

**City of Shreveport
Special Permit Application
Independence Stadium – Club Level**

(1) This application must be completed and forwarded to the Event Services office a minimum of forty five (45) days prior to the first day of the event. ***Submission of this application does not confirm event, nor guarantee requested event date.**

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 the application has been reviewed and the Certificate of Insurance has been approved by the City of Shreveport Risk Manager, a contract between the City of Shreveport and the applicant will be created and sent to the event organizer to sign.
- (3)** All payments for rental of the facility and other charges must be paid ten (10) calendar days prior to the 1st day of the event.
- (4)** All payments for police and EMS services during the event must be paid prior to the end of the event(s). Payment must be directly to the Shreveport Police Department and the Shreveport Fire Department in the form of cash, local check, or money order ONLY.
- (5)** Once the event has been approved and an event contract has been signed no changes may be made including dates, times, or layout.
- (6)** City must approve decorations prior to the event. The city does not allow any decorations to be affixed with adhesive or fasteners to any permanent or temporary structures to include walls, windows, doors, tables, chairs, etc. without written permission from the Independence Stadium staff.
- (7)** Independence Stadium Club maximum capacity is 240 which includes attendees and working personnel.
- (8)** No cover charge events will be permitted.

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.

Please sign and date on the lines below indicating that you understand and will abide by the regulations as listed above.

Name

Date

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EVENT INFORMATION Public (Free to anyone) Private (Invitation Only)

Ticketed (advanced ticket sales only)

Requested Event Day & Dates: _____

Type of Event: (Select ALL that apply) Auction Banquet Birthday Party Dance

Graduation Wedding/Reception Other: _____

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 (Base rent includes setup the last business day prior and take down the 1st business day after the event day)

Set Up/Load in:

Date: _____ Start Time _____ – End Time _____

Actual Event:

Date: _____ Start Time _____ – End Time _____

Doors Open to Public for the Event @ _____

Break down/Load out:

Date: _____ Start Time _____ – End Time _____

Multiple Day Event (**Attach Detailed Schedule** for all multiple day events, including vendor load in/out)

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Estimated Total Attendance _____ Maximum Peak Attendance _____
Past Total Attendance _____ No of Volunteers/Personnel on Site _____
Age range of attendees: _____

ADVERTISING FOR EVENTS IN PUBLIC FACILITIES

Please provide a copy of all advertising, programs, invitations, etc.

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).

EVENT DETAILS:

- Money Handling
Will admission fees be charged prior to event?
 Yes No If yes, how much? _____ Where can they be purchased? _____

The number of tickets printed or sold must not exceed the maximum occupancy of 240 persons.

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SET-UP PLAN (DIAGRAM):

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

Seating / Table Arrangements

Round Tables (60 inch diameter are provided; sit up to 8 people) (Maximum tables = 30)

(Table coverings are not provided)

Chairs only (Theater style)

Head Table to seat: _____

Staging/Sound/Decorator Contractor or other vendor:

Not Applicable

Contact Name: _____ Phone Number: _____

Contact Name: _____ Phone Number: _____

Contact Name: _____ Phone Number: _____

Sound system:

In House system (3 cordless mics available. Best used for speaking, not music)

Providing own sound system

AV Needs:

2 Ceiling mounted screens with projector that utilize patron's computer/thumb drive

7 Wall mounted TVs (can be coordinated with presentation on mounted screens)

Electrical Hook-up: **Standard 110v 20 amp only**

Booth Exhibits: Anticipated # _____

DJ: _____ Live Band: _____

Other Entertainment (i.e. photo booth)

(Attach detailed description)

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

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CATERING: (Check all areas requested)

West Concession:

Ice Machine

Refrigerator

Coffin Freezer

Food warmer (sterno only)

East Concession:

Coffin Freezer

Food warmer (sterno only)

Meals must be provided by an independent caterer. Caterer must be licensed and have a Product Liability/General Liability Certificate of Insurance, and **provide a copy of the "PAID" invoice.** (List of Caterer's can be provided upon request) Please include the caterer set up in the layout.

Name of **FOOD** Caterer: _____

Contact Name: _____ Email Address: _____

_____ Independence Stadium is a Coca-Cola® products only facility and as such the CONTRACTOR agrees to place an order of Coca-Cola® products via their Commercial Product Representative, Chris Winston (318-540-5294) ChrisWinston@ccbcu.com no less than 15 working days prior to an event day and have a representative onsite when the product is delivered to verify the count. Under no circumstances will the CONTRACTOR sell beverages, be it Coca-Cola® or otherwise, from any other supplier and/or manufacturer.

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

Margarita Machines Yes No

If you answer yes,

Special Event 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 no later than thirty (30) days prior to the event. A letter can be provided by SPAR Event Services Administration. Liquor Caterer must be selected from the approved list and provide a copy of their licensing, State & City as well as certificate of insurance covering the City of Shreveport.

City of Shreveport Website : <https://www.shreveportla.gov/index.aspx?nid=1122>

ATC Website: <http://www.atc.rev.state.la.us/special-event.php>

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COST ASSOCIATED WITH EVENT WILL BE BILLED TO APPLICANT / PRODUCING ORGANIZATION

Rent is 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. All Payment types accepted. Payments for Police & EMS are due to the officer each event day (Cash or Local Check ONLY). Invoices will be provided by SPD or SFD. (see Safety Procedures)
All costs associated with you event include, but not limited to, electrician, event maintenance and housekeeping provided by SPAR employees, insurance policy, security and EMS. An estimate for SPAR services will be made available before the contract is signed.
Damage to City Property will be assessed and billed accordingly.

SAFETY PROCEDURES

The cost of security is the responsibility of the applicant. Applicant is responsible for submitting officers assigned or requested to the facility before the event day.

The number and type will be determined 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. 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.

Applicant is responsible for contacting the Shreveport Police Department and/or the Shreveport Fire Department at least two (2) weeks prior to the event.

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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 address listed on the insurance form should be: 505 Travis Street, Suite 550, Shreveport, LA 71101. **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) each occurrence and \$2,000,000 (Two 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**
- 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 \$500,000 (Five 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.**

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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.

The City of Shreveport shall not be liable for Applicants' inability to hold the permitted activity for any reason including, but not limited to, catastrophe, act of war, civil disturbance, global pandemic, public health emergency, act of God or similar contingency beyond the reasonable control of the City of Shreveport. Applicants shall take all such measures as may be necessary to develop contingency plans to mitigate any disruption for such permitted activity. Applicants 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 Applicants' inability to hold the permitted activity.

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 as noted in the above Hold Harmless Clause; and
- d) Applicant will notify the Division Manager of Event Services, (Charles Hymes) 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

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FOR OFFICE USE ONLY: EVENT INFORMATION

Requested Event Day & Dates: _____

Title of the Event: _____

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: