

**City of Shreveport
Special Permit Application for
Festival Plaza and Riverview Park**

Revised 8/22/16

- (1) This application must be **COMPLETE** and forwarded to the SPAR office forty-five (45) calendar days prior to the 1st day of the event. **A complete application consists of this application filled out in its entirety, Certificate of Insurance, site map, equipment, electrical and plumbing requests** ***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

email: SPAR_Event_Services@shreveportla.gov
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 **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 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

I. EVENT INFORMATION

Initial Each Page: _____

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Requested Event Day & Dates: _____

Title of the Event: _____

Purpose of the Event: _____

Location: **Festival Plaza** **Riverview Park**

Will Crockett Street be closed? **No** **Yes** Time: _____

Will Clyde Fant Parkway be closed? **No** **Yes*** Time: _____

*Additional fees for closing of Clyde Fant Parkway

Type of Event: (Select ALL that apply)

Concert Festival Sports Public Demonstration Other: _____

Estimated Total Attendance _____ Maximum Peak Attendance _____

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

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 :) _____

A. Event Schedule:

Single Day Event (load in, set up, breakdown, load out all in one day)

Set Up/ Load In: Start Time _____ – End Time _____

Event Time: Start Time _____ – End Time _____

Gates Open to Public for the Event at _____

Break Down/ Load Out: Start Time _____ – End Time _____

Multiple Day Event (Attach detailed schedule for all multi-day events)

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

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

**A timeline for deliveries, set-up, breakdown, equipment rentals, vendor load in/out must be submitted a minimum of 30 days prior to the first day of the event. All dates/times must be finalized 10 days prior to the first day of the event.

B. FEE SCHEDULE

Initial Each Page: _____

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COST ASSOCIATED WITH EVENT WILL BE BILLED TO APPLICANT/ PRODUCING ORGANIZATION. All costs associated with your event including, but not limited to, electrician, event site 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.**

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

C. EVENT DETAILS

SPAR equipment is available in limited quantities. The set-up plan (Diagram) for the event must be submitted with the application in full and include the following information:

Top Pavilion:

Depot Pavilion:

- Concert (no seating/ tables provided)
- Chairs only
- Round Tables (60in round; sit up to 8 people)
- Rectangle (8 foot table; sit up to 8 people)
- Stage

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- Chairs only
- Round Tables (60in round; sit up to 8 people)
- Rectangle (8 foot table; sit up to 8 people)
- Stage

Staging Contractor: _____

Contact Name: _____

Phone Number: _____

Will you be using tents? Yes No

Name of company _____ *Must provide fire retardant certificate

Set Up Date: _____ Breakdown Date: _____

Electrical Hook-up: 110v and 220v available in the following configurations



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

**Attach detailed description with electrical grid and booth layout 10 days prior for set up.

** Water reclamation tanks are required in some locations at Event Organizer's expense.

List of Entertainment:

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

Will there be Fireworks? Yes No

Date and Time of Fireworks: _____

Contact Name, Phone No. & Address: _____

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

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. Festival Plaza: 5000 Capacity
- Admission booth rental is process through the Red River Revel office- 318-424-4000

D. CATERING AND ALCOHOL

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

Liquor Permit should be requested from the **City of Shreveport – ABO** office no later than ten (10) days prior to the event. Liquor Caterer must be selected from the approved list and **provide a copy of the "PAID" invoice from caterer.**

State of Louisiana Permit is required also. A letter to the State office can be provided by SPAR Event Services Administration and is required by the State thirty (30) days prior to the event. Please refer to the Louisiana Alcohol and Tobacco Control website (<http://www.atc.rev.state.la.us/special-event.php>) to ensure what type of permit you will need for your event.

Name on Special Event Alcohol Permit:

Name: _____ Phone: _____

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

Name of **ALCOHOL** Caterer: _____ Open Bar Cash Bar

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

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

Email Address: _____

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E. PUBLIC ADVERTISING 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 Flyers Newspaper Invitations

Website: _____ Social Media: _____

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

All advertising that names SPAR/ City of Shreveport as a sponsor/ partner must use the City of Shreveport logo. Please contact Event Services Administration for proper logo formatting info.

F. 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 amount of \$1,000,000 (One Million) per occurrence and \$2,000,000 (Two Million) general 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**

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- 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 \$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	DATE	APPROVED BY:	Notes:
Traffic Engineering			
Sportran			
Shreveport Police			
Shreveport Fire Prevention			
Shreveport Fire/EMS			
Risk Management			
SPAREvent Coordinator			
Committee Chair			
<p>FOR OFFICE USE ONLY: <input type="checkbox"/> 501(c); must have documentation</p> <p>Facility Rent: \$ _____ per day x No. of days ____ = \$ _____ Due: _____</p> <p><input type="checkbox"/> SPAR OT Estimate provided to Event Organizer</p> <p><input type="checkbox"/> SPAR Request for OT signed by Event Organizer</p>			

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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

- _____ If alcohol is sold or consumed, obtain an Alcohol Beverage Permit from both the City of Shreveport and the State of Louisiana

- _____ 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.

- _____ Make arrangements for delivery & pick up of equipment, golfcarts, ice, tents, beverage providers, etc. Provide detailed schedule of deliver to Event Coordinator 10 days prior to event

- _____ 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 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.

- _____ Electrical services must be rendered by SPAR electrician only. Electrical boxes and disconnects are off limits to everyone besides SPAR personnel.