

Jackson Police Department



327 East Pascagoula Street  
Post Office Box 17  
Jackson, Mississippi 39205-0017

Harvey Johnson, Jr.  
Mayor of the City of Jackson

Jackson Police Department  
327 East Pascagoula Street  
P.O. Box 17  
Jackson, Mississippi  
39205-0017

Dear Special Event Sponsor:

The Special Events Ordinance was adopted August 2000 and subsequently revised February 26, 2008 following consideration and passage by the Jackson City Council.

Changes to the existing ordinance were necessary because of the increase in the number and size of events happening in our City.

Previously, the City had not charged sponsors for the City services necessary for a safe and successful event; however, the ordinance now imposes a modest set of fees to help defray part of the costs of the services provided by the City.

The Ordinance also requires insurance to assure that the City of Jackson's citizens and visitors will be compensated for any injury or loss of property suffered from the activities of a special event.

Enclosed with your application is a copy of the City of Jackson's Special Events Ordinance. If additional information is required you may contact this office at 601.960.1340, fax 601.960.1387 and email [hlbrown@city.jackson.ms.us](mailto:hlbrown@city.jackson.ms.us)

Thanks,

*H. Brown*

Special Events Coordinator  
Jackson Police Department

# CITY OF JACKSON

## >>>APPLICATION TO BLOCK STREET<<<

SUBMIT THIS FORM AT LEAST FIFTEEN (15) DAYS PRIOR TO REQUESTED EVENT TO:  
SPECIAL EVENTS COORDINATOR

(PLEASE PRINT ALL INFORMATION)  
EVENT INFORMATION

DATE SUBMITTED \_\_\_\_\_  
PRECINCT NUMBER \_\_\_\_\_

DATE OF EVENT _____	LOCATION OF EVENT _____			
DAY OF WEEK _____	_____			
STARTING TIME _____ AM/PM	REASON FOR EVENT _____			
ENDING TIME _____ AM/PM	_____			
STREETS REQUESTED BLOCKED:				
	(STREET) (DIR.TURN) (STREET)			
1.	_____			
2.	_____			
3.	_____			
4.	_____			
ATTACH A DETAILED MAP OF PROPOSED PARADE ROUTE AND DETAILED LIST OF PARADE UNITS				
NOTHING TO BE SOLD AT EVENT:	YES / NO ( ) ITEMS USED OR SOLD AT EVENT			
<input type="checkbox"/> BEER	<input type="checkbox"/> LIQUOR	<input type="checkbox"/> BEVERAGES	<input type="checkbox"/> FOOD	<input type="checkbox"/> ANIMAL RIDES _____
<input type="checkbox"/> GAMES	<input type="checkbox"/> RIDES (MOON WALK, ETC.)	<input type="checkbox"/> OTHER _____		
(ALL VENDORS MUST COMPLY WITH ALL CITY, COUNTY, AND STATE HEALTH, PERMIT, AND TAX LAWS)				
TYPE OF AMPLIFICATION TO BE USED: <input type="checkbox"/> MUSIC (AUDIO) <input type="checkbox"/> BANDS <input type="checkbox"/> P.A. SYSTEM <input type="checkbox"/> OTHER _____				
TIME AMPLIFICATION TO BE USED: _____ AM/PM TO _____ AM/PM				

### APPLICANT INFORMATION

ORGANIZATION NAME _____	PHONE _____			
ADDRESS _____				
INSURANCE CO. _____	POLICY # _____	CITY _____	STATE _____	ZIP CODE _____
INDIVIDUAL MAKING APPLICATION FOR ORGANIZATION:				
NAME _____	PHONE (H) _____			
ADDRESS _____	PHONE (W) _____			
	CITY _____	STATE _____	ZIP CODE _____	
POSITION WITH ORGANIZATION _____				
INDIVIDUAL(S) RESPONSIBLE FOR KEEPING ORDER AND MAINTENANCE:				
NAME _____	PHONE (H) _____	PHONE (W) _____		
NAME _____	PHONE (H) _____	PHONE (W) _____		
ATTACH RESIDENTIAL PETITION FORM (THIS FORM MUST HAVE 100% OF AREA/RESIDENTS SIGNATURES)				

