



MARK R. JOHNSON  
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 DAMAGE DEPOSIT ON ALL CITY PARKS (if applicable)
- ATTACH CERTIFICATE OF INSURANCE (if applicable)
- ATTACH MAP/ROUTE (if applicable)
- ATTACH STREET CLOSURE FORM (if applicable)
- ATTACH BARRICADE RENTAL APPLICATION (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** \_\_\_\_\_

<b>FOR POLICE APPROVAL</b>	<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:

<b>FOR FIRE DEPT. APPROVAL</b>	<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