



4484 Hwy 1, Raceland, LA 70394

(985) 537-5800

Event Date(s): \_\_\_\_\_

Event Time(s): \_\_\_\_\_

TYPE OF EVENT: ☐ PRIVATE ☐ PUBLIC

RENTER/ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

#### DEPOSIT

*All rentals require a \$500.00 refundable security deposit. (Please allow up to 30 days for deposit funds to be returned)*

#### PRIVATE EVENTS

HOURLY RATE - \$100.00 (Please consider setup and take down times when booking)

#### PUBLIC EVENTS

(Prices for daily/weekend rentals over 8 hours will be determined by administration)

*All fees and deposits are due at the time of booking. Make personal checks, business checks, or money orders payable to Lafourche Parish Tourist Commission.*

*Please initial the following items to acknowledge you have read and understand the following regulations:*

\_\_\_\_\_ Renter shall be responsible for identifying the need for and obtaining all necessary license and/or permits as may be required by Federal, State and Municipal Government, including but not limited to Alcoholic Beverage License, Lottery/Gaming/Raffle Permits and Noise Permit. *Please contact Angela Matherne @ (985)493-6655 for questions and additional information.*

\_\_\_\_\_ Proof of liability insurance coverage in the amount of (\$1,000,000.00) **one million dollars** must be presented to Louisiana Cajun Bayou Tourism for review 14 business days prior to the event. Documentation must include a Certificate of Liability and appropriate endorsements naming "Lafourche Parish Government" and "Lafourche Parish Tourist Commission, DBA Louisiana's Cajun Bayou Tourism" as an additional insured. *Please contact the Risk Management Department @ (985)446-8427 for questions and additional information.*

\_\_\_\_\_ In order to receive a full refund of the security deposit, renter must leave said premises in the condition it was prior to the event.

\_\_\_\_\_ Parish parks are available for public use and a reservation is specific to the area reserved. The reservation does not restrict use/activity in the park by the public.

\_\_\_\_\_ High risk or damaging activities such as dunk tanks, slip-n-slides, etc. are **NOT** allowed.

\_\_\_\_\_ All decorations, tape, signs, etc. must be removed immediately after use.

\_\_\_\_\_ Sound may not be amplified to produce a volume audible at a distance of over 30 feet, except by permit approval.

\_\_\_\_\_ Cancellations must be in writing, email is acceptable.

\_\_\_\_\_ Cancellations occurring within two weeks of the event will result in **NO REFUND OF RENTAL FEE.**

\_\_\_\_\_ The use of open flames of any kind are prohibited under the pavilion.

\_\_\_\_\_ Security is required at the renter's expense during any event where alcohol is present. *Please contact Angie Guedry with the Lafourche Parish Sheriff's Office @ (985)449-4454 for booking questions and additional information.*

\_\_\_\_\_ Rentals cannot interfere with the current Farmer's Market schedule. Any rentals held on the 3<sup>rd</sup> Saturday of the month cannot begin set-up until 2:00 pm. Unless prior approval from Administration.

*Lafourche Parish Tourist Commission and Lafourche Parish Government reserve the right to decline any application and/or deny any use and/or event.*

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

#### FOR OFFICE USE ONLY

- ☐ SECURITY
- ☐ NOISE PERMIT
- ☐ GAMING PERMIT
- ☐ ALCOHOLIC BEVERAGE PERMIT
- ☐ LETTER OF NO OBJECTION
- ☐ INSURANCE CERTIFICATION

SECURITY DEPOSIT CK: # \_\_\_\_\_

RENTAL FEE CK: # \_\_\_\_\_

MONEY ORDER: # \_\_\_\_\_

Rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_

## STATEMENT OF RESPONSIBILITY, RISK ASSUMPTION, RELEASE, AND INDEMNIFICATION

In addition to any required liability insurance policies and endorsements, the undersigned Applicant agrees as follows:

I am authorized to submit this Application and enter this Facility Rental Agreement on behalf of myself for the above referenced organization/entity/agency.