### REQUIREMENTS OF APPLICANT:

<input checked="" type="checkbox"/> SECURITY	<input checked="" type="checkbox"/> CLEAN-UP DURING EVENT	<input checked="" type="checkbox"/> SECURITY	OTHER: _____
<input checked="" type="checkbox"/> TRAFFIC DIRECTION	<input checked="" type="checkbox"/> CLEAN-UP AFTER EVENT	<input checked="" type="checkbox"/> SECURITY	_____
<input checked="" type="checkbox"/> BARRICADES	<input checked="" type="checkbox"/> BAG METERS		_____
<input checked="" type="checkbox"/> SET-UP BARRICADES	<input checked="" type="checkbox"/> TRASH RECEPTICLES/BAGS		_____

IN APPLYING FOR THIS PERMIT, I THE UNDERASSIGNED, AS THE RESPONSIBLE INDIVIDUAL OF THE ABOVE NAMED ORGANIZATION, AGREE TO HOLD THE CITY OF JACKSON FREE AND HARMLESS OF ANY LIABILITY WHICH MAY RESULT FROM SAID EVENT, AND ACCEPT FULL RESPONSIBILITY FOR ANY SUBSTAINED LIABILITY. I THE UNDERSIGNED ALSO ACKNOWLEDGE THAT I AM RESPONSIBLE FOR SECURING AND PAYING FOR THE COST OF ALL BARRICADES, SIGNS, AND TRAFFIC CONTROL DEEMED NECESSARY BY THE CITY TRAFFIC ENGINEER AND THE CHIEF OF POLICE.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# CITY OF JACKSON

## >>>APPLICATION FOR RACES AND WALKS<<<

SUBMIT THIS FORM AT LEAST FIFTEEN (15) DAYS PRIOR TO REQUESTED EVENT TO:  
SPECIAL EVENTS COORDINATOR

DATE SUBMITTED \_\_\_\_\_  
PRECINCT NUMBER \_\_\_\_\_

(PLEASE PRINT ALL INFORMATION)  
EVENT INFORMATION

DATE OF EVENT _____	LOCATION OF EVENT _____			
DAY OF WEEK _____	_____			
STARTING TIME _____ AM/PM	REASON FOR EVENT _____			
ENDING TIME _____ AM/PM	_____			
NUMBER OF UNITS: _____	NUMBER OF PARTICIPANTS: _____			
	NUMBER OF FUN RUN PARTICIPANTS: _____			
PROPOSED RUN OR WALK ROUTES:				
(STREET)	(DIR. TURN)	(STREET)	(DIR. TURN)	(STREET)
1. _____	_____	9. _____	_____	_____
2. _____	_____	10. _____	_____	_____
3. _____	_____	11. _____	_____	_____
4. _____	_____	12. _____	_____	_____
5. _____	_____	13. _____	_____	_____
6. _____	_____	14. _____	_____	_____
7. _____	_____	15. _____	_____	_____
8. _____	_____	16. _____	_____	_____

ATTACH A DETAILED MAP OF PROPOSED RACE OR WALK ROUTES

APPLICANT INFORMATION

ORGANIZATION				
NAME _____		PHONE _____		
ADDRESS _____				
	CITY	STATE	ZIP CODE	
INSURANCE CO. _____		POLICY # _____		PHONE (W) _____
INDIVIDUAL MAKING APPLICATION FOR ORGANIZATION:				
NAME _____		PHONE (H) _____		
ADDRESS _____		PHONE (W) _____		
	CITY	STATE	ZIP CODE	
POSITION WITH ORGANIZATION _____				
INDIVIDUAL(S) RESPONSIBLE FOR KEEPING ORDER AND MAINTENANCE:				
NAME _____		PHONE (H) _____	PHONE (W) _____	
NAME _____		PHONE (H) _____	PHONE (W) _____	

REQUIREMENTS OF APPLICANT:

<input checked="" type="checkbox"/> SECURITY	<input checked="" type="checkbox"/> CLEAN-UP DURING EVENT	<input checked="" type="checkbox"/> SECURITY	OTHER: _____
<input checked="" type="checkbox"/> TRAFFIC DIRECTION	<input checked="" type="checkbox"/> CLEAN-UP AFTER EVENT	<input checked="" type="checkbox"/> SECURITY	_____
<input checked="" type="checkbox"/> BARRICADES	<input checked="" type="checkbox"/> BAG METERS		_____
<input checked="" type="checkbox"/> SET-UP BARRICADES	<input checked="" type="checkbox"/> TRASH RECEPTICLES/BAGS		_____

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APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# CITY OF JACKSON

