## DEPARTMENT OF PARKS AND PARKWAYS

## **CITY OF NEW ORLEANS**

LATOYA CANTRELL
MAYOR
DIRECTOR

Date Filed:	WASHINGTON SO	QUARE BOOK	ING REQUEST
		Alternate/Rain Date:	
Description of Event: (please provide as much detail as possible):			
Set-up hours required: from from from from from from from from	lic? yes / no rged? yes / no	am/pm	m/pm
Will refreshments be sold? Will alcoholic beverages be s Will this event be filmed?	yes / no sold? yes / no yes / no		
Portable Toilets: yes / no Electrical hook-ups: yes / no Other: yes / no If ye	Chairs: yes / no Booths: yes / no s to Other, please explain:	Tables: Parking	yes / no Tents: yes / no g: yes / no Risers: yes / no
Applicant Contact Informati	-	er and sizes	
Name:			·
Address: City / State / Zip Code:			
Phone:		Fax:	
Email Address:			

## **SUBMIT THIS FORM TO:**