

**City of Shreveport
Special Permit Application
for Events, Public Buildings & City Property**

- (1)** This application must be completed and forwarded to the SPAR office forty-five (45) calendar days prior to the 1st day of the event. ***Submission of this application does not confirm event. The Event Task Force must review & approve the event application.**

SPAR Event Services
RE: Special Events Application
101 Crockett St, Suite A (The Depot)
Shreveport, LA 71101

call: (318) 673-5100
or fax: (318) 673-5105

- (2)** Once application has been reviewed and approved, a contract between the City of Shreveport and the applicant will be issued. **The Contract must be signed and returned twenty one (21) calendar days prior to the 1st day of the event. The Certificate of Liability Insurance must be sent in along with the permit application.**
- (3)** All **payments** of rental of the facility and other charges, such as kitchen use, **must be paid ten (10) calendar days prior to the 1st day of the event.** Payment can be cash, check, money order, cashier's check or credit card (MasterCard, Visa or Discover).
- (4)** All payments for Police & EMS services during the event must be paid at the end of the event day(s). **Payment must be made directly to the Shreveport Police Department and the Shreveport Fire Department in the form of cash or money order ONLY.**
- (5)** **Failure to comply with the above regulations will result in immediate cancellation of the event.**
- (6)** Once the event has been approved and all fees paid, **NO CHANGES** may be made in the plans you presented without the Task Force's & Center's Staff approval **FIRST.**
- (7)** No advertisement or invitations for the event may be made without **APPROVAL** from Task Force **FIRST and the execution of the contract.**

Any misrepresentation in this application or deviation from the final agreed upon activities and/or method of operation described herein may result in the immediate revocation of the permit and termination of the contract and/or cancellation of the event. If you have any questions, please call (318) 673-5100.

PLEASE SIGN AND DATE ON THE LINES BELOW INDICATING THAT YOU UNDERSTAND AND WILL ABIDE BY THE ABOVE REGULATIONS. THANK YOU.

Name

Date

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I. EVENT INFORMATION

Public Private

Requested Event Day & Dates: _____

Location of Event: (Select ALL that apply)

Randle T. Moore Center RiverView Hall RiverView Theater

Festival Plaza RiverView Park Red River District

Park: _____ Outside of Community Center: _____

Street Closures: Specific intersection(s): _____

Parade/Run/Walk Route: Specific intersection(s): **PLEASE INCLUDE A MAP FROM MAPQUEST**

Type of Event: (Select ALL that apply)

Banquet Birthday Party Concert Dance Graduation Gun Show Sports

Public Demonstration Reception Rehearsal Trade Show Wedding

Other: _____

Age range of attendees: _____

Title of the Event: _____

Purpose of the Event: _____

Applicant's Name: _____ Title: _____

Producing Organization (If Applicable) _____

****Must match the insurance certificate**

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: Day _____ Evening: _____ Cell: _____ Fax: _____

Email Address: _____

Event Coordinator (If Different from Applicant :) _____

Event Schedule: Single Day Event Multiple Day Event **Attach Detailed Event**

Set Up: Date _____ Start Time _____ – End Time _____

Schedule Date _____ Start Time _____ – End Time _____

Date _____ Start Time _____ – End Time _____

Date _____ Start Time _____ – End Time _____

Take Down: Date _____ Start Time _____ – End Time _____

Doors Open for the Event @ _____

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Estimated Total Attendance _____ Maximum Peak Attendance _____

Past Total Attendance _____ No of Volunteers/Personnel on Site _____

A. COST ASSOCIATED WITH EVENT WILL BE BILLED TO:

Name/Organization: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: Day _____ Evening: _____ Cell: _____ Fax: _____

Email Address: _____

Fee Schedule: Rent & Kitchen Fee are due ten (10) calendar days prior to the 1st day of the event. Employee Overtime & Catering Fee will be invoiced after the event. The payment is due 30 days after the last day of the event. Payments accepted: Cash, Check, Money Order, Cashier's Check, Credit Card (Visa, MasterCard, and Discover). Payments for Police & EMS are due at the end of each event day (Cash or Money Order ONLY).

B. SET-UP PLAN (DIAGRAM) / FEES AND PROCEEDS:

The set-up plan (Diagram) for the event must be submitted with the application in full and include the following information:

Seating / Table Arrangements Not Applicable

What type of Seating?