## >>>APPLICATION FOR PARADES<<<

SUBMIT THIS FORM AT LEAST FIFTEEN (15) DAYS PRIOR TO REQUESTED EVENT TO:  
SPECIAL EVENTS COORDINATOR

(PLEASE PRINT ALL INFORMATION)  
EVENT INFORMATION

DATE SUBMITTED \_\_\_\_\_

PRECINCT NUMBER \_\_\_\_\_

DATE OF EVENT _____	LOCATION OF EVENT _____				
DAY OF WEEK _____	_____				
STARTING TIME _____ AM/PM	REASON FOR EVENT _____				
ENDING TIME _____ AM/PM	_____				
NUMBER OF UNITS: _____	NUMBER OF PARTICIPANTS: _____				
TOTAL NUMBER OF HORSE IN PARADE: _____					
NUMBER OF VEHICLES: _____					
PROPOSED PARADE ROUTE:					
NUMBER OF SPECTATORS EXPECTED: _____					
(STREET)	(DIR. TURN)	(STREET)	(STREET)	(DIR. TURN)	(STREET)
1. _____	_____	_____	9. _____	_____	_____
2. _____	_____	_____	10. _____	_____	_____
3. _____	_____	_____	11. _____	_____	_____
4. _____	_____	_____	12. _____	_____	_____
5. _____	_____	_____	13. _____	_____	_____
6. _____	_____	_____	14. _____	_____	_____
7. _____	_____	_____	15. _____	_____	_____
8. _____	_____	_____	16. _____	_____	_____

ATTACH A DETAILED MAP OF PROPOSED PARADE ROUTE AND DETAILED LIST OF PARADE UNITS

### APPLICANT INFORMATION

ORGANIZATION NAME _____	PHONE _____
ADDRESS _____	
INSURANCE CO. _____	POLICY # _____
CITY _____	STATE _____
PHONE (W) _____	ZIP CODE _____
INDIVIDUAL MAKING APPLICATION FOR ORGANIZATION:	
NAME _____	PHONE (H) _____
ADDRESS _____	PHONE (W) _____
CITY _____	STATE _____
ZIP CODE _____	
POSITION WITH ORGANIZATION _____	
INDIVIDUAL(S) RESPONSIBLE FOR KEEPING ORDER AND MAINTENANCE:	
NAME _____	PHONE (H) _____
PHONE (W) _____	
NAME _____	PHONE (H) _____
PHONE (W) _____	

### REQUIREMENTS OF APPLICANT:

<input type="checkbox"/> SECURITY	<input type="checkbox"/> CLEAN-UP DURING EVENT	<input type="checkbox"/> SECURITY	OTHER: _____
<input type="checkbox"/> TRAFFIC DIRECTION	<input type="checkbox"/> CLEAN-UP AFTER EVENT	<input type="checkbox"/> SECURITY	_____
<input type="checkbox"/> BARRICADES	<input type="checkbox"/> BAG METERS		_____
<input type="checkbox"/> SET-UP BARRICADES	<input type="checkbox"/> TRASH RECEPTICLES/BAGS		_____

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APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CITY OF JACKSON  
RESIDENTIAL PETITION TO BLOCK STREET

We the residence of \_\_\_\_\_ in Jackson, Mississippi  
STREET

\_\_\_\_\_ would like to have a Block Party on \_\_\_\_\_,  
ZIP CODE DAY OF WEEK

\_\_\_\_\_. We would like to have our street restricted to traffic during the hours of  
DATE

\_\_\_\_\_ A.M./P.M. until \_\_\_\_\_ A.M./P.M. due to this

function. The Block Party will be on \_\_\_\_\_ between  
STREET

\_\_\_\_\_ & \_\_\_\_\_  
CROSS STREET CROSS STREET

All signed below hereby give approval for this street to be restricted on.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CITY OF JACKSON  
SPECIAL EVENTS COMMITTEE  
CHECK LIST

CITY ORDINANCE SECTION 14-176 THROUGH 14-195

COMPLETE THIS FORM AND RETURN WITH YOUR COMPLETED APPLICATION:

DATE APPLICATION SUBMITTED: \_\_\_\_\_

NAME OF SPONSORING ORGANIZATION \_\_\_\_\_

ADDRESS OF SPONSORING ORGANIZATION \_\_\_\_\_

TELEPHONE NUMBER OF SPONSORING ORGANIZATION \_\_\_\_\_

HEAD OF THE ORGANIZATION OR THE COORDINATOR: \_\_\_\_\_

NAME OF THE PERSON IN CHARGE: \_\_\_\_\_

ADDRESS OF THE PERSON IN CHARGE: \_\_\_\_\_

TELEPHONE # OF THE PERSON IN CHARGE: \_\_\_\_\_

TYPE AND PURPOSE OF THE EVENT: \_\_\_\_\_

DATE OF THE EVENT: \_\_\_\_\_

STARTING TIME: \_\_\_\_\_ AM/PM

ENDING TIME: \_\_\_\_\_ AM/PM

LOCATION OF THE EVENT: \_\_\_\_\_

ESTIMATED NUMBER OF PARTICIPANTS AND SPECTATORS AT THE EVENT: \_\_\_\_\_

TYPE AND ESTIMATED NUMBER OF THE FOLLOWING:

