CITY OF SOUTHAVEN
APPLICATION FOR SPECIAL EVENT PERMIT

(Must be submitted to the City Clerk's Office 30 days prior to event)

Permit Fee: *Based on Fire Department Permit Fee Schedule*

For Office Use Only

Board Approved

Date: _____

EVENT NAME:_____

EVENT LOCATION:_____

EVENT DESCRIPTION:_____

_____

_____

EVENT DATE: Beginning_____to Ending _____ Multiple Days: ☐ YES ☐ NO

EVENT HOURS: Beginning_____to Ending _____

EVENT POINT OF CONTACT:_____CELL NUMBER:_____

EMAIL: _____NAME OF ORGANIZATION:_____

ADDRESS:_____CITY/STATE/ZIP:_____

ESTIMATED CROWD SIZE:_____NUMBER OF EVENT PERSONNEL:_____

ARRANGEMENTS FOR RESTROOM FACILITIES: ☐ YES ☐ NO LOCATION:_____

ARRANGEMENTS FOR SITE CLEAN-UP: ☐ YES ☐ NO DETAILS:_____

_____

Will the organizers of this event use the services of a UAS (unmanned aircraft system): ☐ YES ☐ NO
If Yes, who is the operator of the system:_____
Cell Number:_____Email Address:_____
If a UAS/Drone will be utilized, a copy of the following required documents must be attached to this application:

- Section 333 Exemption or Aircraft Certification
- Certificate of Authorization (COA)
- Aircraft Registration and Markings
- Pilot Certificate

FIRST AID/MEDICAL STATION(S): ☐ YES ☐ NO LOCATION:_____

POLICE/SECURITY PERSONNEL REQUIRED: ☐ Police Dept. Assigned ☐ Self-Hired ☐ Not Applicable

Applicant Printed Name:_____ Contact Number:_____

Applicant Signature:_____ Date:_____

Required Documents Checklist *(If Applicable):*

( ) Completed and signed Special Events Application

( ) Vendor Information Form (include all listed requirements)

( ) Overview map of event location

( ) Course route map of road (race/walk)

( ) Traffic Circulation Map

( ) UAS / Drone operator's documentation

( ) Proof of Liability Insurance ($500,000)

- **Event Promoter**
- **Vendor**

( ) Approvals:

Requirements may vary for each event

- ☐ **Board of Alderman**
- ☐ **Police Department**
- ☐ **Fire Department**
- ☐ **Planning and Development (Site Plan and/or Route Map)**
- ☐ **Parks and Recreation**
- ☐ **Public Works / Streets**

( ) Fire Department Safety Requirements Review / Inspection

PERMIT FOR EVENT VENDING

Location of permanent business: _____

Property Owner/Manager contact information:

Name: _____

Mailing Address: _____

_____

Phone: _____

Mobile: _____

Is there a good standing U&O on this property? _____Y_____N

Is there a good standing business license on this property? _____Y_____N

As the owner/representative of the property, I understand that I will be assuming partial responsibility while a vendor locates on this property. I am allowing access to my sanitary facilities at all times while a vendor is located on the property. If this property becomes non-compliant for any reason, this permit may be revoked and future permits could be suspended.

_____ _____

Property Owner/Manager Date

State of_____ County of _____

The foregoing instrument was acknowledged before me this_day of_____, 20____.

_____ My Commission Expires: _____

Notary Public Signature

_____ _____

OCC OPD

CITY OF SOUTHAVEN
SPECIAL EVENTS
VENDOR INFORMATION FORM

Proposed Location: _____

_____ **Zoned:**_____

Vendor Information

Vendor Contact: _____

Business Name (DBA): _____

Mailing Address: _____

____

(City) (State) (Zip Code)

Business Phone: _____ **Cell Phone:** _____

(This phone number will be public record)

Email Address: _____

Vendor Station Type: (Mobile Food Truck, Mobile Cart, Tent, etc.)

_____

_____

Description of Services Available:

_____

_____

Will alcohol be served: ☐ YES ☐ NO (If yes, please complete the Alcohol Request Form)

Requirements (no exceptions):

- ☐ **State of Mississippi Sales Tax Number: _____**
  (Contact the MS Department of Revenue at 662-449-5150 to obtain Sales Tax Number)
- ☐ **Social Security or Federal ID Number: _____**
- ☐ **Photo ID**
- ☐ **Health Food Permit (Miss. Code 75-85-7)**
- ☐ **Fire Inspection**
- ☐ **Proof of Liability Insurance**
- ☐ **Permit for Accessory Vending**

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