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|  | **Webster Parish Police Jury**  **401 Main Street**  **Minden, Louisiana 71055**  **P: (318) 377-7564 F: (318) 371-2366**  [**www.websterparishla.gov**](http://www.bossierparishla.gov) |

**WEBSTER PARISH PARADES / PUBLIC DEMONSTRATION / PUBLIC INTEREST / SPECIAL EVENTS PERMIT CHECKLIST**

1. **Complete all information requested on application and submit no later than forty-five (45) days prior to the event with a non-refundable application fee of $500.00 per event. Make checks or money orders (cash not accepted) payable to Webster Parish Police Jury. A $25.00 fee will be charged for all returned checks.**
2. If Non-Profit, submit a copy of the Internal Revenue Service Form 501-C
3. Attach copies of all proposed route maps, site plans, clean-up, emergency, health, sanitation, and security and parking plans to be in place and estimated budgets for implementation and enforcement of these plans. Proposed security plans must include security checks at all entrances to check all attendants, purses, bags, and outside items prior to entering the event premises.
4. Copy of all promotional materials
5. Color copy of applicant’s driver’s license
6. Proof of ownership / lease of proposed location of event
7. Applicant is responsible for contacting the required authorities below on the necessity for additional permits and licenses and to submit all such required documents to appropriate agency no later than thirty (30) days prior to the event in order to receive event approval and permit.

* **TRAFFIC– Detail Officer(s) may be required; Charge is $30/hour per officer**

Webster Parish Sheriff’s Office

401 Main Street, Minden, LA 71055

(318) 377-1515

A minimum of one Deputy and the maximum number of Deputies to be determined by the Webster Parish Sheriff’s Office for traffic control.

* **WEBSTER PARISH HEALTH UNIT – MUST be contacted if food is served**

1200 Homer Road, Minden, LA 71055

(318) 371-3030

* **EMERGENCY MEDICAL SERVICES – additional fee may be required**

Advanced EMS

900 Shreveport Road, Minden, LA 71055

(318) 382-0381

Pafford EMS-Minden Station

1227 Sheppard Street, Minden, La. 71055

(318) 371-1855

* **LOUISIANA SPECIAL EVENT PERMIT – MUST be obtained if alcoholic beverages are served and/or sold as part of general admission.**

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| State of Louisiana  Dept. of Revenue and Taxation  Office of Alcohol Tobacco Control  PO Box 66404, Baton Rouge, LA 70896-6404  P: (225) 925-4041 F: (225) 925-3975  <http://www.atc.rev.state.la.us/> | United Plaza Blvd.  Broadwing Building  2nd Floor, Baton Rouge, LA 70896 |

* **Event Sponsors/Promoters MUST provide appropriate tax permit and supply a list of vendors and their mailing addresses for collection or exemption of Sales to the following:**

|  |  |
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| State of Louisiana  Dept. of Revenue  [www.rev.state.la.us](http://www.rev.state.la.us) | Webster Parish Sales & Use Tax Division  1128 Homer Road  Minden, LA 71055  P: (318) 377-8948 F: (318) 377-4089  <https://www.webstersalestax.org> |

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|  | **Webster Parish Police Jury**  401 Main Street  Minden, Louisiana 71055  P: (318) 377-7564 F: (318) 371-2366  [**www.websterparishla.gov**](http://www.websterparishla.gov) | (Office Use Only)  Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  District/Juror \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fire District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Parades / Public Demonstration / Public Interest / Special Events Permit Application**