I have read, understand, and agree to the Facility Rental Procedures and Rules and accept FULL LEGAL LIABILITY for the above-described Event, and will exercise due care in the use of the rented facility.

I am aware of and expressly assume all of the various risks of property damage, serious injury and/or death associated with or arising out of the use of the rented facility.

In consideration for approving this Application, and being fully aware of all the risks, I hereby RELEASE the *Lafourche Parish Government and Lafourche Parish Tourist Commission, DBA Louisiana's Cajun Bayou and its officials, employees, volunteers and agents ("Released Parties")* and AGREE TO WAIVE ANY RIGHT OF RECOVERY THAT I AND/OR THE ORGANIZATION/ENTITY/AGENCY, AS APPLICABLE, MAY HAVE, including the right to bring a legal claim, cause of action, or lawsuit for any property damage, bodily injury, death, or other harmful consequences in any way arising out of use of the facility. I understand that this release extends to all claims of any kind and every nature, known, unknown, suspected, or unsuspected, in any way arising out of or related to use of the rented facility.

I agree to defend, indemnify and hold harmless the Released Parties from and against any and all claims, suits, actions, or liabilities for injury or death of any person, or for loss or damage to property, which arises out of the use of the facility or from any activity, work or thing done, permitted, or suffered by Applicant in or about the facility, except only such injury or damage as has been occasioned by the sole negligence of the Released Parties.

I have read the rules and regulations above, attached, and incorporated by reference and agree to be jointly and severally bound to all the terms and conditions set forth, on my own behalf and on behalf of the Organization/ Entity/ Agency as applicable.

Signed under penalty of perjury under the laws of the State of Louisiana on the date and at the place below.

 Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

 Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Location: Raceland, Louisiana



# SAMPLE CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				EACH OCCURRENCE \$ 1,000,000
<input type="checkbox"/>	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
<input checked="" type="checkbox"/>	Contractual Liability						MED EXP (Any one person) \$
<input type="checkbox"/>	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
<input type="checkbox"/>	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 1,000,000
<input type="checkbox"/>	OTHER:						PRODUCTS - COMP/OP AGG \$ 1,000,000
							\$
<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
<input type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person) \$
<input type="checkbox"/>	OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/>	HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/>							\$
<input type="checkbox"/>	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
<input type="checkbox"/>	<b>EXCESS LIAB</b>						AGGREGATE \$
<input type="checkbox"/>	DED <input type="checkbox"/> RETENTION \$						\$
<input type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER
<input type="checkbox"/>	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/>				E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is favored as Additional Insured with Waiver of Subrogation in regards to General Liability and Auto Liability policies.  
Certificate holder is also favored with a Waiver of Subrogation in regards to Worker Compensation.

## CERTIFICATE HOLDER

## CANCELLATION

Lafourche Parish Government Attn: Risk Management P.O. Drawer 5548 Thibodaux, LA 70302	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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# LETTER OF NO OBJECTION APPLICATION

NAME OF APPLICANT: \_\_\_\_\_  
CHECK ONE: NON-PROFIT\*\* \_\_\_\_\_ CHARITYFUND RAISER\*\* \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FUNCTION (CHECK ALL THAT APPLY):

RAFFLE	_____	PRIZE VALUE	_____
PARADE	_____		
DINNER	_____		
NOISE PERMIT	_____		
BAND/DJ	_____		
FAIR	_____		
FESTIVAL	_____		

IF OTHER, PLEASE SPECIFY: \_\_\_\_\_

WILL BEER AND/OR LIQUOR BE SOLD AT THIS FUNCTION? \_\_\_\_\_ YES \_\_\_\_\_ NO

DATE OF FUNCTION: \_\_\_\_\_  
(IF FUNCTION IS A RAFFLE, PLEASE INDICATE DATE WHEN SELLING OF TICKETS WILL START AND ALSO DATE OF DRAWING)

PLACE OF FUNCTION: \_\_\_\_\_

ADDRESS OF FUNCTION: \_\_\_\_\_

TIME: \_\_\_\_\_

PROCEEDS TO BENEFIT: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\*\* If Non-Profit Organization, please attach documentation certifying Non-Profit status.

