# SPECIAL EVENT PERMIT APPLICATION

## THE CITY OF GULFPORT OFFICE OF SPECIAL EVENTS

The City of Gulfport is committed to promoting responsible economic development and entertainment, preserving our heritage, enhancing our quality of life, and creating a better community for our families. The City of Gulfport operates a number of facilities/properties and at each one the following standards will be upheld to include all applicable City Ordinances, State and Federal laws.

# SUMMARY OF EVENT

Event Title: _____

**Description**
(This should be promotional in nature and can not exceed visible area)

_____

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**Admission**

How many points of entry: _____ Entry Times: _____

Cost per person- Adult: _____ Child: _____ VIP: _____ Proof of payment: _____

Open or Closed Event: _____ If a closed event, times closed: _____

Are attendees subject to a weapons search? _____ Screening for weapons: _____

If screening for weapons, how will this be conducted:

Comments:

**Event Category**

- ☐ Athletic/Recreation
- ☐ Concert/Performance
- ☐ Circus
- ☐ Exhibits/Misc.
- ☐ Farmer/Outdoor Market
- ☐ Carnival
- ☐ Festival/Celebration
- ☐ Museum Special Attraction
- ☐ Parade/Procession/March
- ☐ Dance

**Anticipated Attendance** Total: _____ Per Day: _____

**Anticipated Participants** Total: _____ Per Day: _____

| | Date | Time |
|---|---|---|
| **Setup** | | |
| **Event Starts** | | |
| **Event Ends** | | |
| **Dismantle** | | |

## LOCATION

**Location Description**

_____

# SUMMARY OF EVENT

## CONTACTS

**Host Organization** _____

**Professional Organizer** _____

**Primary Contact**
(Required)
Name: _____
Phone Number

**Secondary Contact**
(Required for internal use only)
Name: _____
Phone Number

**Other Contact**
(If different than Primary Contact)
Name: _____
Phone Number

**Other Contact**
(If different than Primary Contact)
Name: _____
Phone Number

**Web Address** _____

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Is this an annual event? How many years have you been holding this event? _____ |
| ☐ | ☐ | Were there any problems at the last event? If so, please list: |

How many people attended the last event? ☐

Where was the last time the event was held? _____

Please list a reference or contact information of a person you dealt with from the last city administration:

_____

_____

| | | |
|---|---|---|
| ☐ | ☐ | Is your event part of a larger marketing campaign (i.e. Harbor Fest, Cruisin the Coast, Music Fest etc.)? If yes, please list: |



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## APPLICANT AND HOST ORGANIZATION INFORMATION

A written communication from the Chief Officer of the Host Organization authorizing the applicant and/or professional event organizer to apply for this Special Event Permit on their behalf must be submitted with your permit application.

Host Organization _____

Chief Officer of Host Organization _____

Applicant Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone: Day _____ Evening _____ Fax _____ Cell _____

Please list any professional event organizer, event service provider, or commercial fund-raiser hired by you that is authorized to work on your behalf to plan, produce and/or manage your event.

Applicant Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone: Day _____ Evening _____ Fax _____ Cell _____

## ORGANIZATION STATUS/PROCEEDS/REPORTING

**Yes** **No**

☐ ☐ Is the Host Organization a commercial entity?

☐ ☐ Is the Host Organization a bona fide tax exempt, nonprofit entity? If yes, you must attach your IRS 501(C) tax exemption letter providing proof and certifying your current tax exempt, nonprofit status.

☐ ☐ Are vendor or other fees required?
If yes please provide amounts: _____

_____ Estimated gross receipts including ticket, entry, vendor, product and sponsorship sales from this event.
Please explain how this amount was computed:

_____ Estimated expenses for this event.

_____ What is the projected distribution or net dollar amount the Host Organization will receive from this event?

☐ ☐ Do you have a State Tax ID Number? If yes, what is the number? _____



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## SITE PLAN/ROUTE

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

- ☐ An outline of the entire event venue including the names of all streets or areas that are part of the venue and the surrounding area. If the event involves amoving route of any kinds, indicate the directions of travel and street or lanes 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 event venue.
- ☐ The location of first aid facilities and ambulances.
- ☐ 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 cooking 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.



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# 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.

☐ ☐ On site supervisor: Name and phone #: _____

Security Organization _____

Address _____

City _____ State _____ Zip Code _____

Telephone: Day _____ Evening _____ Fax _____ Cell _____

License / Bond # _____

Please describe your security plan including crowd control, internal security or venue safety, or attach the plan to this application.

See attached plan ☐

# MEDICAL

**Yes** **No**

☐ ☐ Have you hired a licensed professional emergency medical services provider to develop and manage your event's medical plan? If yes, please complete following medical fields

☐ ☐ On site supervisor: Name and phone #: _____

Medical Services Provider _____

Address _____

City _____ State _____ Zip Code _____

Telephone: Day _____ Evening _____ Fax _____ Cell _____

Please describe your medical plan including your communications plan, the number, certification levels (MD, RN, Paramedic, EMT) 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 medial aid area. You may attach the plan to this application if necessary.

