

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 Hancock County Historical Society

Organization Mailing Address Po Box 3356, Bay St. Louis, MS 39521

Contact Person Bryan Frater

Telephone Numbers: Daytime 251-213-0199 Evening _____

Application Date 3-6-25 Event Date 5/10/2025

Event Hours 9am - 3pm Expected Attendance 150

Event Description Second Saturday - Dog Day in the Bay. HCHS will host activities. ^{and OTMA}

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) Cue St.

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

Possibly - nothing loud

Are other special needs being requested? ☒ Barricades ☒ Trash Barrels ☐ Electricity

If Barricades or Trash Barrels requested, please let us know how many and location. 3 Trash Barrels (1 on each end of Cue St and 1 in the middle) 4 Barricades (2 at each end of Cue St)

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]
Signature of Applicant

Application received by: _____ Date: _____

Approved [Signature] Disapproved _____ Date 3.21.25

Comments: _____