MAIL TO: LAFOURCHE PARISH GOVERNMENT  
ATTN: ANGELA MATHERNE  
P.O. DRAWER 5548  
THIBODAUX, LA 70302

FAX TO: (985) 492-6008  
ATTN: ANGELA MATHERNE

IF YOU HAVE ANY QUESTIONS, PLEASE CALL 493-6655

## NOISE PERMIT APPLICATION

Owner of Loudspeaker Equipment \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

User of Loudspeaker Equipment \_\_\_\_\_

Address: Residential/Commercial \_\_\_\_\_

\_\_\_\_\_ Telephone Number \_\_\_\_\_

\$25.00 Check# \_\_\_\_\_

Type of Organization (Check One):

Commercial \_\_\_\_\_

Noncommercial \_\_\_\_\_

Philanthropic \_\_\_\_\_

Political \_\_\_\_\_

Patriotic \_\_\_\_\_

Charitable \_\_\_\_\_

Non-profit\*\* \_\_\_\_\_

**\*\*If Non-profit organization, please attach documentation certifying non-profit status.**

Description and number of loudspeakers to be used \_\_\_\_\_

Maximum sound-producing power \_\_\_\_\_

Indoor or Outdoor Event \_\_\_\_\_

Decibels to be used \_\_\_\_\_

Wattage to be used \_\_\_\_\_ Volume to be used \_\_\_\_\_

Approximate distance sound will be audible \_\_\_\_\_

License Number of vehicle being used \_\_\_\_\_

Registration Number of vehicle being used \_\_\_\_\_

Date, time, and duration of event \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

MAIL TO: LAFOURCHE PARISH GOVERNMENT  
ATTN: ANGELA MATHERNE  
P.O. DRAWER 5548  
THIBODAUX, LA 70302

Fax To: (985) 492-6008  
ATTN: ANGELA MATHERNE

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL (985) 493-6655**

revised 4/2015

**THIS PACKET CONTAINS THE ITEMS NECESSARY TO OBTAIN A  
LAFOURCHE PARISH LETTER OF NO OBJECTION /NOISE PERMIT**

**ALL Non-Profit Organizations** - please attach documentation certifying non-profit status.

**Parade**

- Please see attached Parades and Demonstrations.

**Dinner**

- For requirements regarding the selling of any food, you will need to contact the Board of Health at (985) 447-0954. You need to have your Letter of No Objection and allow thirty (30) days before being approved from the Board of Health.

**Noise Permit and/or Band/DJ**

- If you are having a band/DJ at your event or function, you and your band/DJ will have fill out the attached Noise Permit application. Please return the Letter of No Objection and Noise Permit application to the Lafourche Parish Government office. The application will be reviewed, and the fee is \$25.00. This fee is waived for documented Non-Profit Organizations. Documentation **must** be provided.

**Beer and/or Liquor**

- If beer and/or liquor will be sold at this function, the Letter of No Objection will waive the parish ordinance giving permission and approval, but you **must** obtain the proper temporary state permit from the Louisiana Office of Alcohol and Tobacco Control (225) 925-4041. Attached is the Application for a Special Event that will need to be filled out.

**Raffle**

- Please note that if the total prize value is \$250.00 or over, the applicant must be a non-profit organization, as opposed to an individual.
- If the total prize value is \$3,000.00 or over, a Lafourche Parish permit is needed. Please contact the Lafourche Parish Permit Office at (985) 537-7603. You will have to contact the Louisiana Office of Charitable Gaming at (225) 925-1835 requesting permission to conduct a raffle in the State of Louisiana. Please see attached application for License Exemption to Conduct Charitable Gaming. This process can be handled by fax and will take at least five (5) days for approval. For more information on state guidelines, visit [www.ocg.louisiana.gov](http://www.ocg.louisiana.gov).
- ***Date of Function:*** Please indicate the date when the selling of tickets will start and the date of the drawing.