Banquet Theater Concert Classroom Other: _____

Round Tables (60 inches around; sit up to 8 people)

Rectangle (6 foot table; sit up to 6 people or 8 foot table; sit up to 8 people)

Yes, Vehicles will be used in the decorations.(How many and What?) _____

Staging Contractor: _____ Not Applicable

Contact Name: _____ Phone Number: _____

Money Handling Not Applicable

Will admission fees be charged? Yes No If yes, how much? _____

In **NO** case shall the number of tickets printed or sold **EXCEED** the maximum occupancy of the facility rented. Randle T Moore Center: 175 Capacity; RiverView Hall: 900 Capacity; RiverView Theater: 1700 Capacity; Festival Plaza: 5000 Capacity

NO ADMISSION FEES ARE ALLOWED IN CITY PARKS

Will you be using tents? Yes No

Name of company _____ *Must provide fire retardant certificate

Electrical Hook-up Not Applicable

Booth Exhibits: Anticipated # _____ Booth Fees: \$ _____

Attach detailed description and booth layout 10 days prior for set up.

Initial Each Page: _____

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Will water hook-ups/faucets be needed? Yes No

Attach detailed description with electrical grids.

DJ: _____ Live Band: _____

Other Entertainment: _____

****NO SUBSTITUTIONS OR CHANGES** to Live Entertainment Groups are allowed without approval of Event Task Force & Center Staff.

Will there be Fireworks? Yes No (ONLY ALLOWED AT DESIGNATED TIMES OF YEAR)

Date and Time of Fireworks: _____

Contact Name, Phone No. & Address: _____

State Fire Marshall Permit No (please attach copy): _____

Please describe other entertainment features of your event (i.e. Carnival rides, sporting activities, demonstrators) **Attach detailed description** and booth layout 10 days prior for set up.

Catering Set-up – Caterer: Will use Kitchen (Fee Applied) Not Applicable
Meals must be provided by an independent caterer. Caterer must be selected from the approved list, have a Product Liability/General Liability Certificate of Insurance, and **provide a copy of the “PAID” invoice from caterer.** (List of Caterer’s can be provided upon request)
Please include in the layout the set up for the caterers as well. **Please see attached fee schedule per City of Shreveport Ordinance 62: 62-91** Self-Catered

Name of **FOOD** Caterer: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: Day _____ Evening: _____ Cell: _____ Fax: _____

Contact Name: _____ Email Address: _____

Concessions: All rights to concessions are reserved by the City of Shreveport and its city-designated management company. Not Applicable

Current Concessionaire: Tri Star Entertainment (318) 868-3239

Will alcoholic beverages be sold / served / consumed? Yes No

If yes, who will be named on the Liquor Permit? Liquor Permit should be requested from the City of Shreveport – ABO office no later than ten (10) days prior to the event. State of Louisiana Permit is required also. A letter to the State office can be provided by SPAR Event Services Administration. Liquor Caterer must be selected from the approved list and **provide a copy of the “PAID” invoice from caterer.**

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Name of ALCOHOL Caterer: _____ Open Bar Cash Bar
Mailing Address: _____ City: _____ State: ____ Zip: _____
Phone: Day _____ Evening: _____ Cell: _____ Fax: _____
Email Address: _____

Name on Liquor License: (Leave Blank if using Thrifty) Need liquor letter for State Licensing
Name: _____ Phone: _____
Mailing Address: _____ City: _____ State: ____ Zip: _____

**(LIQUOR CANNOT BE SOLD OR CONSUMED IN A CITY PARK WITHOUT PERMISSON
FROM THE CITY COUNCIL)**

Clean Up Procedures: _____ Not Applicable

All costs associated with Festival Plaza clean up, including bathrooms, by SPAR employees, will be the responsibility of the event applicant. An estimate of the cost will be made available before the contract is signed. Call Event Services for estimates at (318) 673-5100.

Other Fees : _____ Not Applicable

Charged to vendors: _____
 Charged to customers: _____

C. ADVERTISING IN PUBLIC FACILITIES FOR EVENTS

No advertisement or invitations for the event may be made without **APPROVAL** from Task Force **FIRST and the execution of the contract**. In **NO** case shall the number of tickets printed or sold **EXCEED** the maximum occupancy of the facility rented.
Please describe the type of promotion you will be using:

Television Radio Posters Billboards City Calendar Flyers Newspaper

Advertising Invitations

Website: _____ Social Media: _____ Other: _____

Contact name & phone number to be used for public information:

There will be no banners, logos, advertising, etc displaying in a public facility that in any way conflicts with any existing or future contracts or agreements between the City of Shreveport and any other party. No samples or products may be sold or given away which conflicts with any existing or future contract. (A list of agreements and contracts will be provided upon request).

