

Special Event Application

City of Biloxi
170 Porter Avenue
Biloxi, MS 39530
228-702-3115
bpdevents@biloxi.ms.us



- Step 1: The application must be completed in full prior to submission.*
- Step 2: Schedule a meeting with the Special Event Coordinator of the Biloxi Police Department after submission, for an in-person review.*
- Step 3: Submit any documents deemed necessary by the Special Event Coordinator.*
- Step 4: If applicable, the Special Event Coordinator will present the proposed event to the Special Events Committee (This should take place 15 days after application submission).*
- Step 5: If recommended by the Special Event Coordinator, the applicant will meet with the Special Events Committee to discuss the event with committee members.*
- Step 6: After verifying that all requirements are met and permit fees have been received, you will receive final approval and your permit(s) will be issued.*

City of Biloxi Special Events Code of Ordinance

Sec. 12-4-7. -Application procedure

Any person, business or organization desiring to sponsor an assembly or other special event not exempted by section 12-4-5 of this article shall apply for a special event permit by filing an application with the special events coordinator of the Biloxi Police Department on a form supplied by the city. The following timelines for applications apply:

Event tier	Up to	No later than
1	360 days prior to event	120 days prior to event
2	240 days prior to event	90 days prior to event
3	120 days prior to event	60 days prior to event
4	60 days prior to event	30 days prior to event
5	60 days prior to event	30 days prior to event

The special events committee may also consider an application filed after the deadline upon showing of good cause and that the event is for the primary purpose of exercising the right to assemble or freedom of speech.

(Ord. No. 2532, § 1, 10-24-23)

City of Biloxi Special Event Application



Date: _____

Proposed Date of Event _____

Event Title: _____

Event Location: Town Green Downtown Other Public or Right of Way
 Point Cadet City Facility Non-Public Area

Description of Location: _____

Event Category: Run/Walk Concert/Performance Parade/Procession
 Dance/Block Party Museum Attraction Athletic Event
 Circus/Carnival Exhibits/Misc.

Description of Event: _____

Anticipated Attendance Total: _____
Total number of people expected, including
spectators and participants

Per Day: _____

Anticipated Participants Total _____
Total number of registrants (or floats/unit's
parade/procession)

Per Day _____

Setup Begins: Date: _____ Time: _____ (AM/PM)
Event Starts: Date: _____ Time: _____ (AM/PM)
Event Ends: Date: _____ Time: _____ (AM/PM)
Dismantle: Date: _____ Time: _____ (AM/PM)



Staging Location(s): _____

Please list any street(s) or lane(s) requiring closure as a result of this event. Please include street name(s), as well as a date and time for the closing and reopening of each:

Have we approved this event in the past? Yes No

If yes, are there any changes from prior years?

YES NO

Is this an annual event? How many years have you been holding this event? _____

Were there any problems at the last event? If so please list: _____

How many people attended the last event? _____

At what location was the last event held? _____

Please list city references or contact information you dealt with from the last event:

YES NO

Is your event part of a larger marketing campaign (i.e. Cruisin' the Coast, Spring Break, etc.)?

If yes, please list: _____

HOST ORGANIZATION INFORMATION

Host Organization: _____

Address: _____

Telephone: _____

Email: _____

Primary Contact
(*required*): _____

Address: _____

Telephone: _____

Email: _____

Secondary Contact:
(*required for internal use only*) _____

Address: _____

Telephone: _____

Email: _____

Other
Contact: _____
(if different than primary)

Address: _____

Telephone: _____

Email: _____

Home Page Website Address: _____

Social Media/Facebook: _____

ORGANIZATION STATUS/PROCEEDS/REPORTING

YES NO

Is the host organization a commercial entity?

Is the host organization a bona fide tax-exempt, nonprofit entity? If Yes, you must attach your irs501(c) tax exemption letter providing proof and certifying your current tax-exempt, nonprofit status.

