

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 Rollers Cycling Club

Organization Mailing Address BSL, MS

Contact Person Anthony LaFrance

Telephone Numbers: Daytime 228-216-1670 Evening _____

Application Date 2.12.25 Event Date 4/12/25

Event Hours 8:00 A.M. - Expected Attendance 50+

Event Description Community Driven fun bicycle ride to promote cycling and cycling safety

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 checked="" 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 - 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. _____

Security required? ☐ Yes ☒ No

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

Other Police presence requested for blocking off route to create a closed course around old town

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: Ki Force Date: 2.12.25

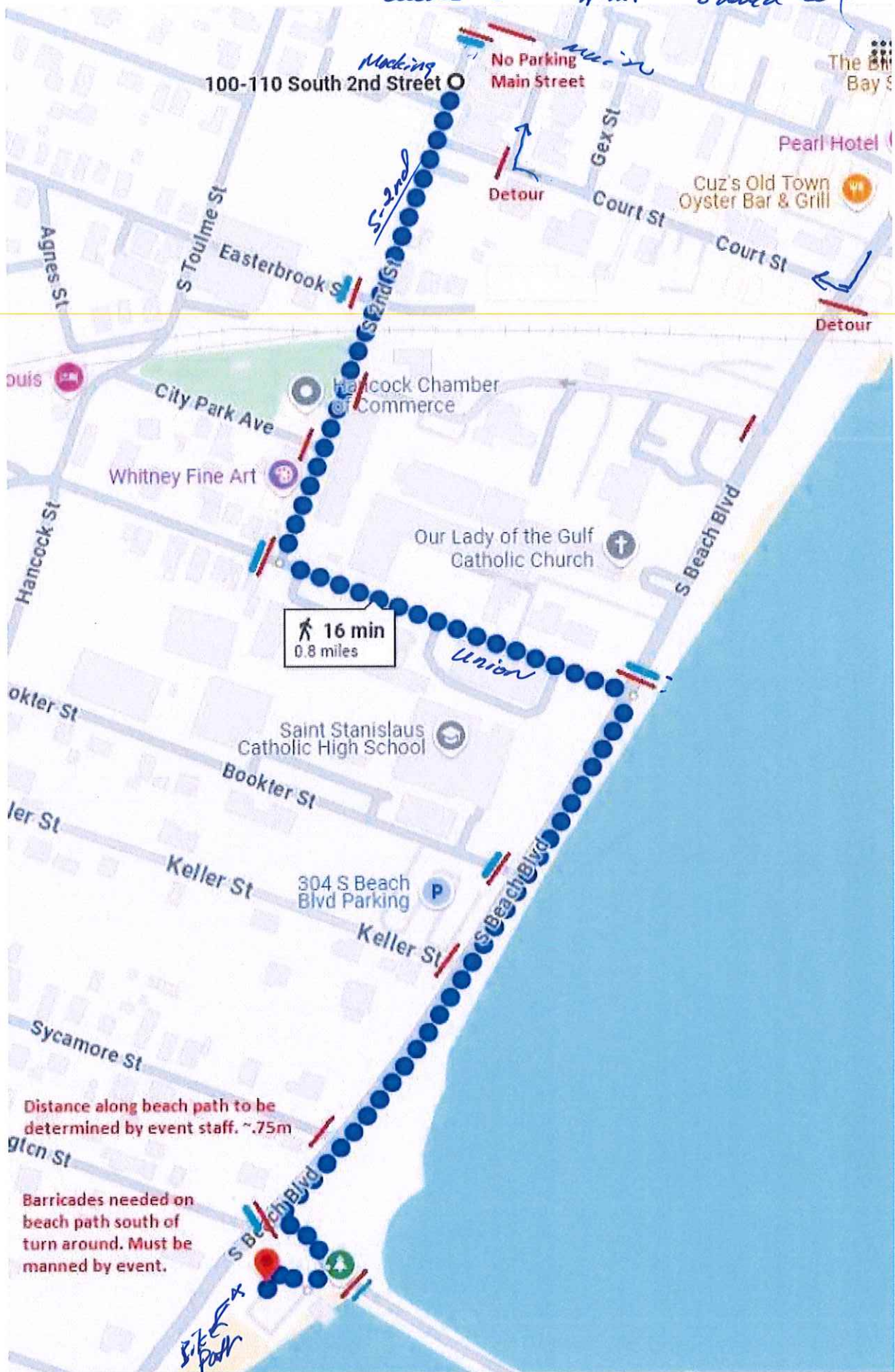
Approved _____ Disapproved _____ Date _____

Comments: _____

BRAC

Leaves 8:00 A.M. - Should be (1.5 max)

To
- 2 hrs
To/From





BRCC 5 Mile Bike Ride Event
Saturday, April 12, 2025

2.5 Mile Marker
Reference is 627 N. Beach Waveland

1.25 Mile Marker
Reference is 920 S. Beach BSL