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 Misfit Street Krewzers

Organization Mailing Address _____

Contact Person Bobby Gavagnie

Telephone Numbers: Daytime _____ Evening _____

Application Date 2-11-26 Event Date 10-24-2026

Event Hours 4:00 p.m. - 10:00 P.M Expected Attendance 100+

Event Description Trunk or Treat @ Depot

Event Location Desired

- ☐ McDonald Splash Pad (non-exclusive)
- ☐ MLK Splash Pad (non-exclusive)
- ☐ McDonald Park/Pavilion
- ☐ MLK Park
- ☐ City Street(s)
- ☒ Depot Grounds (DEPOT WAY)
- ☐ Depot Stages
- ☐ Shoo Fly
- ☐ Sports Complex
- ☐ Commagere Park
- ☐ Boys and Girls
- ☐ Harbor Park lot
- ☐ Harbor Deck
- ☐ Private Property
- ☐ Al Smith Park
- ☐ VCJ Gym

Name of Street(s) 1928 Depot Way

NO PARKING ON THE GRASS AT CITY PARKS

What kind of alcohol, if any, will be served? ☐ Beer ☐ Wine ☐ Liquor —NONE

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.

8 Barricades | 6 TRASH Barrels

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.

See Attached
Signature of Applicant

Application received by: Ki Foee Date: 2.11.26

Approved _____ Disapproved _____ Date 2.13.26

Comments: _____