## 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\*\* oauta Organization Name Organization Mailing Address \_\_ Bryan Frater Contact Person Daytime 251-213-0199 Evening **Telephone Numbers:** Event Date October 25, 2025 Application Date Expected Attendance 500 Event Description Witches Walk presented by Old Town Merchante Assn Cue St. will be the location for registration information and t shirt sales. **Event Location Desired** ☐ McDonald Splash Pad □ Depot Grounds ☐ Harbor Park lot (non-exclusive) □ Depot Stages ☐ Harbor Deck ☐ Shoo Fly □ Private Property ☐ MLK Splash Pad (non-exclusive) ☐ Sports Complex ☐ Al Smith Park ☐ McDonald Park/Pavilion □ Commagere Park □ VCJ Gym □ Boys and Girls ☐ MLK Park Name of Street(s) Cue S City Street(s) NO PARKING ON THE GRASS AT CITY PARKS None What kind of alcohol, if any, will be served? ☐ Beer □ Liquor □ Wine Will outdoor amplification be used, or will there be music or other loud noises? ⋈ Yes □ No NOISE ORDINANCE WILL BE IN EFFECT DJ 9-11am and 3-5pm Are other special needs being requested? Barricades Trash Barrels Electricity If Barricades or Trash Barrels requested, please let us know how many and location. AT Each End of the Street Secuirty required? If Yes - security to be provided by: $\Box$ Applicant $\Box$ 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 b Date:

Disapproved

Date

Approved

Comments: