

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 Monica Brown

Telephone Numbers: Daytime 864-814-9557 Evening \_\_\_\_\_

Application Date 10.6.25 Event Date 10.31.2025

Event Hours 5:00-10:00pm Expected Attendance 50+

Event Description Trick or Treating

- 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) 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  Trash Barrels  Electricity  
If Barricades or Trash Barrels requested, please let us know how many and location.  
4 on each entry way to street

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.

Web Submission  
Signature of Applicant

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved [Signature] Disapproved \_\_\_\_\_ Date 10.8.25

Comments: \_\_\_\_\_

## Kim Fore

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**From:** Bay Saint Louis MS <noreply@civicplus.com> on behalf of Bay Saint Louis MS  
**Sent:** Sunday, October 5, 2025 5:01 PM  
**To:** kfore@baystlouis-ms.gov  
**Subject:** Webform submission from: Special Event Permits Webform

Submitted on Sun, 10/05/2025 - 5:00 PM

Submitted by: Anonymous

Submitted values are:

### **Organization Name**

Henley Place Halloween

### **Organization Mailing Address**

Henley Place  
Bay St Louis, Mississippi. 39520

### **Contact Person**

Monica Brown  
[barnacle77@hotmail.com](mailto:barnacle77@hotmail.com)  
8648149557

### **Event Hours**

03:00

### **Expected Attendance**

50

### **Event Description**

Trick Or Treat

### **Name of Street(s)**

- Henley Place  
Bay St Louis, Mississippi. 39520

### **Will outdoor amplification be used, or will there be music or other loud noises?**

No

### **Are other Special needs being requested?**

Barricades

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

At end of the street

**Security Required?**

No

**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 and place.**

Yes