



St. Bernard Parish Government

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Guy McInnis
Parish President

APPLICATION FOR SPECIAL EVENT
SELLING BEER AND/OR LIQUOR
IN ST. BERNARD PARISH

APPLICATION FEE: \$100.00 DATE OF APPLICATION: _____

NAME OF ORGANIZATION: _____

ADDRESS OF ORGANIZATION: _____

MAILING ADDRESS FOR PERMIT: _____

CONTACT PERSON: _____

TITLE: _____

TELEPHONE NUMBER(S): _____

NAME OF EVENT: _____

TYPE OF EVENT: _____

LOCATION OF EVENT: (A LEASE OR PROOF OF OWNERSHIP OF PROPERTY THE EVENT IS BEING HELD AT
MUST BE PROVIDED WITH THIS APPLICATION). _____

DATE(S) OF EVENT: _____

TIME(S) OF EVENT: _____

IS THE ORGANIZATION A NON-PROFIT ORGANIZATION? _____

IF YES, LIST TAX-EXEMPT I.D. NUMBER _____

PROCEEDS WILL BE USED TOWARDS _____

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WILL THERE BE ANY TENTS (with side panels) AT THIS EVENT? _____
IF YES, ATTACH FIRE DEPARTMENT PERMIT

WILL THERE BE ANY TEMPORARY STAGES CONSTRUCTED FOR THIS EVENT? _____

WILL THERE BE ANY TEMPORARY BUILDINGS CONSTRUCTED FOR THIS EVENT? _____
IF YES, ATTACH BUILDING PERMIT FROM THE DEPARTMENT OF COMMUNITY DEVELOPMENT.

WILL THERE BE ANY ELECTRICAL ADDED FOR THIS EVENT? _____
IF YES, ATTACH FINAL INSPECTION CERTIFICATE FROM THE DEPT. OF COMMUNITY DEVELOPMENT.

WILL THERE BE ANY ADDITIONAL PLUMBING INSTALLED FOR THIS EVENT? _____
IF YES, ATTACH FINAL INSPECTION CERTIFICATE FROM THE DEPT. OF COMMUNITY DEVELOPMENT.

NUMBER OF BATHROOMS? _____ NUMBER OF PARKING SPACES? _____

NUMBER OF TRASH RECEPTACLES? _____ NUMBER OF BEER BOOTHS? _____

NUMBER OF LIQUOR BOOTHS? _____

PLEASE BE ADVISED: THE ORGANIZATION MUST PROVIDE CERTIFICATE OF INSURANCE WITH ST. BERNARD PARISH GOVERNMENT LISTED AS ADDITIONAL INSURED ALONG WITH THIS APPLICATION.

This application must be signed by authorized official of the organization holding the event. It is understood that any misstatement or suppression of fact in this application or any accompanying documents is grounds for denial of permit.

I HEREBY ATTEST THAT I HAVE READ EACH OF THE QUESTIONS IN THIS APPLICATION AND THAT THE ANSWERS WHICH I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE _____ DATE _____

PRINT NAME OF APPLICANT _____

TITLE: _____

PHONE: _____

NAME OF ORGANIZATION: _____