

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 Krewe of Kids Parade

Organization Mailing Address _____

Contact Person Lisa Coward

Telephone Numbers: Daytime 228-216-0506 Evening _____

Application Date _____ Event Date 2.22.25

Event Hours 11:00 Expected Attendance 100 +

Event Description Krewe of Kids Parade
Parade starts @ Dunbar Village to Boardman Ave.

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 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) Dunbar Village City Streets

What kind of alcohol, if any, will be served? ☐ Beer ☐ Wine ☐ Liquor - NONE

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. _____

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.

Phone Request
Signature of Applicant

Application received by: [Signature] Date: _____

Approved [Signature] Disapproved _____ Date 1.27.25

Comments: _____

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 Mystic Krewe of the Sea Horse

Organization Mailing Address 998 US-90

Contact Person Mike Webb

Telephone Numbers: Daytime 714-715-2498 Evening _____

Application Date 1/22/25 Event Date May 16th + 17th

Event Hours Friday 10:00 A.M. - 11:00 P.M. Expected Attendance 3500

Sat - 9:00 A.M. - 11:00 P.M.

Event Description Annual Pirate Day in the Bay

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 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) North Beach & Court Street

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. _____

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.

Signature of Applicant

Application received by: King Fore Date: 1.24.25

Approved _____ Disapproved _____ Date _____

Comments: Need to send to county for Beach Road.

Kim Fore

From: Bay Saint Louis MS <noreply@civicplus.com> on behalf of Bay Saint Louis MS
Sent: Wednesday, January 22, 2025 10:57 AM
To: kfore@baystlouis-ms.gov
Subject: Webform submission from: Special Event Permits Webform

Submitted on Wed, 01/22/2025 - 10:57 AM

Submitted by: Anonymous

Submitted values are:

Organization Name

Mystic Krewe of the Sea Horse

Organization Mailing Address

998 US-90

Bay St. Louis , Mississippi. 39520

Contact Person

Mike Webb

mikewebb212@gmail.com

7147152498

Event Hours

10:00

Expected Attendance

3500

Event Description

Annual Pirate Day in the Bay. 10am-11pm Friday May 16th, 9am-11:pm Saturday May 17th

Event Location Desired

Private Property

Name of Street(s)

- N. Beach & Court St
Bay St. Louis , Mississippi. 39520

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

Are other Special needs being requested?

Barricades, Trash Barrels

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

50 Barricades at the event ground (Court & Beach) 15 Trash Cans

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

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 Mystic Krewe of Seahorse

Organization Mailing Address 509 North Second Street

Contact Person David Boudreaux

Telephone Numbers: Daytime 504-232-0791 Evening _____

Application Date 1/23/25 Event Date 3/3/25

Event Hours _____ Expected Attendance 1000

Event Description Lundi Gras Parade

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 checked="" 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) See attached Route

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. (12) (6) In Depot area

Security required? ☒ Yes ☐ No

If Yes - security to be provided by: ☐ Applicant ☒ City

Other No parking on Couet St. for the parade

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: Kelly Fore Date: 1/24/25

Approved _____ Disapproved _____ Date _____

Comments: Need to send to county for Beach Road.

Kim Fore

From: Bay Saint Louis MS <noreply@civicplus.com> on behalf of Bay Saint Louis MS
Sent: Thursday, January 23, 2025 5:31 AM
To: kfore@baystlouis-ms.gov
Subject: Webform submission from: Special Event Permits Webform

Submitted on Thu, 01/23/2025 - 5:31 AM

Submitted by: Anonymous

Submitted values are:

Organization Name

Mystic Krewe of the Seahorse

Organization Mailing Address

509 North Second Street
Bay St. Louis, Mississippi. 39520

Contact Person

David Boudreaux
DWB_509@yahoo.com
5042320791

Event Hours

14:00

Expected Attendance

1000

Event Description

Lundi Gras Parade March 4 2025

Event Location Desired

City Street(s)

Name of Street(s)

- Depot, Bookter ,S Necaise, Main, Beach Blvd, Court
BSL, Mississippi. 39520

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

Yes

Are other Special needs being requested?