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D. SAFETY PROCEDURES

The cost of security is the responsibility of the applicant and arrangements for security must be made with the Shreveport Police Department. The number and type will be determined by the Chief of Police or his designee. A labor cost will be provided by the SPD by calling (318) 673-6945 or (318) 673-6946. The requirements of having EMS (318) 673-6720 or Fire Prevention (318) 673-6740 on site will be evaluated and made on the basis of each event by the City of Shreveport Task Force Committee.

II. INSURANCE REQUIREMENTS:

For the application to be approved, the applicant must submit a City-Approved Certificate of Liability Insurance naming the City of Shreveport as the additional insured. The Certificate must have the City of Shreveport as the certificate holder. **The Insured must match the Producing Organization or Applicant's Name and information.** The Certificate of insurance must be submitted with this permit application. The time limit on the policy must include set-up and take-down times, as well as the time of the event. The beginning of the set-up is to include deliveries prior to the event date, such as tents, flowers, decorations, portable toilets, etc. User's insurance is to be written by companies licensed to do business in the State of Louisiana at the time the policies are issued and will be written by companies with A.M. Best ratings of B+VII or better otherwise acceptable to the City. **All insurance policies must have a thirty (30) day Notice of Cancellation Endorsement, Waiver of Subrogation, and City of Shreveport as the Additional Insured.**

The Applicant will, at his/her own expense, provide and maintain certain insurance in full force and effect at all times during the term of the agreement. Such insurance, at a minimum, must include the following coverage's and limits of liability.

- a) **Commercial General Liability Insurance (CGL)** in the amount not less than a combined single amount of \$1,000,000 (One Million) annual aggregate. This policy should be endorsed to name the City and the property owner as additional insured. This policy will contain the following endorsements in favor of the Owner:
 - a. **Waiver of Subrogation Endorsement**
 - b. **Thirty (30) day notice of Cancellation Endorsement**
 - c. **Additional Insured Endorsement Naming City of Shreveport**
- b) The CGL policy must be endorsed to remove the liquor liability exclusion contained in the policy if the contractor intends to allow the sale, serving, or consumption of alcoholic beverages at the event. Host Liquor Liability is required if not already in the policy.
- c) Insurance types, limits, & prices are subject to change, depending on the type of event.
- d) **Worker's Compensation Insurance** as required by laws of the State of Louisiana and Employer's Liability Insurance in a minimum amount of \$1,000,000 (one million). This policy will contain the following endorsements in favor of the Owner:
 - a. **Waiver of Subrogation Endorsement**
 - b. **Thirty (30) day notice of Cancellation Endorsement**
 - c. **Additional Insured Endorsement Naming City of Shreveport**

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- e) **Business Automobile Liability Coverage** will protect against all claims for bodily injury or property damage, covering all owned, non-owned, and hired vehicles used in connection with the work including loading and unloading with minimum limits of \$100,000 (One Hundred Thousand) per person and \$300,000 (Three Hundred Thousand) per accident. This policy will contain the following endorsements in favor of the Owner:
- a. **Waiver of Subrogation Endorsement**
 - b. **Thirty (30) day notice of Cancellation Endorsement**
 - c. **Additional Insured Endorsement Naming City of Shreveport**
- f) **NO SUBSTITUTIONS OR CHANGES TO INSURANCE REQUIREMENTS WILL BE ALLOWED UNLESS APPROVED BY THE CITY OF SHREVEPORT, RISK MANAGER.**
Current Risk Manager: Evelyn Kelly, (318) 673-5540.

III. HOLD HARMLESS CLAUSE

Applicants (Organizations/Applicant) will indemnify, defend and hold harmless the City of Shreveport, its agents, its employees and authorized volunteers from and against all claims, damages, losses and expenses, including attorney's fees, arising out of the permitted activity or conduct of permittee's operation of the event if such claim (1) is attributable to personal injury, bodily injury, disease or death or injury to or destruction of property, including the loss of uses there from and (2) is not caused by any negligent act or omission of willful misconduct of the City of Shreveport or its employees acting within the scope of their employment.