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL (985) 493-6655.**

State of Louisiana  
Office of Alcohol and Tobacco Control

JEFF LANDRY  
GOVERNOR



RICHARD NELSON  
SECRETARY

ERNEST P. LEGIER, JR.  
ATC COMMISSIONER

**SPECIAL EVENTS**

**Type of Activities Allowed by Special Event Permit**

	Accept Alcohol product Donations	Accept Cash Donations	Accept Sponsorship	Display Outside Signage	Industry Pricing*	RV Certified Employees
<b>TYPE A</b>	YES	YES	YES	YES	YES	Recommended
<b>TYPE B</b>	Prohibited	YES	YES	YES	YES	Recommended
<b>TYPE C</b>	Prohibited	Prohibited	Limited*	NO*	YES	YES

**\*SEE SPECIAL EVENT GUIDELINES, LAWS, & REGULATIONS FOR ADDITIONAL DETAILS\***

**DOCUMENT CHECKLIST**

**TYPE A**

- ☐ Attach Certification from IRS stating tax-exempt status under either Section 501(c)(3), 501(c)(6), or 501(c)(8).
- ☐ Attach copy of local special event permit; or letter from local authority granting authority service of alcohol at event.
- ☐ Attach a valid, signed, and dated lease, contract, or written permission from property owner.
- ☐ Attach fully completed and notarized application.

**TYPE B**

- ☐ Written Proof of non-profit status or Louisiana sales tax exemption.
- ☐ Attach copy of local special event permit; or letter from local authority granting authority service of alcohol at event.
- ☐ Attach a valid, signed, and dated lease, contract, or written permission from property owner.
- ☐ Attach fully completed and notarized application
- ☐ Enclosed \$10.00 fee. Acceptable payment form includes money order, cashier check, or certified check.

**TYPE C**

- ☐ Attach copy of local special event permit; or letter from local authority granting authority service of alcohol at event.
- ☐ Attach a valid, signed, and dated lease, contract, or written permission from property owner.
- ☐ Attach fully completed and notarized application.
- ☐ Enclosed \$100.00 fee. Acceptable payment form includes money order, cashier check, or certified check.

CASH WILL NOT BE ACCEPTED & CREDIT CARD PAYMENT ONLY ACCEPTED ONLINE OR AT AN ATC OFFICE

Mail Completed forms, all supporting documents, and proper fees to:

Office of Alcohol and Tobacco Control  
Attn: Special Events Division  
P.O. Box 66404, Baton Rouge, LA 70896

State of Louisiana  
Office of Alcohol and Tobacco Control

JEFF LANDRY  
GOVERNOR



ERNEST P. LEGIER, JR.  
ATC COMMISSIONER

RICHARD NELSON  
SECRETARY

**Special Event Permit Application**

**IMPORTANT NOTE:** Failure to complete application or submit all documentation will delay issuance of special event permit. Applications must be submitted at least ten (10) days prior to your event. Application submitted via mail should be submitted earlier to allow time for delivery.

**PERMIT TYPE**

1. Select permit type and attached appropriate documentation, if applicable.	Fees	Total Due
<input type="checkbox"/> TYPE A – Tax exempt non-profit status under IRS Code Sections 501(c)(3), 501(c)(6), or 501(c)(8)	\$0.00	
<input type="checkbox"/> TYPE B – Non-profit Organization	\$10.00	
<input type="checkbox"/> TYPE C – All others persons or organizations not eligible for another type of permit	\$100.00	
<input type="checkbox"/> HOMEBREW Special Event Permit	\$0.00	

**APPLICANT INFORMATION**

2. Name of Applicant (name of individual, organization, etc.)	
3. Applicant's Mailing Address	
4. Who is the primary organizer of this event? (company/individual)	
5. Contact Name:	
6. Contact Phone number:	
7. Contact Driver's License:	
8. Contact Email address:	
9. Has applicant received more than twelve (12) permits in the current calendar year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. How would you like to be notified about permit status? <input type="checkbox"/> Phone number <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email Address	

**Event Information**

11. Name of Event:	
12. Event Website (if applicable)	
13. Event Location: (Full Address)	
14. Will the event be held at a location that holds a permit with ATC? ➤ If YES: (Business Name) _____ (Business Permit Number) _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Where will the event be held? <input type="checkbox"/> Inside <input type="checkbox"/> Outside	
16. Approximately, how many attendees will attend the event?	





