

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 Wednesdays at the Depot

Organization Mailing Address [Redacted] Bay St. Louis, MS 39520

Contact Person McKenzey Northington

Telephone Numbers: Daytime [Redacted] Evening [Redacted]

FILE?

Application Date 11/20/25 Event Date 4/15, 5/20, 6/17, 7/15, 8/19, 9/16, 10/21, 11/18 2026

Event Hours 5:30-8:30pm Expected Attendance _____

Event Description Free & open to the public concert series that features all local bands & local businesses

- Event Location Desired
- | | | |
|--|---|---|
| <input type="checkbox"/> McDonald Splash Pad (non-exclusive) | <input checked="" type="checkbox"/> Depot Grounds | <input type="checkbox"/> Harbor Park lot |
| <input type="checkbox"/> MLK Splash Pad (non-exclusive) | <input checked="" 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 | |

NO PARKING ON THE GRASS AT CITY PARKS

Name of Street(s) Depot Way

What kind of alcohol, if any, will be served? Beer Wine Liquor

PERMIT SALES TAX?

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. 6 barricades - 3 by bathrooms & 3 at end of Depot Way by duck pond. 6 trash barrels by stage closest to the duck pond

Security required? Yes No

If Yes - security to be provided by: Applicant City

Other INSURANCED - CITY NAMED

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 [Signature] Date: _____

Approved _____ Disapproved _____ Date 3.23.26

Comments: _____

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