

Date _____
Tracking Number _____

SPECIAL EVENT PERMIT APPLICATION

MASTER APPLICATION

EVENT SCREENING QUESTIONNAIRE - Please answer every single question on this page.

The following questions will determine the correct application supplements that will be required for your event to be fully permitted. **Any permit or license may be revoked if there has been misrepresentation in the permit or license application** with respect to the nature and location of the activity. If you answer "Yes" to any question next to a Supplement, that Supplement must be submitted with this application. If you answer "Yes" to more than 1 question with the same Supplement listed to the right, only one copy of that Supplement is required.

SALES & ADMISSIONS	IF YES, COMPLETE REQUIRED FORMS
Will Admission be charged (including any sort of pre-payment/registration) and/or is your event a Fundraiser (for either a public or private entity)?	Yes No Supplement A
Will ANY food, arts, crafts, or cultural items be sold? Vendors (Food/Art/Cultural)?	Yes No Supplement A

If you are applying as a VENDOR at an event that is organized by someone other than you, please only fill out the MASTER APPLICATION and SUPPLEMENT A. You may not apply until the promoter/organizer has registered the event with the City.

Will Alcohol be given away or sold?	Yes No Supplement A
Will you temporarily be using a property as a Parking lot for a Special Event?	Yes No Supplement A
Will your event involve ANY KIND of the following: (If yes, select all that apply) Live performance(s)? DJ and/or Recorded Music? Loudspeakers or Amplifiers?	Yes No Supplement A

STREETS AND SIDEWALKS	IF YES, COMPLETE REQUIRED FORMS
Will your event require a stationary street closure (Block Party, etc.) or block a sidewalk?	Yes No Supplement B
Will your event take place in a street with parking meters or require other parking restrictions (like towing cars from a parade route)?	Yes No Supplement B
Will your event require the use of large dumpsters?	Yes No Supplement B

PARADES	IF YES, COMPLETE REQUIRED FORMS
Will your event require a moving street closure (e.g.Race, Second Line, Bike Rally, Parade)?	Yes No Supplement C

CITY LAND	IF YES, COMPLETE REQUIRED FORMS
Will your event take place in a street with a neutral ground?	Yes No Supplements D & G
Will your event take place in a City-owned Park or Rec Center?	Yes No Supplements D & G

TENTS	IF YES, COMPLETE REQUIRED FORMS
Will your event involve ANY of the following: (If yes, select all that apply) Booths Tents Canopies Air Support Structures	Yes No Supplement E

STAGES, BANNERS, REVIEWING STANDS & BRACING	IF YES, COMPLETE REQUIRED FORMS
Will banners or other large signage be used before, during and/or after your event?	Yes No Supplement F
Will your event involve ANY of the following: (If yes, select all that apply) Viewing Stands and/or Bracing Stages and/or Risers?	Yes No Supplement F

SAFETY	IF YES, COMPLETE REQUIRED FORMS
Is the Anticipated Number of Occupants/ Attendance Greater than 1,000 people?	Yes No Supplement G
Will your event take place outdoors during the month of June, July or August?	Yes No Supplement G
Will your event involve ANY of the following? (If yes, select all that apply) Cooking Onsite? Open Flame (fire juggling, bonfire, etc.)? Heating Equipment? Fog Machine? Pyrotechnics/Special Effects/Flambeaux? Lasers? Compressed Gases or Flammable Liquid (used or stored onsite inc. for food prep.)? Operating Internal Combustion Engines? Vehicle or Motorcystle demonstrations?	Yes No Supplement G

NON-PROFITS	IF YES, COMPLETE REQUIRED FORMS
Will the applicant be a non-profit registered with the State and/or with an IRS 501(c) status?	Yes No Supplement H

ADDITIONAL QUESTIONS	OTHER REQUIREMENTS
Will your event involve Commercial Filming?	Yes No Contact Film New Orleans at 504-658-0920
Will PortoLets be used at the site of your event?	Yes No Attach a copy of the contract



Special Events Permit



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MASTER APPLICATION

EVENT INFORMATION

Event Name _____

Event Location _____

Number of Expected Attendees _____ Preferred Rain Date _____

Event Set Up (or Formation) Date _____			Time _____	AM PM
Event Start Date _____	Time _____	AM PM	Event End Date _____	Time _____
Event Break Down (or dispersal) Date _____			Time _____	AM PM

Event Description Provide a narrative description of the full scope of your event with as much detail as possible in the box below.

APPLICANT INFORMATION VENDORS FOR EVENTS: FILL OUT THIS FORM AND SUPPLEMENT A

Name _____ Phone Number _____

Company or Organization Name (if applicable) _____

Mailing Address _____

City _____ State _____ Zip _____ Email _____

PRIMARY CONTACT INFORMATION SAME AS APPLICANT

Name _____ Phone Number _____

Mailing Address _____

City _____ State _____ Zip _____ Email _____

LOCATION OWNER INFORMATION SAME AS APPLICANT

Name _____ Phone Number _____

Mailing Address _____

City _____ State _____ Zip _____ Email _____

ACKNOWLEDGMENTS

I certify that the above information is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that any change in the scope or cost of the work must be reported to the Department of Safety and Permits and additional permits may be required.

Applicant Signature _____ Date: _____