## Louisiana Office of Alcohol and Tobacco Control

### Event Information

17. Provide the dates of event:

[     /     /     ] to [     /     /     ]

- Special Event permit(s) may only be issued for a period of up **three (3) consecutive days**
- Additional applications must be submitted for events lasting more than 3 days.
- Wholesalers may **ONLY** deliver alcoholic beverage products up to two (2) days prior to event address as indicated on special event permit.

18. Hours of Operation (check only applicable days)

- ☐ Day 1 – Hours of event: Start: \_\_\_\_\_ End: \_\_\_\_\_ for ☐ Set-up ☐ Event  
☐ Day 2 – Hours of event: Start: \_\_\_\_\_ End: \_\_\_\_\_ for ☐ Set-up ☐ Event  
☐ Day 3 – Hours of event: Start: \_\_\_\_\_ End: \_\_\_\_\_ for ☐ Set-up ☐ Event

19. Describe Event and your role in event: (i.e. what type of event; where is alcohol offered or sold, outside, tent, booth etc.)

20. Is Applicant the exclusive alcohol beverage service provider at event? If “NO,” list all other providers.

☐ YES ☐ NO

21. Type of Alcohol at Event: (Check all applicable)

- ☐ Beer/Malt Beverages    ☐ Wine    ☐ Liquor/Distilled Spirits

22. Will there be a general admission, registration, or ticket fee to attend event?

☐ YES ☐ NO

23. Will there be a fee for alcoholic beverages?

☐ YES ☐ NO

24. Will alcohol be purchased? If “YES”, list. (i.e. name of wholesalers):

☐ YES ☐ NO

25. Does applicant understand ALL alcohol (excluding TYPE A) must be purchased under your special event permit and only purchased from a Louisiana authorized wholesale dealer?

☐ YES ☐ NO

26. List all brands of alcoholic beverages that will be **sold/served/available at event?** (excluding samplings conducted in accordance with sample regulations LAC 55:VII:317(c)(2)(h)) – example: Budweiser, Crown Royal, Mondavi Wine

27. Will alcohol be donated?

☐ YES ☐ NO

28. If alcohol is donated, list **all products donated and who donated product:** ☐ check if not applicable



## Louisiana Office of Alcohol and Tobacco Control

Event Information	
29. Will alcohol sampling by a retailer, wholesaler, or manufacturer be conducted at event? <b><u>If "YES," complete Sampling/Homebrew section.</u></b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
30. Will alcohol beverage products produced by a homebrew be available at event? <b><u>If "YES" complete Sampling/Homebrew section.</u></b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. Does this event involve a promoter? <b><u>If "YES," complete Promoter/Other Organization section.</u></b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
32. Are there other organizations, persons, vendors, or promoters involved with event or receiving proceeds from event? <b><u>If "YES" complete Promoter/Other Organization section.</u></b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
33. Have you obtained all necessary permits and/or approval from your local jurisdiction? ➤ Local permit and/or letter of approval must be attached to application	<input type="checkbox"/> YES <input type="checkbox"/> NO
34. Have you obtained permission to sell alcohol from the owner of the premise? ➤ If YES, Attach Lease or Letter	<input type="checkbox"/> YES <input type="checkbox"/> NO