Are vendor or other fees required? If Yes, please provide amounts: _____

Do you have a state tax ID number? If Yes, What is the number? _____

MARKETING AND PUBLIC RELATIONS

YES NO

Will this event be marketed, promoted, or advertised in any manner? If yes, please describe: _____

Will there be live media coverage during the event? If yes, please describe: _____

Do you have a plan to control or limit the placement and/or distribution of promotional signage, stickers, and other items? If yes, please describe: _____

EVENT WEBSITE/HOME PAGE: _____

MITIGATION OF IMPACT

YES NO

Is there anything about your event that may cause issues to local residents/businesses in proximity to your event? Please explain: _____

Have you met with the residents, businesses, places of worship, schools and other entities that may be directly impacted by your event? If yes, please attach a complete list of these entities. If no, please explain: _____

Do you have a sample of the marketing/notice that you propose to distribute for your event? If yes, please attach. (i.e. event flyer) If no, please explain:

Do you have a plan for noise control and abatement? Please explain: _____

ENTERTAINMENT AND RELATED ACTIVITIES

YES NO

Are there any musical entertainment features related to your event? If yes, complete the following information or provide an attachment listing all bands/performers, type of music, sound check, and performance schedule. Number of stages: _____

Are you bringing your stage or leasing from a company or city? If yes, please list: (If leasing city's, additional information will be required if your application is approved.) Number of performers/bands: _____ Performer/Band name(s) and music type: _____

Will sound checks be conducted prior to the event? If yes, Start time: _____ End time: _____

Will sound amplification be used? If yes, Start time: _____ End time: _____ Submit an application for amplified sound if being used.

Will inflatables, hot air balloons, or similar devices be used at your event? If yes, please describe: _____

Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics? If yes, please describe: _____



ENTERTAINMENT AND RELATED ACTIVITIES CONT.

YES NO

Will your event include the use of any signs, banners, decorations, or special lighting? If yes, please describe:

Do your event plans include any casino games, bingo games, drawings, or lottery opportunities? If yes, please describe:

Will vendors be present for your event? If yes, please provide your vendor list.

Complete schedule of events attached

TRAFFIC SAFETY

YES NO

Will your event involve the use of traffic safety equipment? If yes, please list:

Equipment Company:

Address:

City: State: Zip:

Telephone: Fax: Cell:

Equipment Set-up Date: Time:

Equipment Pickup Date: Time:



PARKING AND SHUTTLE PLAN

YES NO

Will your event involve the use of a parking and/or shuttle plan? If yes, please describe or provide an attachment of the plan.

Form lines for describing the parking and shuttle plan.

See attached plan.

PORTABLE RESTROOMS

You are required to provide restroom facilities at your event unless you can substantiate sufficient availability of facilities in the immediate area of the event site which will be available to the public during the event.

YES NO

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

If yes, Total number of portable toilets:

If no, please explain:

Form lines for explaining the answer to the portable restroom question.

Restroom Company:

Address:

City: State: Zip:

Telephone: Fax: Cell:

Equipment Set-up Date: Time:

Equipment Pickup Date: Time:

SECURITY

YES NO

Have you hired a licensed professional security company to develop and manage your security plan? If yes, you are required to provide a copy of the security company's bonding license issued by the State of Mississippi.

On-site supervisor

Name: _____ Phone #: _____

If no, please explain: _____

Security Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Cell: _____

License/Bond #: _____

Please describe or attach your security plan including crowd control, internal security, or venue safety for the event. _____

See attached plan



ALCOHOL

YES NO

Does your event involve the use of alcoholic beverages?

If yes, please check all that apply:

Alcohol sales by event promoter

3rd Party Vendor

Type:

Beer

Beer and Wine

Beer, Wine and Distilled Spirits

ABC Permit #: Date of ABC Approval:

Approved by:

Please describe your plan to ensure the safe sale and distribution of alcohol

at your event:

Horizontal lines for describing the plan to ensure safe sale and distribution of alcohol.

NARRATIVE

Please provide a narrative and timeline of your event. You may provide it as an attachment if necessary.

Horizontal lines for providing a narrative and timeline of the event.

