



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 _____

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 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