

City of D'Iberville

Special Event Permit Application

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The City of D'Iberville is an engaging community that is beautiful, thriving, multi-cultural, safe, and inviting. We cherish our heritage and local cuisine, the environment, and our quality of life. We promote a progressive community, world-class shopping, and family entertainment. All events in the City of D'Iberville will be expected to follow all applicable city ordinances, State and Federal Laws.

All fields must be completed. If an item does not apply, then put N/A for that item.

SUMMARY OF EVENT

Event Title: _____

Description: _____

Per Day:

Anticipated Attendance Total: _____

Anticipated Participants Total: _____

Setup Date: _____

Setup Time: _____

Event Start Date: _____

Event Start Time: _____

Event End Date: _____

Event End Time: _____

Tear Down Date: _____

Tear Down Time: _____

Location: _____

Is this an annual event? _____

How many years have you been holding the event? _____

Is this a Public or Private Event? _____

Does the event propose closing, blocking or using City streets and/or parking lots? _____

Is your event part of a larger event? (i.e. Cruisin' the Coast, etc.) _____

If so please list: _____

CONTACTS (required section)

Host Organization: _____

Professional Organizer: _____

Primary Contact Name: _____

Primary Contact Number: _____

Secondary Contact Name: _____

Secondary Contact Number: _____

Other Contact Name: _____

Other Contact Number: _____

Web Address: _____

ORGANIZATION'S STATUS & REPORTING

Is the Host Organization a commercial Entity? _____

Do you have a State Tax ID? _____

If yes, what is the number? _____

Is the Host Organization a bona fide tax exempt, nonprofit entity? _____

If yes, you must attach your IRS 501© tax exempt letter providing proof and certifying your current tax exempt, nonprofit status.

MARKETING AND PUBLIC RELATIONS

Will this event be marketed, promoted, or advertised? _____

If yes, please describe: _____

Will there be live media coverage during the event? _____

If yes, please describe: _____

POLICE/ SECURITY SERVICES

Have you hired a licensed professional security company to develop and manage your event's security plan?

_____ If yes, you are required to provide a copy of the security company's bonding license issued by the State of Mississippi.

Will an On-Site security supervisor be present? _____

On-Site Supervisor's name and number: _____

Security Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Cell Number: _____

Please describe your security plan including crowd control, internal security or venue safety or attach plan to this application: _____

Will D'Iberville Police Department support be requested? _____

FIRE/ EMERGENCY SERVICES

Have you hired a licensed professional emergency services provider to develop and manage your event's first aid and medical plan? _____

Will event staff or private provider provide fire watch? _____

Will an On-Site medical supervisor be present? _____

On-Site Supervisor's name and number: _____

Medical Services Provider: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Cell Number: _____

Will D'Iberville Fire Department support be requested? _____

PARKING & TRANSPORTATION

Does the event have sufficient parking to accommodate all the participants? _____

Please list all parking locations for the event: _____

Will your event include shuttle services? _____

ENTERTAINMENT AND RELATED ACTIVITIES

Are there any musical entertainment features related to your event? _____

Number of Stages: _____ Number of Performers/Bands: _____

List Performers/ Band Names/ and Music Types: _____

Will sound check be conducted prior to the event? _____

If yes, Start time: _____ End time: _____

Will sound amplification be used? _____

If yes, Start time: _____ End time: _____

**Noise Ordinance Variance required from the D'Iberville Police Department.

Please describe the sound equipment that will be used for your event: _____

Does your event include the use of fireworks, rockets, lasers or pyrotechnics? _____

If yes, please describe: _____

Will your event include the use of any signs, banners, decorations, special lighting, or tents? _____

If yes, please describe: _____

ALCOHOL (required section)

Does your event involve the use of alcoholic beverages? _____

If yes, please list the Type of Alcohol: _____

ABC Permit Number: _____

Please describe your plan to ensure the safe sale or distribution of alcohol at your event: _____

FOOD CONCESSIONS OR PREPARATION

Does your event include food concession or preparation on site? _____

If yes, please describe how food will be served and/or prepared: _____

Do you intend to cook food in the event area? _____

If yes, please specify method: _____

**Contact the Mississippi State Health Department to determine if a Food Permit is required.

VENDOR SERVICES

Will the event have Vendors on-site? _____

If yes, list all vendor names, organizations and product/service: _____

Will items or services sold at your event present unique liability issues? (i.e. tattooing/body piercing, paintball, weapons of any kind, novelty lighters etc.) _____

If yes, describe what items or services: _____

PORTABLE RESTROOMS

You are required to provide portable restroom facilities at your event, unless you can substantiate the sufficient availability of both ADA accessible and non-accessible facilities in the immediate area of the event site which will be available to the public during the event.

