



Date Received in Office: \_\_\_\_\_

### SPECIAL EVENT APPLICATION CITY OF LAUREL

**MUST BE FILED NOT LESS THAN 30 DAYS OR MORE THAN 180 DAYS (6 MONTHS) PRIOR TO EVENT.**

PLEASE COMPLETE AND RETURN TO:  
CITY OF LAUREL  
ATTN: CINDY PITTS  
P. O. BOX 647  
LAUREL, MS 39441-0647

\*\*\*PLEASE PRINT OR TYPE ALL INFORMATION, MUST BE 21 YEARS OF AGE OR OLDER\*\*\*

NAME \_\_\_\_\_

STREET ADDRESS OR PO BOX \_\_\_\_\_

CITY/ STATE/ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER (HOME/WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

IF EVENT IS SPONSORED OR CO-SPONSORED BY AN ORGANIZATION, COMPLETE THE FOLLOWING

ORGANIZATION \_\_\_\_\_

\*HEAD OF ORGANIZATION \_\_\_\_\_

PERSON MAKING APPLICATION \_\_\_\_\_

\*IF DESIGNEE IS ASSIGNED, WRITTEN AUTHORIZATION FROM ORGANIZATION HEAD IS REQUIRED

ALTERNATE CONTACTS:

NAME \_\_\_\_\_

STREET ADDRESS OR PO BOX \_\_\_\_\_

CITY/ STATE/ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER (HOME/WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

NAME \_\_\_\_\_

STREET ADDRESS OR PO BOX \_\_\_\_\_

CITY/ STATE/ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER (HOME/WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

*CLASS A PERMIT.* A SPECIAL EVENT WHICH WILL REQUIRE BETWEEN 25 AND 50 EXTRA PERSONNEL HOURS AND FOR WHICH THE TOTAL ANTICIPATED ATTENDANCE OVER THE DURATION OF THE SPECIAL EVENT WILL BE IN EXCESS OF 2,500 PERSONS.

*CLASS B PERMIT.* A SPECIAL EVENT WHICH WILL REQUIRE BETWEEN 5 AND 25 EXTRA PERSONNEL HOURS AND FOR WHICH THE TOTAL ANTICIPATED ATTENDANCE OVER THE DURATION OF THE SPECIAL EVENTS WILL BE BETWEEN 500 AND 2,500 PERSONS.

*CLASS C PERMIT.* FOR A SPECIAL EVENT WHICH WILL REQUIRE FEWER THAN 5 EXTRA PERSONNEL HOURS AND FOR WHICH THE TOTAL ANTICIPATED ATTENDANCE OVER THE DURATION OF THE EVENT WILL BE LESS THAN 500 PERSONS.

*CLASS D PERMIT.* A SPECIAL EVENT WHICH WILL REQUIRE MINIMUM OR NO CITY SERVICES. CLASS D PERMITS INCLUDE SUCH EVENTS SUCH AS MEMORIAL DAY SERVICES, VETERAN'S DAY PROGRAMS, NATIONAL DAY OF PRAYER PROGRAMS, VICTIM AND CRIME RECOGNITION EVENTS, AND OTHER SIMILAR PROGRAMS.

*CLASS E PERMIT.* A CLASS E PERMIT SHALL BE AVAILABLE FOR QUALIFYING EVENTS AND SHALL BE EXEMPT FROM FEES, DEPOSITS AND COSTS. EVENTS ELIGIBLE FOR CLASS E PERMITS SHALL INCLUDE PARADES IN CONNECTION WITH SCHOOLS AND EDUCATIONAL EVENTS; INAUGURAL PARADES FOR ELECTED OFFICIALS; THE ANNUAL CHRISTMAS PARADE, AND OTHER SIMILAR EVENTS. THE CLASS E PERMIT APPLICANT/ORGANIZATION OTHER THAN A PUBLIC SCHOOL OR MUNICIPALITY MUST BE A 501(C) 3 ENTITY AS CERTIFIED BY THE IRS, WITH PROOF OF SUCH CERTIFICATION AVAILABLE FOR INSPECTION AND COPYING BY THE SPECIAL EVENTS COMMITTEE IF REQUESTED.