Barricades, Trash Barrels

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

12 barricades, 6 trash Barrels in the Depot area

Security Required?

Yes

Security provided by

City

Other

NO PARKING on Court St for the parade on March 4,2025

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



J. Toby Schwartz
Chief of Police

Bay St. Louis Police Department

688 HIGHWAY 90
BAY ST. LOUIS, MISSISSIPPI 39520
228.467.9222

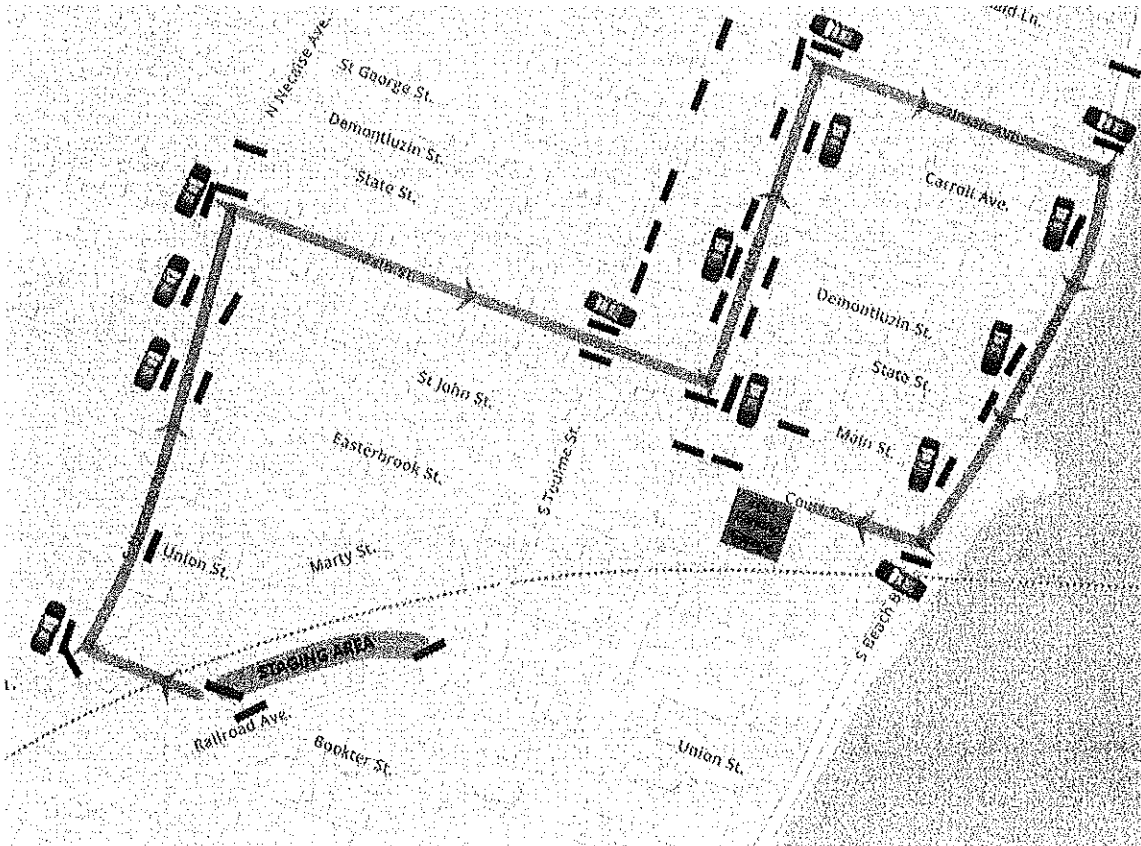


Mike Favre
Mayor

SPECIAL ORDER: 24-004

Mystic Krewe of the Seahorse Mardi Gras Parade

Incident Briefing/Parade Route



Return application in person to City Hall, Mayor's Office, Second Floor or fax to (228) 466-5490

Organization Name Krewe of PAWseidon

Organization Mailing Address 146 Blaize Ave Bay St. Louis, MS 39520

Contact Person Jeanette Sennier or Roxanne DeNicola

Telephone Numbers: Daytime (601) 385-1215

Evening _____

Application Date 10/16/24

Event Date Saturday, March 8th

Event Hours 11am to 1pm

Expected Attendance ?