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IV. APPLICANT STATEMENT

I, the undersigned, do attest that the information provided is true and correct to the best of my knowledge. If any part of this application IS NOT TRUE, then the application WILL BE REJECTED and/or the contract WILL BE VOIDED. I understand that it is my responsibility to ensure compliance with the following:

- a) The observance of all applicable laws and ordinances
- b) Any stipulations or restrictions of the permit
- c) The applicant will assume any and all liabilities that may arise by the permitted activity
- d) Applicant will notify the Division Manager of Event Services, (Catherine Kennedy), in writing if any of the information given in this application changes **ten (10) days prior to the first day of the event.**

Signature of Person Requesting Permit

FOR OFFICE USE ONLY:		
EVENT TASK FORCE COMMITTEE	DATE	APPROVED BY:
Traffic Engineering		
Sportran		
Shreveport Police		
Shreveport Fire Prevention		
Shreveport Fire/EMS		
Risk Management		
SPAR Building Manager/Event Coordinator		
Committee Chair		

FOR OFFICE USE ONLY:	<input type="checkbox"/> 501(c); must have documentation
Building Rent: \$ _____ per hour x No. of hours _____ = \$ _____	Due: _____
Kitchen Use: \$ _____ x per event day(s) _____ = \$ _____	
Personnel Fee: \$ _____ per hour x No. of hours _____ = \$ _____	<input type="checkbox"/> Invoiced After Event
Set Up/Take-Down Fee: \$ _____ per hour x No. of hours _____ = \$ _____	
Estimated Catering Fee: Total Invoiced \$ _____ x Fee Schedule% _____ = \$ _____	
Total Estimated Cost = \$ _____	
Total Cost = \$ _____	

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MEETING / EVENT PLANNING CHECKLIST
RETURN TO THE DEPOT AFTER COMPLETION

ALL OF THE REQUIRMENTS BELOW MUST BE MET, CHECK OFF AND THIS LIST RETURNED TO OUR OFFICE PRIOR TO THE EVENT.

- Provide Insurance Certificate to the Depot Office (see insurance requirements)
- Sign contract with facility
- Pay for the rental of the facility
- Obtain an Alcohol Beverage Permit, if alcohol is sold or consumed; contact the ABO office at (318) 673-6129 or (318) 673-6140
- Security (Uniformed Off-Duty Police Officers) will be present before doors are opened to guest and remain until doors are secured after event (Shreveport City Police (318) 673-6945). If alcohol is being served, sold or consumed, you must use Shreveport City Police.
- Arrange Concessions through in-house concessionaire only (Tri Star Entertainment (318) 868-3239). If you are having an event catered at RiverView Hall or Theater, the caterer must be approved by the City. The caterer must contact (318) 673-5100.
- Make arrangements for freight delivery & pick up & notify building supervisor or Event Services Administrative Office.
- Professional Technical Assistance is **required** if you are using RiverView Theater. In the event that you are using RiverView Hall, they only need to be contacted if your sound and lighting requirements exceed our capabilities. A list of APPROVED Technical/Stage Vendors will be furnished upon request.
- Please contact the following offices to see if sales taxes apply to your event : Caddo/S'port Sales & Use Tax Commission – Jim McCarty (318) 865-3312, Ext 111 – La Department of Revenue & Taxation - Diane Johnson (318) 676-7516.

ALL OF THE REQUIRMENTS BELOW MUST BE MET, CHECK OFF AND THIS LIST RETURNED TO OUR OFFICE PRIOR TO THE EVENT.

- All tables that are used for food and beverage will be covered with linen, plastic or paper table coverings, none of which are provided by the City.
- Tables will be cleaned back down to bare tables after the event.

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Addendum to: City of Shreveport Contract for Use of Public Assembly Facilities Section I.B, shall be amended to read:

The City of Shreveport has exclusive rights to the Concessions and Catering in all Public Assembly Facilities.

Tri-Star is under contract with the City of Shreveport to manage the kitchen facilities in the city buildings and using the city buildings is subject to collect the fees food service set forth by the City Council. The appropriate fee(s) if food and/or liquor is involved in the event are as follows:

Catered: no city kitchen and/or equipment used -----10% of gross sales

Non-profit & established religious organizations events

Catered: no city kitchen and/or equipment used -----5% of gross sales

Catered: city kitchen and/or equipment used -----20% of gross sales

Non-profit & established religious organizations events

Catered: city kitchen and/or equipment used -----10% of gross sales

Sales of alcoholic beverages -----20% of gross sales

Non-profit & established religious organizations

Sales of alcoholic beverages -----10% of gross sales

Kitchen Use fee (non-event day), self catered -----\$200.00

Kitchen Use fee (event day, self catered -----\$0.75 per person

Ice Sales ----- \$5.00 per barrel

If your event will involve concessions, contact Tri-Star Concessions @ (318) 868-3239

If your event will involve Catered food and/or liquor, contact Event Services @ (318) 673-5100.

Signature

Date