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 Henley Place Halloween

Organization Mailing Address Henley Place

Contact Person _____

Telephone Numbers: Daytime _____ Evening _____

Application Date _____ Event Date 10.31.2026

Event Hours 5:00 - 10:00p.m. Expected Attendance 50+

Event Description Trick or Treating

Event Location Desired

- ☐ McDonald Splash Pad (non-exclusive)
- ☐ MLK Splash Pad (non-exclusive)
- ☐ McDonald Park/Pavilion
- ☐ MLK Park
- ☐ City Street(s)
- ☐ 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

Name of Street(s) Henley Place

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 (8) ☐ Trash Barrels ☐ Electricity

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

4 on Each entry way to Street.

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 8.31.2026

Comments: _____