SITE PLAN/ROUTE MAP

Your event site plan map should be detailed, clearly marked, and include but not be limited to:

- An outline of the entire event venue including the names of all the streets or areas that are part of the venue and the surrounding area. If the event involves a moving route of any kind, please complete a Special Event Route Request Form.
- The locations of fencing, barriers, and/or barricades. Indicate any removable fencing for emergency access.
- No temporary buildings, structures, or vendor facilities shall be placed within 20 yards/60 feet of any property line, public sidewalk, or public roadway and vendors with an amplified sound permit shall not face any residential lot.
- The location of first aid facilities, ambulances, and emergency access lanes throughout the event venue.
- The location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, beer gardens, cooking areas, trash containers and dumpsters, carnival rides and other temporary structures.
- A detail or close-up of the food booth and cooking area configuration including booth identification of all vendors cooking with flammable gases or barbecue grills.
- Generator locations and/or source of electricity.
- Placement of vehicles and/or trailers.
- Exit locations for outdoor events that are fenced and/or locations within tents and tent structures.
- Identification of all event components that meet accessibility standards.
- Illumination facilities.
- Communication facilities.
- Food and water supply/facilities.
- Other related event components not listed above
- **Important** Please remember that a minimum of twenty feet (20') is required for emergency vehicle/personnel access. Please refrain from advertising or publicizing event maps and/or routes until you have received notification that the maps and/or routes have been formally approved.

Ensure all necessary forms needed to complete the Special Event Application are attached:

- Special Event Route Request Form
- Amplified Sound Application
- Vendor Permit Application

INSURANCE AND CLEAN UP DEPOSIT

Insurance (Tier 1-3 Only):

By submitting this application, applicant understands and agrees that insurance coverage must be maintained for the duration of the event. Coverage shall be comprehensive general liability insurance policy with the following minimum limits:

- 1. \$250,000.00 each person-Bodily injury; \$500,000.00 each occurrence-Bodily injury; \$100,000.00 each occurrence-property damage; or*
- 2. \$500,000.00 each occurrence combined single limit bodily injury and property damage.
By submitting this application, applicant agrees to submit a copy of the policy or certificate of insurance along with all necessary endorsements to the permit issuing authority no less than fourteen (14) days before the date of the event. A special event permit shall not be issued by the permit issuing authority until after the insurance policy or certificate of insurance, along with necessary endorsements, have been filed by the applicant/sponsor.*
- 3. Clean Up Deposit:
All applicants/sponsoring organizations shall be responsible for the cleanup of the event site or route within 24 hours of the conclusion of the event. To ensure such cleanup, the applicant/sponsor of an event shall be required to provide a cleanup plan and deposit prior to the issuance of a special event permit. The amount of the deposit shall be determined by the Special Events Committee and not exceed the applicable application fees.*



AFFIDAVIT OF APPLICANT

The undersigned parties hereby certify that the information contained in the foregoing application is true and correct to the best of their knowledge and belief, and have read, understand and agree to abide by the rules and regulations governing special events under the Code of Ordinances of the City of Biloxi, Mississippi, and they understand that this application is made subject to the rules and regulations established by the City, County, State, and any other applicable entity which may pertain to the use of the event venue and the conduct of the event. In the event goods are sold, the undersigned parties agree to remit all sales tax to the Department of Revenue with the location specified as being within the City of Biloxi. Undersigned parties further agree that the payment of any such taxes shall not reduce any consideration paid to the City pursuant to this use permit. Undersigned parties agree to abide by these rules, and further certifies that undersigned parties, on behalf of the business/organization, is also authorized to commit that business/organization.

The undersigned further acknowledges and understands that they are subject to a background check conducted by the Biloxi Police Department pursuant to Section 12-4-3(a) of the Code of Ordinances of the City of Biloxi, Mississippi.

By signing below, the undersigned parties agree to hold the City of Biloxi and its employees harmless for any loss, liability, or damage arising in connection with any activity occurring on the subject property.

Print Name of Applicant/Host: _____ Title: _____

Signature: _____ Date: _____

Print Name of Professional Event Organizer: _____

Signature: _____ Date: _____



FOR OFFICE USE ONLY

Special Events Coordinator: _____ Date: _____

Comments: _____

Special Events Committee Recommendation (Tier 1 and 2): _____

Comments: _____

Mayor (Tier 1 and 2) _____

Comments: _____

Approved Denied Conditional Approval

Date: _____ Permit Number: _____

Permit Issuing Authority: _____

Comments (reason for denial, conditions, etc.): _____

