



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: _____

LOCATION Jones Park Downtown

Location Description _____

- Event Category**
- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Athletic/Recreation | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Circus |
| <input type="checkbox"/> Exhibits/Misc. | <input type="checkbox"/> Farmer/Outdoor Market | <input type="checkbox"/> Carnival |
| <input type="checkbox"/> Festival/Celebration | <input type="checkbox"/> Museum Special Attraction | <input type="checkbox"/> Run/Race |
| <input type="checkbox"/> Parade/Procession/March | <input type="checkbox"/> Dance | <input type="checkbox"/> Block Party |

Description _____
 (This should be promotional in nature and cannot exceed visible area)

	Date	Time
Setup/Load-in		
Event Start		
Event Ends		
Dismantle/Load-out		

Anticipated Attendance Total: _____ Per Day: _____

Anticipated Participants Total: _____ Per Day: _____

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, time closed: _____
 Are attendees subject to a weapons search? _____ Screening for weapons: _____
 If screening for weapons, how will this be conducted:

Comments:

SUMMARY OF EVENT

CONTACTS

Host Organization

Professional Organizer
(if any)

Primary Contact
(Required)

Name: _____

Phone Number: _____

Secondary Contact
(Required for internal use only)

Name: _____

Phone Number: _____

Other Contact
(If different than Primary)

Name: _____

Phone Number: _____

Web Address

Social Media/Facebook

Yes No

Is this an annual event? How many years have you been holding this event? _____

Were there any problems at the last event? Is so please list:

How many people attended the last event? _____

Where was the last time the event was held? _____

Please list references 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. Crusin' the Coast, Music Festival, etc.)? If yes, please list:

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. (Can be digital)

Host Organization _____

Chief Officer of Host Organization _____

Applicant Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone: _____ Fax: _____ Cell: _____

Please list any professional event organizer, event service provider, or commercial fundraiser 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: _____ Fax: _____ Cell: _____

ORGANIZATION STATUS/PROCEEDS/REPORTING

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the Host Organization a commercial entity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 for this event? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a State Tax ID Number? If yes, what is the number? _____ |

ORGANIZATION STATUS/PROCEEDS/REPORTING

Your event site plan/route map should be detailed and clearly marked and include but not be limited to:

- An outline of the entire event venue including the names of all the streets or areas that are part of the venue and the surrounding area. If the event involves a moving route of any kind, indicate the directions of travel and street of 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 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.

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 & Phone #: _____

Security Organization: _____

Address _____

City _____ State _____ Zip Code _____

Telephone: _____ Fax: _____ Cell: _____

License / Bond # _____

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

See attached plan

MEDICAL

YES

NO

Have you hired a licensed professional emergency medical services provider to develop and manage your events medical plan? If yes, please complete the following medical fields.

On site supervisor – Name & Phone #: _____

Medical Services Provider: _____

Address _____

City _____ State _____ Zip Code _____

Telephone: _____ 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 medical aid area. You may attach the plan to the application if necessary.

See attached plan

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. (Must meet ADA standards)

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 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 (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 cannot be made accessible will maps or programs be made available to show the location of accessible restroom, parking, drinking fountain, and first aid stations? 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

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: _____ 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 _____

Are you bringing your own stage or leasing one of ours? If yes, please list: _____
(If leasing ours, additional information will be required if your application is approved.)

Number of Performers/Bands _____

Performer/Band name and music type _____

Will sound checks be conducted prior to the event?
If yes, Start time: _____ End time: _____

Will sound amplification be used?
If yes, Start time: _____ End 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?

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
- 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 and distribution of alcohol at your event:

FOOD VENDOR OR PREPARATION

YES

NO

Does your event include food vendors 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): _____

OTHER VENDORS

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?

SALES TAX PERMIT INFORMATION

You are required by the Mississippi Department of Revenue to apply for a Sales Tax Permit if you or your Vendors are selling any products. If you are selling alcoholic beverages you can complete this process at the same time. You are responsible for collecting and paying the sales tax collected to the Department of Revenue, as required by law.

Address:

Mississippi Department of Revenue
1141 Bayview Avenue, Suite #400
Biloxi, MS 39530

Phone Number:

(228) 432-3499

[Department of Revenue - ABC Permit \(Click Here\)](#)

<https://www.dor.ms.gov/ABC/Pages/Permits.aspx>

Please be sure to check with the Department of Revenue for the most updated version of their application.

PORTABLE RESTROOMS

You are required to provide restroom facilities at your event, unless you 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.

YES

NO

Do you plan to provide portable restroom facilities at your event?
If yes:

Total number of portable toilets: _____

Number of ADA accessible portable toilets: _____

If no, please explain:

Restroom Company _____

Address _____

City _____ State _____ Zip Code _____

Telephone: _____ Fax: _____ Cell: _____

Equipment Setup: Date: _____ Time: _____

Equipment Pickup: Date: _____ Time: _____

SANITATION AND RECYCLING

Number of trash cans to be provided by City _____ Number of Dumpsters with Lids _____
(One for every increment of 400 people)

Number of Recycling Containers _____

Sanitation Company _____

Address _____

City _____ State _____ Zip Code _____

Telephone: _____ 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.

If no, please explain:

Do you have a sample of the notice that you propose to distribute for your event? If yes, please attach. (i.e. Event Flyer)

If no, please explain:

MARKETING AND PUBLIC RELATIONS

YES

NO

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

Will there be 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:

MARKETING AND PUBLIC RELATIONS (CONTINUED)

YES

NO

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

Our policy states that we will need a Certificate of Liability Insurance coverage naming City of Gulfport as additionally insured

Insurance Agency _____

Address _____

City _____ State _____ Zip Code _____

Telephone: _____ Fax: _____ Cell: _____

Contact Name: _____

Policy Type: _____

Policy Amount: _____

Policy Number: _____

AFFIDAVIT OF APPLICATION

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 _____

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:

**MAIL to:
City of Gulfport Leisure Services
Department Attn: Special Events (2nd Floor)
1422 23rd Avenue
Gulfport, MS 39501**

OR

**Email to:
LSevents@gulfport-ms.gov**