TYPE OF EVENT \_\_\_\_\_ DATE OF EVENT \_\_\_\_\_

SCHEDULED DAYS \_\_\_\_\_ OPENING TIME \_\_\_\_\_ CLOSING TIME \_\_\_\_\_

PROPOSED LOCATION \_\_\_\_\_

SERVING BEER AND OR LIGHT WINE? YES / NO (Circle One)

**ALCOHOL CAN ONLY BE SERVED IN THE DOWNTOWN AREA (see below) AND REQUIRES A STATE SPECIAL EVENT ALCOHOL PERMIT.**

\*IF YES, INDICATE HOURS DURING WHICH ALCOHOL WILL BE SERVED: BEGINNING \_\_\_\_\_ ENDING \_\_\_\_\_

\*IF YES, EXACT GEORGRAPHIC LOCATION OF SERVING AREA \_\_\_\_\_

\*\*This may be defined by the City of Laurel

*For Beer/Light Wine, the location must be in the Downtown District which is defined as the area that is bounded as follows:*

- On the North – Seventh Street – from First Avenue to Sixth Avenue*
- On the West – Sixth Avenue – from Seventh Street to Carroll Gartin Boulevard*
- On the South – Carroll Gartin Boulevard – from Sixth Avenue to Magnolia Avenue*
- On the East – Magnolia Boulevard – from Carroll Gartin Boulevard to Seventh Street*

ESTIMATED NUMBER OF PARTICIPANTS: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS CONCERNING YOUR EVENT. IF A QUESTION IS NOT APPLICABLE TO YOUR EVENT, PLEASE MARK IT “N/A”.**

*NOTE: ALL FOOD VENDORS ARE REQUIRED TO COMPLY WITH ALL STATE AND LOCAL LAWS IN REGARD TO FOOD PREPARATION AND SERVING, INCLUDING BUT NOT LIMITED TO THOSE REGULATIONS OF THE JONES COUNTY DEPARTMENT OF HEALTH. EACH VENDOR COOKING FOOD WITH OIL MUST HAVE A TYPE K FIRE EXTINGUISHER. ALL OTHERS CAN HAVE AN ABC EXTINGUISHER. PLEASE NOTE ALCOHOLIC BEVERAGES MAY NOT BE SERVED OUT SIDE OF THE DEFINED DOWNTOWN DISTRICT. THOSE SERVING ALCOHOLIC BEVERAGES MUST COMPLY WITH ALL STATE AND LOCAL LAWS. NO ONE UNDER THE AGE OF 21 YEARS OLD MAY BE SERVED ALCOHOL UNDER ANY CIRCUMSTANCES UNDER PENALTY OF LAW. PERMITTEE SHALL BE HELD RESPONSIBLE FOR VIOLATION.*

HAVE YOU APPLIED FOR PUBLIC LIABILITY INSURANCE IN ACCORDANCE WITH CHAPTER 3; SECTION 3-67 (C) OF THE CITY OF LAUREL CODE OF ORDINANCED? YES / NO (Circle One) N/A

**\*\*NOTE: POLICY SHOULD BE FOR \$1,000,000.00 (ONE MILLION DOLLARS) FOR EACH OCCURRENCE COMBINED SINGLE LIMIT BODILY INJURY AND/OR PROPERTY DAMAGE ARISING FROM THE EVENT. THE CITY OF LAUREL, IT’S OFFICERS, EMPLOYEES AND AGENTS MUST BE NAMED AS AN ADDITIONAL INSURED PARTY. A COPY OF THE POLICY OR CERTIFICATE OF INSURANCE MUST BE FILED WITH THE CITY CLERK’S OFFICE NO LESS THAN FIVE (5) DAYS BEFORE THE EVENT.**

HAVE YOU APPLIED TO THE MISSISSIPPI DEPARTMENT OF REVENUE FOR A BEER PERMIT? YES/NO (Circle One)

**\*\*NOTE: THE CITY CLERK’S OFFICE MUST RECEIVE AND HAVE ON FILE, A COPY OF THE STATE ISSUED BEER PERMIT BEFORE ISSUING THE SPECIAL ALCOHOL PERMIT.**

1. TYPE OF SOUND APPARATUS TO BE USED? \_\_\_\_\_  
ESTIMATED DECIBEL LEVEL \_\_\_\_\_

2. TYPE OF MERCHANDISE TO BE SOLD (INCL FOOD AND BEVERAGES)  
\_\_\_\_\_

3. UTILITY ACCESS REQUIRED: ELECTRICAL: yes \_\_\_ no \_\_\_ WATER: yes \_\_\_ no \_\_\_

**ATTACHMENTS REQUIRED IF APPLICABLE:**

- A.) COPY OF THE HEALTH CERTIFICATE/CERTIFICATES FROM THE STATE BOARD OF HEALTH CERTIFYING THAT THE OWNER/ OPERATOR MEETS ALL HEALTH REGULATIONS.
- B.) COPY OF CERTIFICATE OF INSPECTION FROM FIRE DEPARTMENT INDICATING APPROVAL OF HEATING FACILITIES.
- C.) INSPECTION REPORT SIGNED BY ELECTRICAL INSPECTOR VERIFYING ELECTRICAL HOOK-UP HAS BEEN APPROVED.
- D.) LOCATION OF WATER, TOILETS AND FIRST AID FACILITIES TO BE PROVIDED FOR THE PARTICIPANTS.



