



SPECIAL EVENT PERMIT APPLICATION

Office of Special Projects

The City of Picayune is dedicated to meeting the diverse needs and interests for our families by the using the power of entertainment. We strive to provide dynamic leisure opportunities, preserving our heritage, and enhancing the overall quality of life. The City of Picayune operates a number of facilities/properties and standards will be upheld to include all applicable City Ordinances, State and Federal Laws.

Thank you for completing your Special Event Permit Application. Before you submit your application to the City of Picayune, please make sure that the following steps have been completed.

Have you ...

- ❖ Signed and dated your application?
- ❖ Attached your event site plan?
- ❖ Provided a copy of your security company's license and bonding paperwork?
- ❖ Attached your medical event plan?
- ❖ Attached your accessibility plan?
- ❖ Attached your event parking and shuttle plan?
- ❖ Attached a complete entertainment list and schedule?
- ❖ Included letters of support or endorsement from impacted entities and community groups within the venue area?
- ❖ Provided samples of communications that will be distributed to impacted residents, businesses, schools, places of worship and other entities?
- ❖ Attached your certificate of insurance?
- ❖ Attached a copy of your IRS 501(c) tax exemption letter?
- ❖ Included any County, State, Federal, or City Permits that may be required to hold your event?
- ❖ Applied for a Police Noise Ordinance Variance Permit, if applicable?

Please submit your completed application to:

**City of Picayune
Attn: Christy Goss, Special Events Coordinator
203 Goodyear Blvd.
Picayune, MS 39466**

CROSBY COMMONS FACILITY RENTAL AGREEMENT

APPLICANT INFORMATION			
Host Organization:			
Primary Contact for Event:			
Current address:			
City:	State:	ZIP Code:	
Telephone:	Email Address:	Cell Phone:	
Secondary Contact:			
Telephone:	Email Address:	Cell Phone:	
SUMMARY OF EVENT			
Event Title:			
Description:			
Event Category: <input type="checkbox"/> Exhibits/Misc. <input type="checkbox"/> Concert/Performance <input type="checkbox"/> Circus <input type="checkbox"/> Festival/Celebration <input type="checkbox"/> Farmer/Outdoor Market <input type="checkbox"/> Carnival <input type="checkbox"/> Parade/Procession/March <input type="checkbox"/> Dance			
Anticipated Attendance:	Anticipated Participation:	Date of Event:	
Time of Setup:	Event Start and End Times:	Time of Dismantle:	
ORGANIZATION STATUS/PROCEEDS/REPORTING			
Is the Host Organization a commercial entity: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the Host Organization a bona fide tax exempt, nonprofit entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must attached your IRS 501 (c) tax exemption letter providing proof and certifying your tax exempt, nonprofit status.			
State Tax ID Number:	Vendor or Other Fees Required:		

SITE PLAN/ROUTE

Your event site plan/route map should be submitted in blue print or CAD format and include but not limited to:

- An outline of the entire event venue including the names of all streets or areas that are part of directions of travel and street or lane closures.
- The locations of fencing, barriers and/or barricades. Indicate any removable fencing for emergency access.
- The provision of minimum twenty-foot (20') emergency access lanes throughout the venue.
- The location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, beer gardens, cooking areas, trash containers and dumpsters, carnival rides and other temporary structures.
- A detail or close-up of the food booth and area configuration including booth identification of all vendors cooking with flammable gases or barbecue grills.
- Generator locations and/or source of electricity.
- Placement of vehicles and/or trailers.
- Exit locations for outdoor events that are fenced and/or locations within tents and tent structures.
- Identification of all event components that meet accessibility standards.
- Other related event components not listed above.

NARRATIVE

Please provide a narrative and time-line of your event. You may provide this information as an attachment if necessary.

SECURITY

Yes No Have you hired a licensed professional security company to develop and manage your event's security plan? If yes, you are required to provide a copy of the security company's bonding license issued by the State of Mississippi.

Yes No On site supervisor

If yes, name and phone # _____

Security Organization:

Address:

License / Bond #:

Telephone:

MEDICAL

Yes No Have you hired a licensed professional emergency services provider to develop and manage your event's medical plan? If yes, please complete the following fields.

Medical Services Provider:

Address:

Certification Levels and Number:

Telephone:

Please describe your medical plan including communications and types of resources that will be at your event and the manner in which they will be managed and deployed. Your plan should include hours of setup and dismantle of the medical aide area.

PARKING AND SHUTTLE PLAN

Yes No Will your event involve the use of a parking and/or shuttle plan? If yes, please describe or provide an attachment or plan.

SAFETY

Yes No Will your event involve the use of traffic safety equipment? If yes, please list.

