) Second infront of mockingbird only 8:00-9:30
- ☐ Depot Grounds
- ☐ Depot Stages
- ☐ Shoo Fly
- ☐ Sports Complex
- ☐ Commagere Park
- ☐ Boys and Girls
- ☐ Harbor Park lot
- ☐ Harbor Deck
- ☐ Private Property
- ☐ Al Smith Park
- ☐ VCJ Gym

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 (4) ☐ Trash Barrels ☐ Electricity

If Barricades or Trash Barrels requested, please let us know how many and location._____

Secuirty required? ☐ Yes ☒ No

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

Other Would like officer there to help get wheelchairs across street.

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.

Web Submission
Signature of Applicant

Application received by: K. Fore Date: ___

Approved _____ Disapproved _____ Date_____

Comments: _____

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 Bay Saint Louis Running Company

Organization Mailing Address 106 Felicity St BSL MS 39520

Contact Person Lianne Murray

Telephone Numbers: Daytime 228 216 4341 Evening _____

Application Date 01.05.2026 Event Date 10.24.2026

Event Hours 7-10 AM Expected Attendance 150-200

Event Description Cult Classics 5k & Ainsley's Angels to promote inclusivity in running

Event Location Desired

- ☐ McDonald Splash Pad (non-exclusive)
- ☐ MLK Splash Pad (non-exclusive)
- ☐ McDonald Park/Pavilion
- ☐ MLK Park
- ☒ City Street(s) Name of Street(s) second in front of mockingbird only 8-9:30 AM only
- ☒ Depot Grounds
- ☐ Depot Stages
- ☐ Shoo Fly
- ☐ Sports Complex
- ☐ Commagere Park
- ☐ Boys and Girls
- ☐ Harbor Park lot
- ☐ Harbor Deck
- ☐ Private Property
- ☐ Al Smith Park
- ☐ VCJ Gym

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 - 4 ☐ Trash Barrels ☐ Electricity

If Barricades or Trash Barrels requested, please let us know how many and location. _____

Secuirty 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: _____