(1) This application must be <u>COMPLETED</u> and forwarded to the SPAR office forty-five (45) calendar days prior to the 1<sup>st</sup> day of the event.

\*Submission of this application does not confirm event. The Event Task Force must review & approve the COMPLETED event application.

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

email: SPAR\_Event\_Services@shreveportla.gov

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

- (2) Once the event has been approved, **NO CHANGES** may be made in the plans without Task Force **APPROVAL**.
- (3) No advertisement or invitations for the event may be made without Task Force APPROVAL.

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/or cancellation of the event. If you have any questions, please call (318) 673-5100.

PLEASE SIGN AND DATE ON THE LIN AND WILL ABIDE BY THE ABOVE REG	ES BELOW INDICATING THAT YOU UNDERSTANI GULATIONS. THANK YOU.
Name	 Date

<b>EVENT INFORMATION</b> Public (an	nyone is invited) 🔲 Private	e (select group of	people invited)
Requested Event Day & Dates:			
PLEASE INCLUDE A MAP of street/intersecting  Street Closures: Specific intersection(s)	•		
Detailed turn by turn/street by street			
Detailed staging area			
Defined no throw zones			
Defined parade start			
Defined parade end			
What is the return to staging area plan?	Return to dens, clubs, et	c?	
Requesting police transport for return?   Yes	s   No (This will be at th	e parade organi	zer's cost.)
Estimated Total Attendance	Past Total Attend	ance	
Age Range of Attendees:			
Title of the Event:			
Purpose of the Event:			
Applicant's Name:	Title	e:	
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 Applica	ant :)		
Time Frame:			
Staging Area start time:			
Parade rolls: Start Time			
Estimated time to finish the route:			
Effected streets will be closed starting at le	ast 1 hour prior to parade	rolls.	

Initial Each Page:

Parade Part	icipants:				
What	is your maximum entry?				
	Cars? Trucks?	☐ Yes ☐ No			
	Boats? RVs?	☐ Yes ☐ No			
	Floats:	☐ Yes ☐ No			
	Trailers:	☐ Yes ☐ No			
	Walking/Dancing Groups:	☐ Yes ☐ No			
	Horse groups:	☐ Yes ☐ No			
	Motorcycles (Groups):	☐ Yes ☐ No			
	How many participants in a mo	torcycle group?			
	Other motorized entries:				
Describe:					
	Other non-motorized en	tries			
Describe:					
Will walkers be used alongside the Floats, Trailers, etc ☐ Yes ☐ No					
Walk	Walkers are required to have bright colored safety vests.				
Please provide detailed lineup due no later then 10 days prior to parade rolls date.					

Drivers List required to the SPD Special Events department no later than 10 days prior to parade rolls date.

Drivers are subject to breathalyzer, prior and during parade.

Drivers meetings are suggested and a representative of the Event Task Force can be requested to attend to represent the City of Shreveport.

Line up must contain type of entry (such as horses, float, walkers, etc)

☐ Will you be using tents? ☐ Yes ☐ No	
Private Pop Up tents?  Yes  No	
OR Contracted tent company?   Yes   No	
Name of company	*Must provide fire retardant certificate
☐ Will there be Fireworks? ☐ Yes ☐ No	
Date and Time of Fireworks:	
Contact Name, Phone No. & Address:	
State Fire Marshall Permit No (please attach copy): _	
Concessions or Food Vendors including Food Trucks a certificate of liability insurance)  Describe each vendor (attach additional sheet if necessions)	·
Please initial:Anyone selling outside of their placentact City of Shreveport Finance/Revenue Compliance (318) 673-5585.	
Will Alcohol be allowed at this parade? Either by parade Permits may be required as well as City Legislation	participants or citizens 🗌 Yes 🗌 No
Parade Rules for parade organizers and participants: No short throws. No throw zones are in turns, under railroad trestles/b	oridges.
Parade organizers are responsible for signage for cit	izens attending their parade.

### <u>COST ASSOCIATED WITH EVENT WILL BE BILLED TO APPLICANT / PRODUCING ORGANIZATION</u>

All costs associated with your event including electrician, trash removal, event 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. Phone number to Department of Public Works / Streets & Drainage Dept: (318) 673-6330.

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D	Damage to City Property will be assessed and billed accordingly.
V	Vhat are your restroom options for the public? Please describe:
	Parade clean-up plan? Please describe:
<u>'</u>	arade clean-up plan: i lease describe.
<u>SAFET</u>	Y PROCEDURES
d	The cost of security is the responsibility of the applicant. The number and type will be letermined by the Chief of Police or his designee. A labor cost will be provided by the Shreveport Police Department by calling (318) 673-6945 or (318) 673-6946.
Т	The requirements of having EMS (318) 673-6720 or Fire Prevention/Firefighters/Fire Trucks (318) 673-6740 on site will be evaluated and made on the basis of each event by the City of Shreveport Task Force Committee.
	Please initial:Participants are subject to inspection by the Shreveport Fire Department Fire Prevention Division. Please contact to schedule inspection. (318) 673-6740.
	Applicant is responsible for contacting the Shreveport Police Department and/or the Shreveport Fire Department at least two (2) weeks prior to the event.
	Please initial:To Reserve a firetruck in your parade, the applicant is responsible for alling and scheduling with the Fire Chief or his designee. (318) 673-6650.
	Please initial:Event Task Force may require safety measures for the public along the parade route.
<u>ADVER</u>	TISING OR INVITATIONS
	Please provide a copy of all advertising, programs, invitations, etc
th	No advertisement or invitations for the event may be made without <b>PRIOR APPROVAL</b> from the Task Force.  Please describe the type of promotion you will be using:
	TV Radio Poster Billboard City Calendar Flyer Newspaper Invitations
	☐ Website:         ☐ Social Media:         ☐ Other:
С	Contact name & phone number to be used for public information:

Initial Each Page: \_\_\_\_\_

5 of 9

Parade Rules that need to be released to the public:

No glass bottles or containers are allowed on the parade route

No one may cross parade barricades during the parade.

No animals allowed within 200 yards of parade route, except animals that are in secured yards of residents living along the parade route & service animals.

No dangerous objects or silly string

No one may throw anything at a parade float

Large flags or banners are not allowed within 50 feet of the parade route.

No underage possession of alcohol. Violators will be arrested.

No public nudity will be tolerated. Violators will be arrested.

No ATV's, side by side, dirt bikes, or any other motorized recreational vehicles are allowed on any public property along the parade route, this includes the grassy areas along Clyde Fant Memorial Parkway and city streets. Violators will be subject to citation, arrest, and towing of the vehicle.

#### Safety Tips:

- Do not leave children unattended! Designate a meeting place in the event you find yourself accidentally separated from your children or other family members/friends.
- Do not fight or struggle over beads.
- Keep a safe distance from the floats.
- Leave valuables at home and secure your vehicles. Keep your keys secured.
- Do not take purses or wallets to parades. Keep money, keys, and identification secured on your person.
- Extinguish hot coals after cooking. Do not dump hot coals on the grass.
- Obey all traffic signs and directions from officers.

Please exercise good common sense and treat others respectfully and in a manner you would want to be treated.

#### **MEDIA**

Will the media broadcast the event? $\Box$	Yes 🗌 No
Where will they be located?	
What are their electrical needs? _	
Broadcast layout?	
Broadcast time?	

#### **PARKING PLANS**

A parking plan is required with each permit. Streets cannot be blocked from emergency parking. Where are the overflow cars going to park? What are you publicizing for overflow parking? Please submit advertisement of overflow parking.

Please submit a flyer that is placed at the neighbor's door regarding overflow cars being parked on the street. With the flyer, must include your public phone number as well as SPAR Event Services (318) 673-5100 for complaints.

		<b>—</b>
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#### INSURANCE REQUIREMENTS (if required):

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 takedown 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 should be written by companies with A.M. Best ratings of B+VII or better. 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 (each occurrence) of \$1,000,000 (One Million) and a general aggregate of \$2,000,000 (Two Million). The policy should be endorsed to name the City and the property owner as additional insured. The policy should 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). The policy should 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
- 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. The policy should 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 SUBSITUTIONS 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.

Initial Each Page:

#### **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.

#### <u>APPLICANT STATMENT</u>

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) or designee, 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:		<u>.9</u>	
EVENT TASK FORCE	DATE	APPROVED BY:	Notes:
Traffic Engineering			
Sportran			
Shreveport Police			
Shreveport Fire Prevention			
Shreveport Fire/EMS			
Risk Management			
SPAR Maintenance			
SPAR Event Coordinator			
Division Manager			
Notes:	-1		

Initial Each Page:

# USE ONLY FOR STREET CLOSURE / BLOCK PARTY APPLICANTS:

Please ask all residents living on the street(s) to be closed to sign the petition below indicating their approval or disapproval. EACH RESIDENT MUST <u>PRINT</u> NAME. THE APPLICANT IS NOT TO COMPLETE THIS PAGE IN ANY FASHION.

TAGREE / DISAGREE WITH THE CLOSING OF					
THE BLOCK(S) OF		STREET			
ON THE FOLLOWING DATE(S)		& TIME	AM TO	PM	
NAME	ADDRESS	PHONE #	DO NOT APPROVE	APPROVE	

Map of requested street closure must be included.

Informational packets provided to the homeowner's/business must be included.