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| **Name/Purpose of Event:** | | | | | | | | | **Requested Event Date(s):** | | |
| **Website for event:** | | | | | | | | | | **Other media advertising:**  (Attach all promotional materials) | |
| **Location / Route of Event:** | | | | | | | | | | | |
| **Type of Event (Check all that apply)** | | | | | | **Private ⃝ Public ⃝ Tax Exempt**  ⃝ **Non-Profit**  ⃝ | | | | | |
| **Assembly/Set Up Time:**  a.m./p.m. | | | | **Starting Time:**  a.m./p.m. | | | | | | **Ending Time:**  a.m./p.m. | |
| 5K / 10k / Walk / Race | |  | | Animals | | | |  | | Food Catered/Served |  |
| Parade | |  | | DJ or Live Music (genre) | | | |  | | Food Sold |  |
| Trail Ride | |  | | Festival / Fundraiser | | | |  | | Alcohol BYOL |  |
| Celebration / Dance | |  | | Bounce Houses / Rides | | | |  | | Alcohol Served |  |
| Bonfire / Fireworks | |  | | Vendors | | | |  | | Alcohol Sold |  |
| Other (Explain): | | | | | | | | | | | |
| **FOOD / ALCOHOL** | | | | | | | | | | | |
| Person responsible for selling and/or serving **alcohol** (required for all events): | | | | | | | | | | | |
| Type of Alcohol being served (check all that apply):  Beer  **⃝**  Liquor  **⃝**  Wine  **⃝** State Alcohol Permit # (*attach copy):* | | | | | | | | | | | |
| Address: | | | | Phone: | | | | | | Email: | |
| *Additional signature required if other than applicant*  Date: | | | | | | | | | | | |
| Person responsible for selling and/or serving **food** (required for all events): | | | | | | | | | | | |
| Address: | | | | Phone: | | | | | | Email: | |
| *Additional signature required if other than applicant*  Date: | | | | | | | | | | | |
| **STAFF / ATTENDEES** / **ADMISSION** | | | | | | | | | | | |
| Name of staffing coordinator:  \*See Convicted Felon or Sexual Offender notation | | | | | | | Number of on-site staff:  \*See Convicted Felon or Sexual Offender notation | | | | |
| Admission Cost: | | | | | | | Number of Presale Tickets:  Number of available Gate Admissions:  Maximum Attendance: | | | | |
| Estimated attendees per day: | | | | | | | Restrictions on Attendance (age limit, etc.) | | | | |
| Estimated overnight attendees (if applicable):  Restrictions on Overnight Attendance: | | | | | | | Location and Type of Facilities (tents, campers, etc.) (identify site on map):  Type of lighting: | | | | |
| Sales & Use Tax Permit Number: Date: | | | | | | | | | | | |
| **SHERIFF’S OFFICE** | Number of Deputies Required Per Ordinance: | | | | | | | | | Date(s) and Time(s) | |
| Type and location of anticipated Road Closure(s): | | | | | | | | | | Time and Date: | |
| Parking: (lot, street, self, valet)  Shuttle Services: (bus, etc.)  Hours of Operation:  Pick Up/Drop Off Locations (identify entrances and exits on map): | | | | | | | | | | Location:  Amount of Available Parking: | |
| Gated Areas and/or Locations of Cones / Barricades (identify on map):  Security Checkpoint Locations (identify on map):  Item(s) to be Checked (persons, purses, bags, other outside items):  Prohibited Item(s): | | | | | | | | | | | |
| Live Music / DJ Name: | | | | | Genre: | | | | | Notice to surrounding 300’ property: | |
| **Emergency Medical Services** | | | | Number of EMTs / Ambulance: | | | | | | Date(s) and Time(s) | |
| Location(s), date(s) and time(s) of First Aid Station(s): | | | | | | | | | | | |
| Is the event mandated by a sanctioning organization to have EMS onsite? | | | | | | | | | | | |
| **Fire District** | Number of Standby Personnel / Apparatus: | | | | | | | | | Date(s) and Time(s) | |
| Opening Burning | Purpose (event, attraction):  Accelerants and Quantity:  Pressurized Gas and Quantity: | | | | | | | | | Date(s) and Time(s)  (Identify storage locations on map) | |
| Pyrotechnics | Type of Permit(s):  Permit(s) Date:  Permit(s) Number(s):  (Attach applicable State/Parish permits) | | | | | | | | | Date(s) and Time(s) of Show:  (Identify fallout zones on map) | |
| **PUBLIC HEALTH** | | | Food Permit: | | | | | | | shall comply with R.S. 40:601 | |
| Potable Water Provided by:  5 gallons/person/day for drinking  15 gallons/person/day for drinking and showering | | | | | | | | | | Date(s) and Time(s) Available:  (Identify locations on map) | |
| Toilets / Porta Pots provided by:  Number of units required (1/200 attendees): | | | | | | | | | | Date(s) and Time(s) Available:  (Identify locations on map) | |
| Refuse / Garbage collection units:  1 50- gallon container / 100 anticipated attendees. To be collected at least once a day and completely cleaned within 24 hours of mass gathering. | | | | | | | | | | | |
| Vector Control provided by (licensed/professional applicator):  Chemicals used: | | | | | | | | | | Date(s) and Time(s): | |
| Clean-Up Procedure:  Designated Sponsor Committee/Crew or Outsourced Group(s) for Clean-up: | | | | | | | | | | Designated Time(s): | |
| **Animals / Livestock** | | | | Permit Number | | | | | | Permit Date | |
| Type of Animals (pets, livestock, etc.) | | | | | | | | | | | |
| Reason for inclusion (parade, attraction, ride, etc.) | | | | | | | | | | | |
| Location of Animals (if part of parade, identify location within parade or # of float; identify on map) | | | | | | | | | | | |
| **RESPONSIBLE INDIVIDUAL OR ORGANIZATION** | | | | | | | | | | | |
| Name: | | | | Phone: | | | | | | Email: | |
| Address: | | | | | | | | | | | |
| Mailing or Headquarters Address (if different): | | | | | | | Driver’s License (provide color copy): | | | | |
| Previous Permitted Events in Webster Parish: | | | | | | | Fingerprint Card Provided: | | | | |
| BBB Rating (if applicable): | | | | | | |  | | | | |
| **PROPERTY OWNER**  If different from responsible individual or organization, attach bona fide written lease for property. | | | | | | | | | | | |
| Name: | | | | Phone: | | | | | | Email: | |
| Address: | | | | | | | | | | | |
| Mailing Address (if different): | | | | | | | | | | | |
| **ENTITY / CORPORATON / LLC INFORMATION** | | | | | | | | | | | |
| Federal Identification Number: | | | | | | | | | | Louisiana Dept. of Revenue Business Account Number: | |
| Name: | | | | Phone: | | | | | | Email: | |
| Social Security Number: | | | | Address: | | | | | | | |
| Name: | | | | Phone: | | | | | | Email: | |
| Social Security Number: | | | | Address: | | | | | | | |

