

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 Katie Stewart

Organization Mailing Address 111 Tenth St, BSL MS 39520

Contact Person Katie Stewart

Telephone Numbers: Daytime _____ Evening 228.342.3664

Application Date 10.13.2025 Event Date 10.31.2025

Event Hours 4-9 pm Expected Attendance 50

Event Description Halloween Block Party - for Kids/friends on Street

- 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 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) Tenth Street

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 ⁽⁴⁾ Trash Barrels Electricity
If Barricades or Trash Barrels requested, please let us know how many and location.

2 Barricades on South end of Street
2 Barricades by 229 Tenth 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.

Katie Stewart
Signature of Applicant

Application received by: _____ Date: _____

Approved [Signature] Disapproved _____ Date 10.13.25

Comments: _____