See attached plan ☐



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# ACCESSEBILITY

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 | |
|---|---|---|
| ☐ | ☐ | Will there be a Clear Path of Travel throughout your event venue? Please describe. |
| ☐ | ☐ | Have you developed a Disable Parking and/or Transportation Plan (including the use of public transportation or shuttle services) for your event? Please describe. |
| ☐ | ☐ | Will a minimum of 10% of portable rest rooms 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 constrasting colors and placed so pedestrian flow will not obstruct its visibility? Please describe |
| ☐ | ☐ | Will a Public Announcement (PA) 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 disabled individuals? Please describe |
| ☐ | ☐ | If all areas of your event venue can not be made accessible will maps or programs be made available to show the location of accessible rest room, parking, drinking fountain, and first aid station? Please describe |

# 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 of your plan. |

See attached plan ☐



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## SAFETY

**Yes** **No**

☐ ☐ Will your event involve the use of traffic safety equipment? If yes, please list:

Equipment Company _____

Address _____

City _____ State _____ Zip Code _____

Telephone: Day _____ Evening _____ Fax _____ Cell _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____

## 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 Stages _____

Number of Performers/Bands _____

Performer/Band name and music type _____

☐ ☐ Will sound checks be conducted prior to the event?

If yes, Start time _____ Finish time _____

☐ ☐ Will sound amplification be used?

If yes, Start time _____ Finish time _____

Please describe the sound equipment that will be used for your event

☐ ☐ Will inflatables, hot air balloons or similar devices be used at your event?

If yes, please describe

☐ ☐ Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics?

If yes, please describe

☐ ☐ Will your event include the use of any signs, banners, decorations, or special lighting?

If yes, please describe

☐ ☐ Do your event plans include any casino games, bingo games, drawings or lottery opportunities?

If yes, please describe

Complete Schedule of events attached ☐

# ALCOHOL

**Yes** **No**

☐ ☐ Does your event involve the use of alcoholic beverages?

If yes, please check all that apply:

- ☐ Free Alcohol
- ☐ No Alcohol will be permitted on site
- ☐ Brown Bag / Carry in
- ☐ Alcohol sales by Event Promoter
- ☐ 3rd Party Vendor

Type

- ☐ Beer
- ☐ Beer and Wine
- ☐ Beer, Wine and Distilled Spirits

ABC Permit # _____ Date your event met ABC Approval: _____

Approved by: _____

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

# FOOD CONCESSIONS OR PREPARATION

**Yes** **No**

☐ ☐ Does your event include food concession and/or preparation areas?

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

☐ ☐ Do you intend to cook food in the event area?

If yes, please specify method:

- ☐ Gas
- ☐ Electric
- ☐ Charcoal
- ☐ Other (specify): _____



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## CONCESSIONAIRE

**Yes** **No**

☐ ☐ Will items or services be sold at your event?

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

☐ ☐ Will items or services sold at your event present unique liability issues (e.g. body piercing, massage, animal rides, etc.)?

If yes, please describe or attach a complete list of vendors.

Complete list of vendors attached ☐

☐ ☐ Do you intend for you or your vendor to sell / giveaway adult novelties or paraphernalia commonly used to ingest illegal substances?

## PORTABLE REST ROOMS

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

**Yes** **No**

☐ ☐ Do you plan to provide portable rest room facilities at your event?

If yes: Total number of portable toilets. _____

Number of ADA accessible portable toilets. _____

If no: Please explain:

Rest Room Company: _____

Address _____

City _____ State _____ Zip Code _____

Telephone: Day _____ Evening _____ Fax _____ Cell _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____



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## SANITATION AND RECYCLING

Number of Trash Cans with Lids _____

Number of Dumpsters with Lids _____
(One for every increment of 400 people)

Number of Recycling Containers _____

Sanitation Company: _____

Address _____

City _____ State _____ Zip Code _____

Telephone: Day _____ Evening _____ Fax _____ Cell _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____

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 to 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.<br>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.<br>If no, please explain: |



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## MARKETING AND PUBLIC RELATIONS

Yes No

☐ ☐ Will this event be marketed, promoted, or advertised in any manner? If yes, please describe:

☐ ☐ Will there by live media coverage during the event? If yes, please describe:

☐ ☐ Will media vehicles be parked within the event venue? If yes, 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? If yes please describe:

## INSURANCE

Name of Insurance Agency: _____

Address _____

City _____ State _____ Zip Code _____

Telephone: Day _____ Evening _____ Fax _____ Cell _____

Contact Name: _____

Policy Type: _____

Policy Amount: _____

Policy Number: _____



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# AFFIDAVIT OF APPLICANT

I certify that 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 Gulfport Municipal Code and I understand that this application is made subject to the rules and regulations established by the City Council and/or the City Manager or the City Manager's designee. Applicant agrees to comply will all other requirements of the City, County, State, Unified Port District, MTDB, 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 use 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 Gulfport.

Print Name of Applicant/Host Organization _____

Title _____

Signature _____

Date _____

Print Name of Professional Event Organizer _____

Title _____

Signature _____

Date _____



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*Thank you for completing your Special Event Permit Application.*

## Before you submit your application to the City of Gulfport, please

*make sure that the following steps have been completed:*

### *Have you?*

- ☐ Signed and dated your application?
- ☐ Attached your event site plan?
- ☐ Attached your event security plan?
- ☐ Provided a copy of your security company's license and bonding paperwork?
- ☐ Attached your event medical plan?
- ☐ Attached a copy of 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 your 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 in the selected venue.
- ☐ Applied for a Police Noise Ordinance Variance Permit. if applicable?

**Submit your completed permit application to:**

**City of Gulfport Leisure Services Department**
**Joseph T. Jones Bldg, Attn: Office of Special Events**
**1422 23rd Avenue (2nd Floor)**
**Gulfport, MS 39501**