SPECIAL EVENTS APPLICATION CITY OF BAY ST. LOUIS **Return application in person to City Hall, Mayor's Office, Second Floor or fax to (228) 466-5490** Organization Name ___ Organization Mailing Address 750 Blue Meadow Rd 39520 BS L Contact Person _______ Co \by Daytime 228-229-9435 Evening Telephone Numbers: Event Date 3 / 12 / 25 Application Date 2/24/25 5 ' 30 - 8 : 30 ____ Expected Attendance _____ Event Description □ Depot Grounds ☐ Harbor Park lot **Event Location Desired** ☐ McDonald Splash Pad (non-exclusive) □ Depot Stages □ Harbor Deck ☐ Shoo Fly ☐ MLK Splash Pad ☐ Private Property (non-exclusive) □ Sports Complex □ Al Smith Park □ Commagere Park □ VCJ Gym ☐ McDonald Park/Pavilion □ Boys and Girls ☐ MLK Park Name of Street(s) Map affached ✓ City Street(s) 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. Yes □ No Secuirty required? 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		Date:
Approved	Disapproved	Date
Comments:		

