City of Opelousas

Special Event Permit Application

105 N. Main Street
P. O. Box 1879
Opelousas, LA 70571-1879

Length of Event:	**Items to be Sold:**	**Permit Fee Schedule:**
☐ days (3 max)	☐ Alcoholic Beverages ☐ Food **(Must first obtain Health permit)** **(Must Apply for State License)**	Alcoholic beverages.....$90.00/1 day Food and Non-Alcoholic Beverages.....$25.00 **(Permit fees are non-refundable)**

1. Trade Name of Business & Business Phone Number	2. Applicants name (Name of individual, partnership, corporation, non-profit, LLC)
3. Physical Address of Business/Organization (street/zip)	4. Mailing Address (P.O. Box /City/State/Zip)

5. Type of Ownership: ___ Individual ___ Partnership (requires written agreement)
___ Corporation ___ LLC ___ Non-Profit

6. Description and/or Purpose of Event:

7. Is applicant the owner of the premises to be occupied? ___ Yes ___ No
If "Yes", you must provide a copy of the written bill or act of sale with this application.
If "No", you must provide a copy of the written lease.

Lessor's Name and Address:

NOTICE: Once this office has accepted this form and fees, no refunds will be made. Payment of fees must be made in the form of a money order, cashier's check, or cash. Make payments to: City of Opelousas. All Annual Permits expire on December 31st of every year. Special events permits expire the day of the event. This affidavit must be signed by the owner, if individual ownership; partner, if partnership; or authorized official, if corporation or LLC. Misstatement or suppression of material facts in this application is grounds for denial of this permit. Conviction of filing false public records, a violation of Louisiana Revised Statute 14:133, may result in imprisonment for not more than five years with our without hard labor and fine of not more than $5,000 (five thousand dollars), or both.

Affidavit

I swear that I have read each of the questions in this application and that the answers I have given are true and correct to the best of my knowledge and that I meet the qualifications and conditions of Louisiana R.S. 26:80 and 26:280.

Signature: _____ Title: _____

Printed Name: _____ Date: _____

NOTE: If applying for an annual permit, please skip to question #3.

Date of Application
____/____/____

1. Name of Event: _____
   Event Date(s): _____ Start Time: _____ End Time: _____
   Addresses of Street(s) to be closed: _____
   Map indicating location of activity is required with application.

2. Sponsoring Organization: _____
   Local Physical Address: _____
   Mailing Address: _____
   City/State/Zip Code: _____
   Phone: _____ Alternate Phone Number: _____ Fax: _____

3. Responsible Individual, if other than above:
   Name: _____ Phone: _____
   Address: _____ City/State/Zip: _____

The applicant agrees to and does hereby hold harmless, indemnify and defend the City of Opelousas from any and all claims, losses, or damages which arise in any way of the approval or exercise of this permit. Each of the following departments will review the application to verify compliance with the City of Opelousas ordinances. If the permit is approved, permits will be issued within 72 hours after the date of application.

Signature: _____ Date: _____
Comments:

Fire Department: Signature: Date:
Police Department: Signature: Date:
Public Works Director: Signature: Date:
Mayor's Office: Signature: Date: