

CITY OF NEW ORLEANS DEPARTMENT OF FINANCE-BUREAU OF REVENUE

SPECIAL EVENT PERMIT APPLICATION

City Hall- 1300 Perdido St., Room 1W15, New Orleans, LA 70112 (504)658-1600/Fax (504)658-1605, revenue@nola.gov

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Type of Organization:		Check One:	Fee(s) Apply:
	Non-Profit or	Charitable Organization (Must provide proof of status under IRS Code	Exempt**
**	Exemption		
	For -Profit Org	anization	Yes
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<u>Special Event Requirements (Applications must be received **THIRTY (30)** days prior to the event to ensure issuance) As an applicant for a Special Event permit, the following documents are required prior to staging an event within the City of New Orleans:</u>

- ✓ Revenue Form Application
- ✓ Occupational License
- ✓ Mayoralty Permit
- ✓ Alcohol Beverage Permit (If applicable)
- Performance Bond or Sales Tax Deposit

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Name of business, promoter or organization		Name of Event
Event Location (street address/city/state/zip)		Event Date(s):
Event organizer's mailing address (p.o. box/street/city/st/zip)		Is the applicant a Charitable or Non-Profit Organization? Yes An Exemption Application must be completed to grant the waiver of fees. No All fees are due upon approval/issuance of application
Permits/Licenses Requested: ✓ Occupational License ✓ Mayoralty Permit ✓ Alcohol Beverage ✓ Performance Bond for Sales Tax (Required if 3 or more vendors participating)		Fees: \$ 150.00-Occupational License(Itinerant Vendor) \$ 250.25- \$500.25-Mayoralty Permit \$ 135.00-Beer \$500.00-Liquor/Wine \$250.00-ABO Processing Fee \$ 10,000 -Performance Bond-Promoter's Only
Admissions Charged for Event: Yes No Alcohol: For Sale Free Distribution		Applicant Name:
Applicant Contact Number(s): (1) () (2) ()		Applicant E-mail address:
Premises owned by the applicant? Circle One Yes / No If no, attach copy of the lease or permission by property owner.		Will vendors participate in this event? Circle one Yes / No If so, how many will participate in this event
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SALES TAX RATE TOTAL IS 9%. ORLEANS PARISH IS 5%/STATE OF LOUISIANA IS 4%, MUST BE REMITTED SEPARATELY.

Explain in detail your event: _		
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Authorization:	Signature	Office/District	Date:	Approved Initial	Disapproved Initial
Council Staff (Routing)					
Councilmember					
Customer Service (Revenue)					
Revenue Collections Supervisor					
Collector of Revenue					
CFO/Deputy Director of Finance					