**INSURANCE (NOT REQUIRED FOR CLASS D EVENTS WITHOUT ALCOHOL PERMITS)**

Attached herewith is proof of public liability insurance in the form of a comprehensive general liability insurance policy with the following minimum limits:

\$1,000,000.00 each occurrence combined single limit bodily injury and property damage. I understand that this insurance coverage must be maintained for the duration of the event. A copy of the policy or certificate of insurance, along with any and all necessary endorsements, must be filed with the City Clerk's Office no less than five days before the date of the event. The special event permit shall not be issued until after the insurance policy and/or certificate of insurance, along with any and all necessary endorsements, has been filed with the City Clerk's Office.

**WAIVER:** The insurance requirements above may be waived for non-athletic events, provided the applicant signs a verified statement that the cost of obtaining insurance would be so financially onerous that it would constitute an unreasonable financial burden on the applicant. The statement shall include the name and address of at least one insurance agent or other source for insurance coverage contacted in regard to insurance premium rates as an attestation that the cost of insurance would effectively negate any revenue expected from the event. The committee shall review such statement before making any determination regarding waiver. Nothing herein shall be constituted as a waiver of the requirement to complete the indemnification agreement.

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE, AND I AGREE TO FOLLOW THE REGULATIONS SET FORTH IN THIS APPLICATION. I UNDERSTAND THAT THIS AGREEMENT SHALL BECOME VOID IF ANY OF THE ABOVE INFORMATION IS FOUND TO BE FALSE OR IF ANY PORTION OF THE GUIDELINES IS VIOLATED DURING THE SPECIFIED EVENT. I FURTHER UNDERSTAND AND ACCEPT THAT THE GRANTING OF THIS PERMIT SHALL NOT BE DEEMED A WAIVER ON THE PART OF THE CITY OF THE TERMS OF ANY OTHER ORDINANCE OR POLICIES WHICH MAY APPLY.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NOTE: ANY CHANGES OR MODIFICATION TO ORIGINAL APPLICATION WILL HAVE TO BE RE-SUBMITTED AND APPROVED BY THE SPECIAL EVENT COMMITTEE PRIOR TO THE EVENT DATE. FAILURE TO DO SO COULD RESULT IN CANCELLATION OF EVENT.**

*ADDITIONAL REGULATIONS:*

1. *BANNERS/SIGNS USED IN CONNECTION WITH A SPECIAL EVENT ARE CONSIDERED TEMPORARY SIGNS AND MAY NOT BE LEFT IN PLACE AFTER THE EVENT HAS ENDED. FOR FULL REGULATIONS CONCERNING BANNERS AND SIGNS SEE ARTICLE VI OF THE CITY OF LAUREL COMPREHENSIVE ZONING ORDINANCE)*
2. *OFF STREET PARKING AND CITY OWNED PARKING LOTS MAY BE USED IN CONNECTION WITH EVENTS, BUT PARKING MUST NOT INTERFERE WITH PARKING FOR BUSINESSES OR RESIDENCES OR IMPEDE OR OTHERWISE FRUSTRATE THE VEHICULAR OR PEDESTRIAN TRAFFIC FLOW.*
3. *SUPPLEMENTAL INFORMATION. APPLICANTS WILL BE REQUIRED TO PROVIDE ANY SUPPLEMENTAL INFORMATION WHICH THE COMMITTEE SHALL FIND REASONABLY NECESSARY, UNDER THE PARTICULAR CIRCUMSTANCES OF THE SPECIAL EVENT APPLICATION, FOR USE IN DETERMINING WHETHER TO APPROVE, OR CONDITIONALLY APPROVE A SPECIAL EVENT PERMIT.*
4. ***THE CENTER OF ALL STREETS MUST STAY CLEAR OF ALL TENTS, FOOD TRUCKS/TRAILERS, STAGES, ETC. IN ORDER TO PREVENT THE IMPEDIMENT OF SAFETY VEHICLES IN CASE OF AN EMERGENCY.***

FOR OFFICE USE ONLY

APPLICATION DATE: \_\_\_\_\_ EVENT DATE(S): \_\_\_\_\_ CLASS: \_\_\_\_\_

**ELECTRICAL HOOK-UP \$25.00      APPLICATION FEE \$15.00**

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ DATE \_\_\_\_\_

FEES PAID \_\_\_\_\_ METHOD OF PAYMENT \_\_\_\_\_ RECEIPT \_\_\_\_\_

DEPOSIT PAID \_\_\_\_\_ METHOD OF PAYMENT \_\_\_\_\_ RECEIPT \_\_\_\_\_

WAS DEPOSIT REFUNDED \_\_\_\_\_ IF SO DATE OF REFUND AND CHECK NO. \_\_\_\_\_

**DEPOSIT REFUNDABLE IF THE SITE/ROUTE IS CLEANED TO SATISFACTION OF DEPARTMENT OF PUBLIC WORKS**