



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

- \$250 CLEANUP / DAMAGE DEPOSIT FOR REV. PETER ATKINS PARK
- 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 |
| Call (985) 892-8500 to schedule appointment with Detail Officer. | 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 |
| Call (985) 898-4727 to schedule appointment with Detail Person. | 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