Equipment Company/Address:

Equipment Set up/Pickup Dates and Times:

Telephone:

ACCESSIBILITY

This checklist is intended to serve as a planning guideline and may not be inclusive of all City, County, State, and Federal access requirements. You may attach more detailed information if necessary.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Will there be a clear path of travel throughout your event venue? Please describe. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you developed a disabled parking and/or transportation plan (includes shuttle services) or your event? Please describe. |
| <input type="checkbox"/> | <input type="checkbox"/> | Will a minimum of 10% portable restrooms at your event be accessible? Please describe. |
| <input type="checkbox"/> | <input type="checkbox"/> | Will all food, beverage, and vending areas be accessible? Please describe. |
| <input type="checkbox"/> | <input type="checkbox"/> | Will all signage be provided in highly contrasting colors and placed so pedestrian will not obstruct its visibility? Please describe. |
| <input type="checkbox"/> | <input type="checkbox"/> | Will a public announcement system be used to broadcast announcements, locate parents of missing children, etc.? Please describe. |
| <input type="checkbox"/> | <input type="checkbox"/> | If an information center is provided at your event will customer service representatives be available to assist disable individuals? Please describe. |
| <input type="checkbox"/> | <input type="checkbox"/> | If all areas of your event venue cannot be made accessible will maps or programs be made available to show the location of accessible restroom, parking, and first aid station? Please describe. |

ENTERTAINMENT AND RELATED ACTIVITIES

Yes No

- Are there any musical entertainment features related to your event? If yes, complete the following information or provide an attachment listing all bands/performers, type of music, sound check and performance schedule.
Number of Performers _____
Performer/Band Name and music type _____
- Will sound checks be conducted prior to the event?
Start time _____ End Time _____
- Will a minimum of 10% portable restrooms at your event be accessible? Please describe.
- Will all food, beverage, and vending areas be accessible? Please describe.
- Will all signage be provided in highly contrasting colors and placed so pedestrian flow will not obstruct its visibility? Please describe.
- Will a public announcement system be used to broadcast announcements, locate parents of missing children, etc.? Please describe.
- If an information center is provided at your event will customer service representatives be available to assist disable individuals? Please describe.
- If all areas of your event venue cannot be made accessible will maps or programs be made available to show the location of accessible restroom, parking and first aid station? Please describe.

ALCOHOL

Does your event involve the use of alcoholic beverages: Yes No

If yes, please check all that apply:

Free alcohol 3rd Party Vendor
 Brown Bag / Carry in Alcohol sales by Event Promoter

Type of Alcohol:

(Not to exceed 8% by weight)

Beer Beer and Wine Beer, Wine, Distilled Sprits

ABC Permit #:

Approved By:

Date of ABC Approval:

Please describe your plan to ensure the safe sale or distribution of alcohol at your event:

CONCESSIONAIRE

Does your event involve food concession and/or preparation areas? Yes No

If yes, please describe how the food will be served and / or prepared:

Do you intend to cook food in the event area? If yes, please specify the method:

Gas Charcoal
 Electric Other (specify) _____

Will items or services be sold at your event? Yes No

If yes, please describe or attach a complete list of vendors and include a sample of the vendor pass that will be used:

PORTABLE RESTROOMS

You are required to provide portable restroom facilities at your event, unless can substantiate the sufficient availability of both ADA accessible and non-accessible facilities in the immediate area of the event site which will be available to the public during your event.

Do you plan to provide portable restroom facilities at your event: ___ Yes ___ No

If yes, please provide the following:

Total # of portable toilets _____ Number of ADA accessible portable toilets _____

If no, please explain:

Rest Room Company:

Address:	Telephone:
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Equipment Setup Time:	Equipment Pickup Time:
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SANITATION AND RECYCLING

Number of Trash Cans with Lids: _____ Number of Dumpsters with Lids _____
(1 for every 400 people)

Number of Recycling Containers: _____

Sanitation Company:

Address:	Telephone:
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Equipment Setup Time:	Equipment Pickup Time:
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SANITATION AND RECYCLING cont'd

Please describe your plan for cleanup and removal of recyclable goods, waste, and garbage during and after your event.

MITIGATION OF IMPACT

Yes No

- Is there anything about your event that may cause issues to local residents / businesses in proximity of your event? Please explain.

- Have you met with the residents, businesses, places of worship, schools and other entities that may be directly impacted by your event? If yes, please attach a complete list of these entities. If no, please explain.

- Do you have a sample of the notice that you propose to distribute two weeks prior to your event? If yes, please attach. If no, please explain.

MARKETING AND PUBLIC RELATIONS

Yes No

Will this event be marketed, promoted, or advertised in any manner? Please explain.

Will there be live media coverage during the event? Please explain.

Will media vehicles be parked within the event venue? Please describe safety plan.

Do you have a plan to control or limit the placement and/or distribution of promotional signage, stickers, and other items? Please describe.

INSURANCE

Name of Insurance Company:

Contact Name:

Address:

Telephone:

Policy Type and Number:

Policy Amount:

AFFIDAVIT OF APPLICANT

I certify the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the City of Picayune Municipal Code. I understand that this application is being made subject to the rules and regulations established by the City, County, State, Federal Government and any other applicable entity which may pertain to the use of the Event venue and the conduct of the Event. In the event that a possessory interest subject to property taxation is created by virtue of this permit, I agree to pay all possessory interest taxes and the City shall not be liable for the payment of such taxes. I further agree that the payment of any such taxes shall not reduce any consideration paid to the City pursuant to this use permit. I agree to abide by these rules, and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of Picayune.

Name of Applicant/Host Organization:

Title:

Date:

Signature:

Name of Professional Event Organizer:

Title:

Date:

Signature: