(1) This application must be completed and forwarded to the SPAR office forty-five calendar days prior to the first day of the event.

SPAR Event Services email: <u>SPAR_Event_Services@shreveportla.gov</u>

RE: Special Events Application (RRD) call: (318) 673-5115 101 Crockett St, Suite A (The Depot) fax: (318) 673-5105

Shreveport, LA 71101

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

- (2) After submission of this application, your event will be presented to the Red River District (RRD) Tenants for approval. Upon their approval, you will be contacted via email and/or telephone regarding the meeting of the **Special Events Task Force**. You are expected to attend the Task Force Meeting where you will present your event to all city entities impacted by your event.
- (3) Once application has been reviewed and approved, an agreement between SPAR-RRD and the applicant will be issued. The agreement must be signed and returned twenty-one calendar days prior to the first day of the event.
- **(4)** The Certificate of Liability Insurance must be sent in along with the permit application.
- (5) All payments for security services during the event must be paid at the end of the event. Payment must be made directly to SPD/Sentinel Security in the form of cash or check ONLY.
- **(6)** Payment for SPAR Events Staff will be billed upon completion of the event. You will receive a mailed invoice from the City of Shreveport.
- (7) Once the event has been approved and all fees paid, **NO CHANGES** may be made in the plans you presented. You must contact Catherine Kennedy, Division Manager of Event Services, (318.673.5100) in writing, if any of the information given in this application changes at least **ten days prior to the first day of the event.**
- (8) No advertisement or invitations for the event may be made without Task Force approval and the signing of the agreement. This includes all PRINTED MEDIA, SOCIAL MEDIA (Facebook/Twitter), and RADIO SPOTS.

Failure to comply with the above regulations will result in immediate cancellation of the event. 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. Call (318)673-5115 with any questions.

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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City of Shreveport Special Permit Application Red River District PRIMARY EVENT INFORMATION

All RRD Events must be free and open to the public

Name of Event:		
Requested Event Day & Dates:		
Location of Event: Red River District	(RRD), Under the Texas Stre	et Bridge
Is this event a Run or a Walk? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	es 🗌 No	
If YES, please include a map of I	Run/Walk Route.	
Does this event require the closure of	of Commerce St.? Yes	No
If YES, please indicate which blo	cks of Commerce St. you are	requesting be closed:
Crockett <u>to</u> Milam <u>to</u> Bridge	ePedestrian Walk Bridge	<u>to</u> Travis <u>to</u> Fannin
Circle/Bold/Highlight the sec	tion of Commerce St. you ar	re requesting to be closed
Type of Event: (Select ALL that appl	y)	
☐ Banquet ☐ Concert ☐ Dance ☐] Sports ☐ Public Awareness	Rehearsal Trade Show
Other:		
Purpose of the Event:		
Applicant's Name:	T	ïtle:
Event Contact Name/Phone (If Not A	Applicant):	
Producing Organization (If Applica Name/Organization:		
Must match	the name on the insurance of	certificate
Mailing Address:	City:	State: Zip:
Phone: Primary:	Alternate:	Fax:
Email Address:		
Costs associated with event will be	e billed to (if different from Programme)	roducing Organization):
Name/Organization:		
Mailing Address:	City:	State: Zip:
Phone: Primary:	Alternate:	Fax:
Email Address:		

Fee Payment Details

Payment for SPAR Events Staff 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 and/or EMS,

Sentinel Security, or Jean Simpson Staffing are due at the end of each event day (Cash or Money Order ONLY).

EVENT SCHEDULE

Please Include a DETAILED EVENT TIMELINE with Permit Application

		Single Day Event	☐ Multiple I	Day Event
Set Up:	Date:	Start Time:		End Time:
5	SPAR Event Staff M	ust Be On Site for	Event Set U	p and Event Take Down
Schedule:	Date:	Start Time:		End Time:
	Date:	Start Time:		End Time:
	Date:	Start Time:		End Time:
Take Down:	Date:	Start Time:		End Time:
Estimated	d Total Attendance: _		Maximur	m Peak Attendance:
Past Tota	al Attendance		No of Volur	nteers/Personnel on Site
		EVENT	DETAILS	
	The RRD s	ite map is include	d with this P	ermit Application.
A detai	•	s event must be s ir set up and vend		h the application and include the nent placement.
All tabl	es and chairs asso	ciated with event r	must be prov	vided by Producing Organization.
S	PAR equipment is	not available for e	vents held w	ithin the Red River District.
Will ta	ables and chairs be u	used for event? 🗌 `	Yes 🗌 No	
If YES	S, please provide equ	uipment provider inf	ormation:	
Company	/ Name:	Contact:		Phone Number:
	ehicles will be used p			lo ermission from RRD Staff.
	S, how many vehicles			

•	Will a staging contractor	be used for event? Yes	s ☐ No
	If YES, please provide s	taging contractor information	n:
C	ompany Name:	Contact:	Phone Number:
•	Will you be using tents?	☐ Yes ☐ No	
	If yes, please provide ter	nt company information:	
C	Company Name:	Contact:	Phone Number:
	Con	npany must provide fire re	etardant certificate.
•	Will you need access to	electricity?	
	If yes, please advise eve	nt electricity needs:	
	Number of 110 Outlets n	eeded: Number of 2	20 Outlets needed:
	Access to RRD elect	ricity may require the use included in post-event st	of a SPAR electrician. This cost will be raffing invoice.
•	Will vendors be participa	iting in the event? Yes	□ No
	If YES, please pro	ovide the below information:	
	Number of Vendors Exp	ected:	Vendor Participation Fee:
	Please include the	event's vendor registration	on form with this Permit Application.
"(vide them with a copy of the attached derstand proper food waste handling.
		ny confusion, Event Organ email communication wit	nizer MUST include RRD Management on th RRD Tenants.
•	Will entertainment be pro	ovided? Yes No	
	If YES, please pro	ovide live entertainment info	ormation:
	DJ Name :	Live E	Band Name:
	Verifier Ver	olume levels are determin	r event (games, bounce houses, street

 Will food be provided during e 	event? Yes No			
RRD tenants must provide f	ood unless permiss	on is granted to	o use other	food options.
If permission is granted	d, please provide deta	iled information o	of event foo	d providers:
Food Trucks Yes No				
If YES, please provide	food truck(s) name/co	ntact information	ղ:	
Company Name: Company Name: Company Name:	Contact:	Phon	e Number: _.	
	UST NOT SERVE BE must be purchased			
 Will alcoholic beverages be continued. 	onsumed in the comm	on areas of the F	RRD? 🗌 Y	es 🗌 No
In order to cooperate with lo Shreveport SPECIAL EVEN ^T LIQUOR PERMIT must be ol	T LIQUOR PERMIT a	nd a State of Lo		
Liquor must be purchased f without special permission		-		public spaces
Special Event Liquor Permit s later than ten (10) days prior t than thirty (30) days prior to the	o the event. State of L			
A liquor letter must be provide	ed by SPAR Event Ser	vices division m	anagement	
City of Shreveport permit apportant State of Louisiana permit apport				v/1303 ABO
Name on Special Event Alcoho	l Permit_	Liquor letter	requested	
Name:	Phone	e:		
Mailing Address:	City: _		State:	Zip:
	EVENT ADVERT	ISING		

No advertisement or invitations for the event may be made without event approval from the Events Task Force and the signing of the agreement.

Please describe the type of promotional production	cts you will be using:
☐ Television☐ Radio☐ Posters☐ Billboard	ds 🗌 City Calendar 🔲 Flyers 🗌 Newspaper
Facebook Event:	Event Website:
☐ Twitter: ☐ Instagram: _	Other:
Contact name & phone number to be used for	in advertising:

There will be no banners, logos, advertising, etc. displaying in the RRD 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.

SAFETY PROCEDURES

The event security plan must be reviewed with the RRD Event Coordinator immediately upon approval of the permit application. This plan shall also include a parking plan and a traffic flow plan in order to ensure pedestrian safety.

The cost of security is the responsibility of the applicant.

Depending on the requirements of the event, arrangements for security must be made with either the Shreveport Police Department or Sentinel Security. If the event obtains a waiver of the open container legislation and alcohol is to be consumed, SPD will require at least two officers be on site for the duration of the event.

Once the security plan is place and has been reviewed, contact the SPD for approval of the plan. Applicant may call either Sgt. Simmie Brown (318.673.6945) or Sgt. Todd Eatman (318.673.6946). If necessary, SPD will also schedule the officers at that time. If Sentinel Security is approved, contact Sentinel at 318.227.9175 to schedule officers.

SPD and Sentinel will require payment the day of the event. Only payment via cash, check, or money order will be accepted.

EVENT LIABILITY INSURANCE REQUIREMENTS

For the application to be approved, applicant must submit a City-approved Certificate of Liability Insurance, naming the City of Shreveport and Lea Hall Properties as additionally insured.

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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, bounce houses, etc.

Applicant's insurance is to be written by a company licensed to do business in the State of Louisiana at the time the policy is issued, and the policy will be written by a company with A.M. best ratings of B+VII or better.

All insurance policies must have a thirty day Notice of Cancellation Endorsement as well as a Waiver of Subrogation.

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.

Insurance, at a minimum, must include the following coverage and limits of liability:

a) Commercial General Liability Insurance (CGL) in the amount not less than a combined single amount of \$1,000,000 annual aggregate. This policy should be endorsed to name the City and Lea Hall Properties as additional insured.

This policy will contain the following endorsements in favor of the Owner:

- Waiver of Subrogation Endorsement
- Thirty day notice of Cancellation Endorsement
- o Naming City of Shreveport and Lea Hall Properties as Additionally Insured
- b) The CGL policy must be endorsed to remove the liquor liability exclusion contained in the policy if the contractor intends to allow 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.

This policy will contain the following endorsements in favor of the Owner:

- Waiver of Subrogation Endorsement
- Thirty day notice of Cancellation Endorsement
- Naming City of Shreveport and Lea Hall Properties as Additionally Insured

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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 per person and \$300,000 per accident.

This policy will contain the following endorsements in favor of the Owner:

- Waiver of Subrogation Endorsement
- o Thirty day notice of Cancellation Endorsement
- Naming City of Shreveport and Lea Hall Properties as Additionally Insured

No substitutions or changes to insurance requirements will be allowed, unless approved by the Risk Manager for the City of Shreveport (Evelyn Kelly, 318.673.5540).

HOLD HARMLESS CLAUSE

Applicant (Producing Organization) 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 is attributable to personal injury, bodily injury, disease or death or injury to or destruction of property, including the loss of use, and 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.

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 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

Applicant will notify the Division Manager of Event Services, (Catherine Kennedy), in writing if any of the information given in this application changes **ten days prior to the first day of the event.**

Signature of	Person Requesting	Permit

Initial Each Page: _____

EVENT TASK FORCE MEETING

Meeting Date: T	ime: 1:30pm L	ocation: Depot O	ffice/Festival Plaza
FOR OFFICE USE ONLY:			
EVENT TASK FORCE COMMITTEE	DATE	APPROVE	BY:
Traffic Engineering			
Sportran			
Shreveport Police			
Shreveport Fire Prevention			
Shreveport Fire/EMS			
Risk Management			
Red River District Event Coordinator			
Division Manager of Event Services			
		•	
FOR OFFICE USE ONLY:	☐ 501(c):	3; must have docu	umentation
Personnel: \$34.92/hour x # of hours = \$		(Invoiced Post-Event)
SPD: (# of officers) x \$30.00/hour x # of hours	s = \$		(Due at Event)
Sentinel Security: (# of officers) x \$14.00/hou	r x # of hours	= \$	(Due at Event)
Jean Simpson Staff (# of employees) x \$14.00	D/hour x # of hou	ırs = \$	(Due at Event)
	Total Estimated	Cost = \$	
	Total	Cost = \$	

MEETING / EVENT PLANNING CHECKLIST RETURN TO THE DEPOT AFTER COMPLETION

ALL OF THE REQUIRMENTS BELOW MUST BE MET, CHECKED OFF, AND THIS LIST RETURNED TO SPAR EVENTS OFFICE PRIOR TO THE EVENT.

	Attend the Events Task Force meeting where you will present your application.
	Obtain Special Event Liquor Permit from the City of Shreveport and the State of Louisiana.
	Security will be present prior to event commencement and remain until event is secured after
	event. Contact Sgt. Simmie Brown (318.673.6945) or Sgt. Skylar Van Zandt (318.673.6946) to
	schedule SPD officers. If alcohol is being consumed, you must use at least two SPD officers. If
	approved, Sentinel Security officers may be used to secure the event. Contact Sentinel
	(318.227.9175) to schedule officers.
	Make arrangements for event set up delivery and tear down pick up, and contact RRD Event
	Coordinator (318.673.6311) to advise Coordinator of the arrangements.
	If you are using vendors, please contact the following offices to see if sales taxes apply to your
	event: Caddo/Shreveport Sales and Use Tax Commission - Jim McCarty (318.865.3312, Ext
	111) and Louisiana Department of Revenue and Taxation - Diane Johnson (318.676.7516).
	If you are using food vendors, provide them with a copy of the attached "Grease Disposal"
	document.
	Please include Event Coordinator on general email correspondence with RRD tenants.
Signa	ature Date

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