CLAIBORNE PARISH SPECIAL EVENT PERMIT APPLICATION

Return to: Claiborne Parish Police Jury 507 W. Main St. Homer, LA 71040

All permit applications must be approved at a regularly scheduled meeting of the Claiborne Parish Police Jury. As such, any permit application shall be fully completed and submitted to the Claiborne Parish Police Jury at least forty-five (45) days prior to the planned event or the application will not be considered for approval.

Applicant N	Same (<i>i.e.</i> Event Host):	Date:
Organizatio	n Name:	Group Name:
	A copy of the applicant's driver's license is required.	
	If organization is a registered business, please a provid the Secretary of State. <u>If the organization is a non-pr</u> profit status from the Louisiana Secretary of State'	ofit, please provide a current non-
	R-1048 form if available (to be sent to Sales Tax office	2)
	Please include IRS Certificate stating tax exempt status	s <u>if applicable</u> .
Mailing Ad	dress:	Phone:
City, State,	Zip:Email .	Address:
	e applicant, Landowner, or Responsible Party canno ony conviction. This will be verified by the Claiborn	0

The named Applicant and/or Organization herein above certifies that he/she or it has read the Claiborne Parish Special Permit Ordinance and hereby agrees

EVENT INFORMATION

Event Location Address: Event Dates:
Is the address private or public property? \Box Private \Box Public
Event Location: \Box Indoor \Box Outdoor \Box Both
Type of Event: (Check all that apply)
\Box Car Show \Box Festival
□ Trail Ride □ Fundraiser
□ Concert □ Birthday Party
\square ATV/UTV \square Exhibition
□ Other:
Day 1: Event Start Time: Event End Time:
Day 2: Event Start Time: Event End Time:
Day 3: Event Start Time: Event End Time:

Projected number of persons (please include participants, workers, performers, and security) attending event: _______. If the event exceeds the number of persons entered in this space, the event will not be considered permitted and shall subject the host, land owner, or other responsible party to criminal and civil liability pursuant to the Parish Ordinance.

Please describe in detail the activities planned. (Attach separate Sheet if necessary)

Will you be charging? (Check all that apply) \Box General Admission \Box Registration \Box Ticket Fee

EVENT LOCATION

All applicants must provide a layout of the property to include:

- \Box The size of the property.
- □ A traffic flow plan to include points of ingress/egress
- □ Location and size of parking spaces.
- □ A layout for staging, restrooms, hand washing station locations, trash collection, etc.
- □ If the event is a trail ride, provide a layout of any and all trials which will be utilized.
- □ Signed copy of lease, contract, or written permission from property owner.

If the event will be held on private property, this portion must be signed by the owner of the private property where the Special Event is scheduled to be held.

I hereby grant the applicant and any affiliated organization permission to use my property in connection with the Special Event described herein. I am aware of the Claiborne Parish Special Event Ordinance and agree to comply with the requirements contained therein. I understand that failure to comply with these requirements will subject me to criminal prosecution and/or civil liability. Further, I agree to indemnify and hold harmless, the Claiborne Parish Police Jury as well as the Claiborne Parish Sheriff's Office, including their personnel, insurers, members, deputies, reserves, and other affiliated parties or entities from any and all liability, claims, damages, demands, suits, expenses (including reasonable legal or attorney fees) and/or injuries which may occur as a result of the above-described event.

Property Owner Signature

Date

ALCOHOL

Will alcoholic beverages be permitted?		Yes	No	
If yes, will alcoholic beverages be sold	at the	event?	Yes	No

If alcoholic beverages will be sold at the event, you must provide the licensing information under which distribution will be permitted.

If alcoholic beverages will be permitted but not sold at the event, you must provide a copy of event insurance which permits alcoholic beverages at the event as well as a copy of the license of the security company listed herein which permits the security company to operate at an event in which alcoholic beverages will be permitted.

VENDORS

Will the event have Vendors on-site? \Box Yes \Box No

If yes, provide the Vendor's name, telephone number, and license number below. Additionally, you must attach a copy of the vendor's certificate of insurance to this application.

Vendor Name/Phone Number

Vendor's License Number

	SECURITY	
Security provided by:		
	(Company Name)	
	(Address)	
Security Company's License #		
Security Company's Insurer:		
Contact Name:	Phone Number:	

Proposed Number of Security Guards to be provided at event:

NOTE: If the Security Company named herein is not licensed and insured, this application will not be considered. Further, if the Claiborne Parish Sheriff's Office requires more security guards than are proposed herein, the applicant must provide the number of security guards required by the Claiborne Parish Sheriff's Office; otherwise, the event shall be considered an unpermitted event, and the host, land owner, and/or responsible party will be subject to criminal prosecution and civil liability.

CERTIFICATION, HOLD HARMLESS, AND INDEMNITY AGREEMENT

I, the undersigned applicant, hereby certify that the information contained in this application is true and correct to the best of my knowledge, information, and belief; that I have reviewed the Claiborne Parish Special Event Ordinance; that I agree to comply with the requirements contained in said Claiborne Parish Special Event Ordinance; that I have attached a bank certified check or money order for the application fee as required by the Claiborne Parish Special Event Ordinance; and I understand that failure to comply with the requirements contained in the Claiborne Parish Special Event Ordinance will subject me to criminal prosecution and/or civil liability. Further, I agree to indemnify and hold harmless, the Claiborne Parish Police Jury and the Claiborne Parish Sheriff's Office, including their personnel, insurers, members, deputies, reserves, and other affiliated parties or entities from any and all liability, claims, damages, demands, suits, expenses (including reasonable legal or attorney fees) and/or injuries which may occur as a result of the above-described event. I agree to be responsible for any and all activities occurring at this event.

Applicant Signature

Date

CLAIBORNE PARISH SHERIFF'S OFFICE APPLICATION REVIEW

 Application Review Site Review Security Review - Num Verification of Criminal 	ber of Required Security Personnel for H Background	Event:
CPSO	Signature	Date
*Responsible party must not	be a Registered Sex offender or have	a felony conviction.
Notes:		

CLAIBORNE PARISH POLICE JURY REVIEW

This application was placed on the agenda at an open meeting of the Claiborne Parish Police Jury where it was considered, discussed, and presented for a vote.

Vote:	Yes	No	 Abstain	
I hereby ce	rtify that the app	olication was:	Approved	Denied
By:_				