1. VEHICLES \_\_\_\_\_
2. ANIMALS \_\_\_\_\_
3. STRUCTURES \_\_\_\_\_

DESCRIPTION OF SOUND AMPLIFICATION EQUIPMENT THAT WILL BE USED: \_\_\_\_\_

WII THE EVENT HAVE ANY OF THE FOLLOWING: (EXPLAIN)

TRANSIENT VENDOR'S LICENSE (601-960-1148)

FOOD SALES (TO OBTAIN INFORMATION ON LICENSE REQUIREMENTS, PLEASE CALL 601-960-1149)

BEVERAGE SALES (LICENSE INFORMATION @ 601-960-1148)

MERCHANDISE SALES (LICENSE INFORMATION @ 601-960-1148)

ALCOHOLIC BEVERAGE SALES (LICENSE INFORMATION @ 601-960-1375)

LICENSE AND PERMITS MUST BE OBTAINED FROM APPROPRIATE AUTHORITY

FIRE MARSHALL INSPECTION REQUIRED IF THERE WILL BE ON-SITE COOKING, AND/OR OPEN FLAMES @  
601-960-2018

WHAT TYPE OF SECURITY WILL BE PRESENT? COJ OFF-DUTY JACKSON POLICE PAY RATE STARTS AT  
\$25.00 PER OFFICER. (CONTACT 601-960-1340 FOR MORE INFORMATION)

ARE THERE PARKING REQUIREMENTS AND ARRANGEMENTS FOR THE EVENT?  
THE BAGGING/RESERVING OF PARKING METERED SPACES IS \$5.00 PER METER PER DAY.  
(CONTACT @ 601-960-1168)

WILL ANNOUNCEMENT BANNERS BE UTILIZED TO PROMOTE THE EVENT, LIST THE LOCATION OF THESE BANNERS. (CONTACT @ 601-960-1169)

WILL THERE BE WATER, TOILETS AND FIRST AID PROVIDED TO PARTICIPANTS, PROVIDE THEIR LOCATIONS. (OFF-DUTY JACKSON FIREMAN AS EMT'S CONTACT 601-960-2018)

WATER (FLOATING METER) FROM A CITY FIRE HYDRANT REQUIRE A FEE DEPOSIT OF \$1, 108.89.

PLEASE INDICATE THE ASSEMBLY POINT AND TIME OF THE EVENT? (PARADE AND RACES)

ROUTE OF TRAVEL (PARADE AND RACES)

NUMBER, SIZE AND TYPE OF FLOATS (PARADES)

ARE THERE ANY RULES OR REGULATIONS DEVELOPED BY THE ORGANIZERS THAT APPLY TO THIS EVENT?



- (3) The anticipated number of persons attending the event over the entire period of the special event.
- (b) The classes of special event permits and the evaluated factors of each class shall be as follows:
- (1) *Class A permit.* For a special event which will require between 25 and 50 extra personnel hours and for which the attendance is anticipated to be in excess of 5,000 persons over the entire period of the special event.
  - (2) *Class B permit.* For a special event which will require between three and 25 extra personnel hours and for which the attendance is anticipated to be from 500 to 5,000 persons over the entire period of the special event.
  - (3) *Class C permit.* For a special event which will require fewer than three extra personnel hours and for which the attendance is anticipated to be less than 500 persons over the entire period of the special event.
  - (4) *Class D permit.* For a special event which will require no city services and for which the attendance is anticipated to be 200 persons or less over the entire period of the special event; for any parade sponsored by an educational institution; for the inaugural parade for the Governor of Mississippi.
- (c) If a special event permit is approved, the applicant may obtain such permit by agreeing to accept the classification and conditions imposed by the special events coordinator and by paying the applicable permit fee and sanitation deposit. Such fees shall be determined according to the following schedule:

Application fee	Permit fee	Sanitation fee	Class	Attendance	Extra personnel hour
\$10.00	\$1000.00	\$150.00	A	greater than 5,000	25-50
10.00	200.00	75.00	B	500-5,000	3-25
10.00	30.00	20.00	C	less than 500	3
00.00	00.00	00.00	D	200 or less	0 hours and no city services required