Attached additional pages, if necessary.

\*No person with a felony conviction nor convicted sexual offender shall be allowed to be part of the event staff.

**HOLD HARMLESS AGREEMENT**

**Applicant does hereby agree to save and hold harmless and indemnify the Parish of Webster and/or its departments and/or its employees, from any and all liability, and any claim, losses, damages, costs, including attorney fees, suits and judgments on the account of injuries or property damage resulting from activities related to the event.**

I affirm that the information given on this application is true and correct. I understand that my application will be sent to the Webster Parish Sheriff’s Office for review. Applicable requirements will be instructed and must be met to receive event permit approval. I have received a copy of the special event requirements and I am aware of the process.

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**This application may take 30 days to process in order to assure public safety officials have the appropriate time to prepare for your event. Attach a map with your application that shows the overall location of the event with the required locators (stage, gated area, first aid, runners, bikers, egress and ingress points, parking etc.). Submit the completed application by email, person or fax to:**

***Webster Parish Police Jury, Webster Parish Courthouse, 401 Main Street, Minden, La, 71055***

***Koko Jones – wppjpermits@suddenlink.com Fax: (318) 371-2366***

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| **Agency** | **Approved / Denied** | **Agency Representative Signature** | **Date** |
| **Webster Parish Police Jury** |  |  |  |
| **Webster Parish Sheriff’s Office** |  |  |  |
| **Advanced EMS** |  |  |  |
| **Pafford EMS** |  |  |  |
| **Webster Parish Fire District** |  |  |  |
| **Webster Parish Health Unit** |  |  |  |