Event Description 2nd Annual Krewe of PAWseidon -
Hancock County's First Dog Mardi Gras Parade

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/Pavillion	<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	

Name of Street(s) See Map

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.
See Map

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.

Jeanette Sennier
Signature of Applicant

Application received by: [Signature]

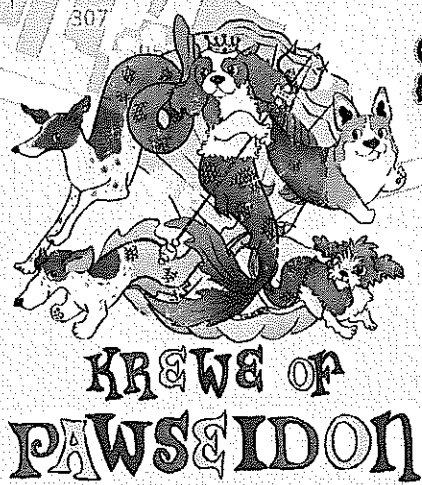
Date: _____

Approved _____

Disapproved _____

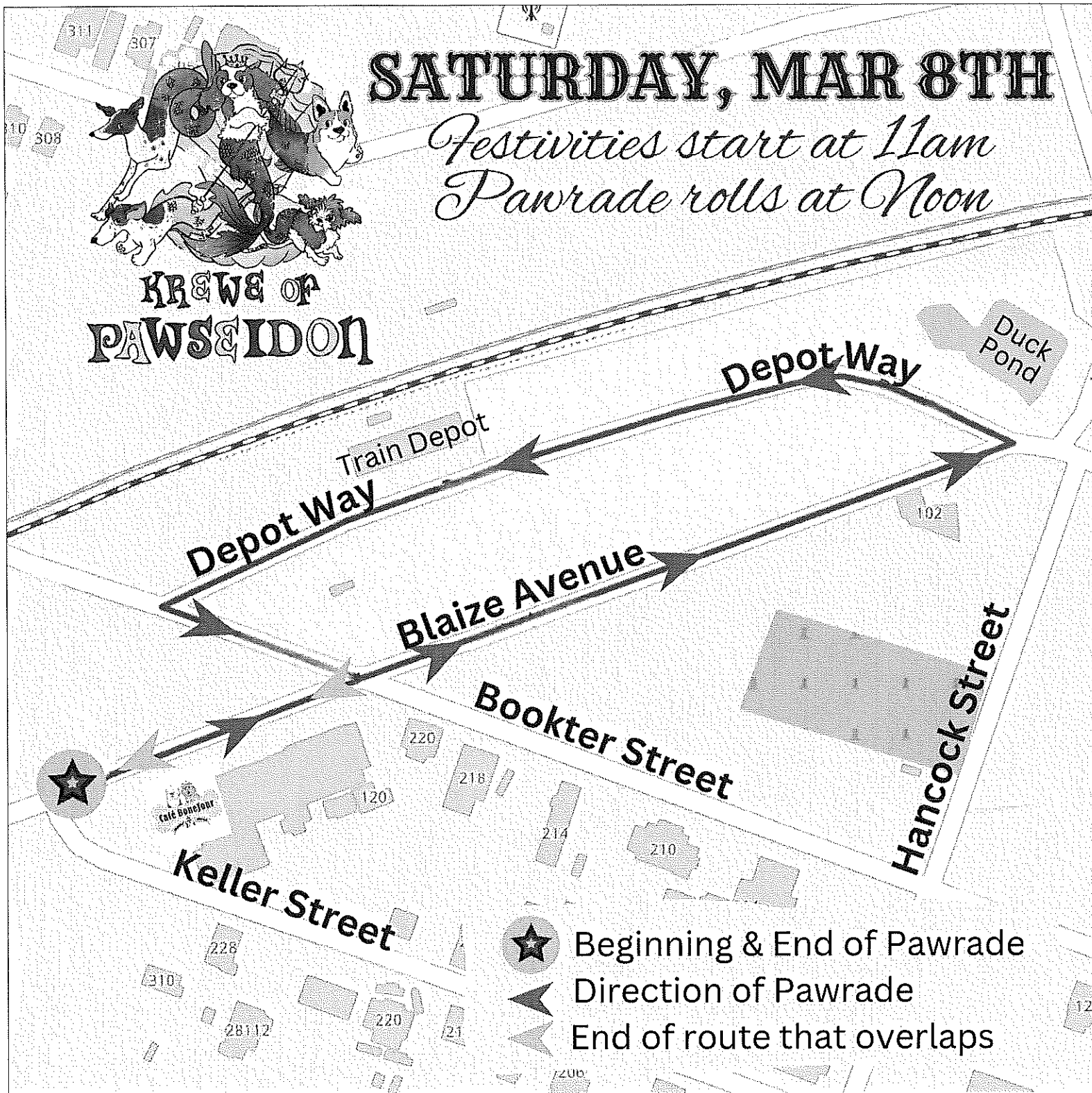
Date 12.31.24

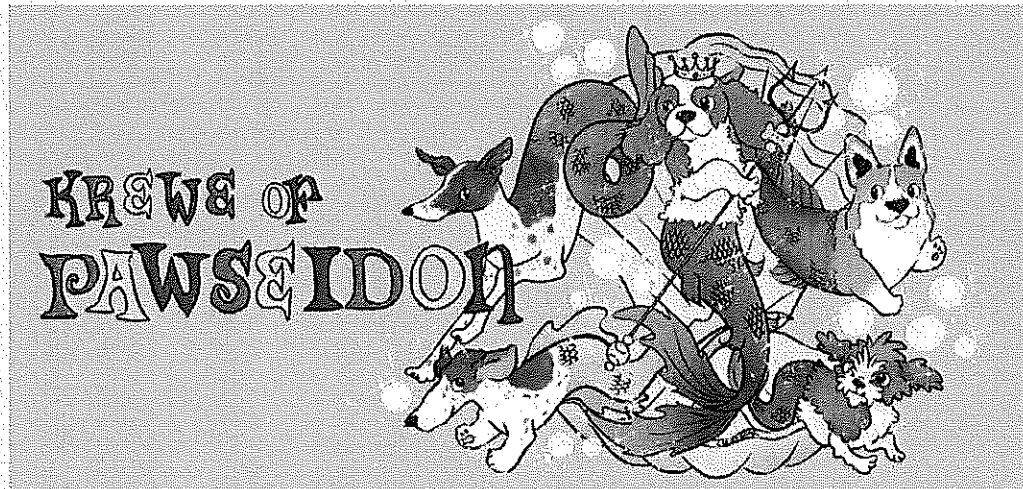
Comments: _____



SATURDAY, MAR 8TH

*Festivities start at 11am
Pawrade rolls at Noon*





- Start of pawrade is on Blaize Avenue by corner of Keller Street in front of Cafe BoneJour
- Will head down Blaize Avenue towards Duck Pond
 - Turn sharp left onto Depot Way
 - Turn sharp left onto Bookter Street
 - Turn sharp right onto Blaize Avenue
- End pawrade at start in front of Cafe BoneJour

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 Holy Trinity Catholic School

Organization Mailing Address 301 S. Second St.

Contact Person Jordyn Kapidric

Telephone Numbers: Daytime 228-467-6158 Evening _____

Application Date January 14th Event Date February 28th

Event Hours _____ Expected Attendance 400

Event Description HTCS Mardi Gras Parade

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/Pavillion	<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) htcs car line →
S. Second → union → beach blvd →

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

car line

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.

along parade route listed above

Security required? ☐ Yes ☒ No 2 on Beach Blvd, 1 on union, 1 on S. Second

If Yes - security to be provided by: ☐ Applicant ☐ City

Other police escort

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.

J. Kapidric
Signature of Applicant

Application received by: _____ Date: _____

Approved [Signature] Disapproved _____ Date 1.28.25

Comments: _____

Kim