- (d) Any special event requiring in excess of the extra personnel hours and city services anticipated in the application and endorsed on the permit shall reimburse the city for the cost of such excess personnel hours and services in addition to the initial permit fee.
- (e) Upon satisfactory completion of the sanitation deposit agreement, the sanitation deposit fee shall be refunded to the applicant.
- (f) The special events coordinator shall waive all fees, other than the application fee, for any event not involving the sale of food or beverages, and not requiring the blocking of any streets or otherwise impeding the flow of vehicular traffic, which is conducted for the primary purposes of expression of First Amendment rights.
- (g) The State Memorial Stadium Commission shall pay a minimum of \$5,000.00 each year for city services and the services of city personnel for all football games wherein one or more of the participants is a college or university supported by the State of Mississippi, or the football game is the state high school all-star football game.

(Ord. No. 2000-29(14), § 15, 8-22-00)

**Sec. 14-191. - Cleanup deposits for certain special events.**

- (a) All applicants/sponsoring organizations shall be responsible for the cleanup of the event site or route within 12 hours of the conclusion of the event. To ensure such cleanup, the applicant/sponsor of an event shall be required to provide a cleanup deposit prior to the issuance of a special event permit. The cleanup deposit required shall be based on the classification of the special event by the special events coordinator in accordance with section 14-190.
- (b) The committee shall conduct a closeout meeting at the conclusion of each event at which time the permittee/sponsoring organization's compliance with the permit shall be assessed.
- (c) The cleanup deposit shall be returned to the applicant/sponsor after the event if the area used for the permitted event has been cleared and restored to the same condition as existed prior to the event within 12 hours of the conclusion of the event.
- (d) If the property used for the event has not been properly cleaned or restored, the city shall do so, and the applicant/sponsor shall be billed for the actual cost incurred by the city for cleanup and restoration, and the cleanup deposit, or a portion thereof, shall be applied toward the payment of the bill. If the applicant/sponsor disputes the bill, he may appeal to the city council within ten days after receipt of the bill. Should there be any unexpended balance on deposit after completion of the work,

Department of Parks and Recreation  
Park Maintenance Division



4503 Officer Thomas Catching Dr  
Jackson, Mississippi 39209

Harvey Johnson, Jr.  
Mayor of the City of Jackson

CITY OF JACKSON – PARK MAINTENANCE DIVISION  
CHECK LIST FORM TO USE CITY PARKS

Type of Event:	
Are you a Non-Profit, or Tax Exempt Organization or Fundraiser Event?	Yes ( ) No ( )
Purpose of Event:	
Location of Event:	
Date of Event:	
Starting Time:	
Ending Time:	
Number of People you estimate to attend?	
Will you have any of the following: space jumps, a stage, amplifiers, tents, etc.	Yes ( ) No ( )
Will you sell food or any other type of product?	Yes ( ) No ( )
Will you charge attendees or ask for donations?	Yes ( ) No ( )
Do you have insurance?	Yes ( ) No ( )
Name of Contact Person/Others:	
Address:	
Telephone Number (CELL):	
Fax Number:	
Email Address:	

Department of Parks and Recreation  
Park Maintenance Division



4503 Officer Thomas Canchling Dr  
Jackson, Mississippi 39209

Harvey Johnson, Jr.  
Mayor of the City of Jackson

PARK USE REQUIREMENTS

Dear Sir/Madam:

In regard to your request to use our park facility, please adhere to the following:

Provide Security	*What type of security will be present? (Please describe.)
Parking Attendant	Yes ( ) No ( ) A person and/or persons must be designated to ensure that parking will be adequately handled to prevent traffic problems?
Clean-Up	You will be required to clean-up after the event.
Restroom Facilities – (There are parks that do not have bathrooms.)	Please call 601-960-1848 to find out if bathrooms are located at this park site.
Obtain a “temporary” <u>Vendor Agreement</u> – (Parks & Recreation Programming Division)  This is a temporary permit that must be purchased if person(s) will charge fees, sell goods or food items, ask donations, etc.	You are required to obtain a temporary vendor agreement (\$25.00), which is good per day, per event. Please call 601-960;0471.  <i>Money Orders only please!</i> Please make money orders payable to the City of Jackson Parks & Recreation Department.

\*The City of Jackson off-duty police officers’/Park Rangers pay rate starts at \$25.00 per hour.

**Alcoholic Beverages are prohibited!**

Revised: 06-17-10