



MIKE COOPER
Mayor

CITY OF COVINGTON
CULTURAL ARTS & EVENTS OFFICE
419 N. New Hampshire Street
Post Office Box 778
Covington, Louisiana 70434
phone 985.892.1873
fax 985.867.1205
website www.covla.com

SPECIAL EVENT PERMIT APPLICATION

EVENT DATE _____ / _____ / _____ START TIME _____ END TIME _____

EVENT NAME _____

EVENT LOCATION _____

Check all that apply:

- Street Closure Cooking at Event Beer/Alcohol Sold Food Sold
- Race/Walk/Run Can Shake Beer/Alcohol Served Food Served
- Barricades _____ Other Explanation: _____
How many?

NAME OF ORGANIZATION OR INDIVIDUAL _____

EVENT CHAIRMAN _____

ORGANIZATION PHONE NUMBER _____

EVENT CHAIRMAN PHONE NUMBER _____

MAILING ADDRESS _____

EVENT CHAIRMAN CELL NUMBER _____

CITY, STATE, ZIP _____

EVENT CHAIRMAN E-MAIL ADDRESS _____

DESCRIPTION / PURPOSE OF EVENT _____

ESTIMATED ATTENDANCE _____ IS YOUR ORGANIZATION AT 501C(3)? Yes No

- ATTACH CERTIFICATE OF INSURANCE *(if applicable)*
- ATTACH MAP/ROUTE *(if applicable)*
- ATTACH STREET CLOSURE FORM *(if applicable)*
- ATTACH BARRICADE RENTAL FORM *(if applicable)*
- ATTACH EVENT FLYER / BROCHURE *(if applicable)*
- ATTACH SIGNAGE FORM *(if applicable)*

NOTE: There is a \$25 fee. Please make check payable to the City of Covington.

Check Received _____
DATE

Signature of Applicant _____

Date Submitted _____

Any expense required of the holder of an event must be paid in advance at least 15 days prior to the event.

EVENT NAME _____

DATE _____ / _____ / _____ **START TIME** _____ **END TIME** _____

FOR POLICE APPROVAL	<input type="checkbox"/> Police Detail Required 4 HOUR MINIMUM PER OFFICER	<input type="checkbox"/> Police Detail NOT Required
<i>Call (985) 892-8500 to schedule appointment with Detail Officer.</i>	Number of Barricades Needed _____ Check if not applicable _____	Location of Barricades:
Fees paid direct to officers at \$_____ per hour per officer.	Number of Officers required _____ Number of Hours per Officer _____	Special Request:

FOR FIRE DEPT. APPROVAL	<input type="checkbox"/> Fire Dept. Detail Required 4 HOUR MINIMUM PER PERSON	<input type="checkbox"/> Fire Dept. Detail NOT Required
<i>Call (985) 898-4727 to schedule appointment with Detail Person.</i>	Number of Barricades Needed _____ Check if not applicable _____	Location of Barricades:
Fees paid direct to personnel at \$_____ per hour per person.	Number of Personnel required _____ Number of Hours per Person _____	Special Request:

CITY APPROVALS

_____ / _____ / _____
CULTURAL ARTS & EVENTS DIRECTOR DATE

_____ / _____ / _____
FACILITIES DIRECTOR / DPRC DIRECTOR DATE

_____ / _____ / _____
POLICE DEPARTMENT DATE

_____ / _____ / _____
FIRE DEPARTMENT DATE

_____ / _____ / _____
MAYOR OF COVINGTON DATE

COPY TO PUBLIC WORKS (if applicable) _____ / _____ / _____
DATE

COPY TO RECREATION (if applicable) _____ / _____ / _____
DATE