Do you plan to provide portable restroom facilities at your event? _____

If yes, Total number of Portable Restrooms: _____

Total number of ADA Accessible Portable Restrooms: _____

If No Portable Restrooms, Please Explain: _____

SANITATION AND RECYCLING

Event organizers must ensure that there are an adequate number of receptacles for garbage, refuse, and recycling.

Number of Trash Cans with Lids: _____

Number of Dumpsters with Lids: _____

Number of Recycling Containers: _____

Sanitation Company: _____

Please describe your plan for cleanup and removal of recyclable goods, waste, and garbage during and after your event: _____

INSURANCE (required)

You must turn in your certificate of insurance to City Hall at least 4 weeks prior to your event.

City of D'Iberville has to be listed in policy.

Insurance Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Cell Phone: _____

Contact Name: _____

Policy Type: _____ Policy Amount: \$ _____ Policy Number: _____

AFFIDAVIT OF APPLICANT (required)

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand, and agree to abide by the rules and regulations governing the proposed Special Event under the City of D'Iberville Municipal Code and I understand that this application is made subject to the rules and regulations established by the City Manager, Mayor, and City Counsel. Applicant agrees to comply with all other requirements of the City, County, State, Federal Government, and any other applicable entity which may pertain to the use of the Event venue and conduct of the Event. In the event that a possessory interest subject to property taxation is created by virtue of this use permit, I agree to pay all possessory interest taxes and the City shall not be liable for the payment of such taxes I further agree that the payment of any such taxes shall not reduce any consideration paid to the City pursuant to this use permit. I agree to abide by these rules, and I further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of D'Iberville.

Print Name of Applicant/ Host Organization: _____

Title: _____

Signature: _____

Date: _____



City of D'IBERVILLE Police Department



Shannon Nobles
Chief

Bobby Weaver
City Manager

Rusty Quave
Mayor

City of D'Iberville, Mississippi

Application for Noise Ordinance Variance

ATTENTION APPLICANT: All applications must be typed or handwritten legibly. The \$10.00 permit fee must be submitted with this application. The permit fee and the application will be processed by the D'Iberville Police Department. If approved this variance must be available for review any time during the noise and sound making activity in question. This variance must be presented to any police officer or designated official upon request. If the variance is permitted this application will serve as the official PERMIT for the noise and sound making activity. This PERMIT will, however, be surrendered to any police officer or designated official if it has expired or if any restrictions contained therein have been violated.

Requesting Person or Organization: _____

Briefly describe the type of noise or sound making activity for which the variance is requested: _____

Location of noise or sound making activity: _____

Expected number of persons attending or participating in noise or sound making activity: _____

Proximity of noise or sound making activity to (indicate approximate distance):

Churches: _____	Public Library: _____
Hospitals: _____	Residential Area(s): _____
Nursing Homes: _____	Schools: _____

Number of sound amplification devices or equipment: _____

Anticipated direction of sound amplification devices or equipment: _____

Event Date: _____ Start Time: _____ a.m./p.m. End Time: _____ a.m./p.m.

The noise of sound making activity will be held: Indoors Outdoors Other: _____

Printed Name of Person Applying for Variance

Signature of Person Applying

Address of Applicant or Organization

Phone Number of Applicant or Organization



City of D'IBERVILLE Police Department



Shannon Nobles
Chief

Bobby Weaver
City Manager

Rusty Quave
Mayor

DO NOT WRITE BELOW THIS LINE

In addition to the above listed criteria, the following conditions will also apply to the variance:

This variance will expire on the ___ day of _____, 20___. __ APPROVED __ DENIED

If denied, reason for denial: _____

Date: _____ Chief of Police: _____

Check here for City Sponsored Event.

- Captain of Operations
- Captain of Administration
- Captain of Investigation
- Day Shift OIC
- Evening Shift OIC
- Records
- Master File