Sponsorship	
35. Will this event be sponsored by an alcohol industry member such as a retailer, wholesaler/distributor or manufacturer/suppliers? Explain. If YES, explain and attach sponsorship contract.	<input type="checkbox"/> YES <input type="checkbox"/> NO
36. Is the event receiving any cash or monetary donation from any outside sources? If "YES," explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO
37. Is the event receiving any alcohol products as part of the sponsorship?	<input type="checkbox"/> YES <input type="checkbox"/> NO
38. Is the event offering <b><u>exclusively</u></b> one manufacturer line of products as a condition of sponsorship? (Example: Only Budweiser or Miller Coors products etc.) . If YES, explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO
39. Is the event receiving tubs, cups, labor, any electric unit, signage, t-shirts, or caps from any wholesaler or manufacturer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
40. If you answered "YES" to #39, explain in details. (i.e. who, what, and how much)(You must attach invoices). <input type="checkbox"/> check if not applicable	
41. Will event involve any of the following? (check all that applies) <input type="checkbox"/> Booths <input type="checkbox"/> Tents <input type="checkbox"/> Stages <input type="checkbox"/> Outside Banners/Signage <input type="checkbox"/> Refrigerator Truck <input type="checkbox"/> Beer Truck	
42. How many of the following will the event offer (as it applies to applicant only)? <input type="checkbox"/> check if not applicable  <input type="checkbox"/> Number of Booths _____ ( <b>attach diagram /map of location of booths and/or tents</b> ) <input type="checkbox"/> Number of Tents _____	



## Louisiana Office of Alcohol and Tobacco Control

### Sponsorship

43. Did the event rent booths, tents, stages, signage, or alcohol truck from a wholesaler? • If YES, how much?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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### Promoter / Other Organization

☐ check if not applicable and skip to following section

44. Name of other organizations, persons, vendors, or promoters' role in event.
45. Contact Information of other organizations, persons, vendors, or promoters' role in event.
46. Explain other organizations, persons, vendors, or promoters' role in event.
47. How much proceeds/profits of event will other organizations, persons, vendors, or promoters involved receive? Example: percentage, all, or a specific amount

### Sampling / Homebrew Events

☐ check if not applicable and skip to following section

48. List all retailers, wholesaler, and/or manufacturers conducting sampling at your event and list the product being sampled.		
Name of Retailer/Wholesaler/Manufacturer	Product available for sample	Sample size
49. What type of homebrew event will you be hosting? <input type="checkbox"/> Homebrew Organized Affair <input type="checkbox"/> Club Meeting <input type="checkbox"/> Homebrew Exhibition <input type="checkbox"/> Homebrew Competition		
50. Do you understand that homebrew may not be sold or offered for sale at this event?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
51. Do you understand that homebrew may only be served to attendees of the event and cannot be served to patrons of a retail establishment or to the general public?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**TYPE A and TYPE B applicants may skip following section & complete application**

### TYPE C – MUST COMPLETE SECTION IN FULL

52. Does applicant hold a permit with the ATC?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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## Louisiana Office of Alcohol and Tobacco Control

### TYPE C – MUST COMPLETE SECTION IN FULL

53. If applicable, list all name of businesses and permit number held by applicant.	
54. Do you own the premises where the event will be held? If NO, attach lease.	<input type="checkbox"/> YES <input type="checkbox"/> NO
55. Are you a United States citizen? <input type="checkbox"/> Born <input type="checkbox"/> Naturalized	<input type="checkbox"/> YES <input type="checkbox"/> NO
56. Have you or your spouse ever been convicted of a felony? ➤ If YES, attach copy of disposition	<input type="checkbox"/> YES <input type="checkbox"/> NO
57. Have you or your spouse ever had an alcoholic beverage permit revoked or been convicted of violating any liquor or beer regulatory, state or local laws or ordinances? ➤ If YES, explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO
58. Have you or your spouse ever been convicted of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of a juvenile, keeping a disorderly place or convicted for dealing narcotics? ➤ If YES, explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO
59. Is this application being made by you on behalf of or for the benefit of anyone other than the applicant listed on Page 1? ➤ If YES, explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO
60. Do you understand that this business must comply with all provisions of the Louisiana Responsible Vendor & Security Personnel training programs? The responsible vendor handbook and amendments are available for download at <a href="http://www.atc.la.gov">www.atc.la.gov</a>	<input type="checkbox"/> YES <input type="checkbox"/> NO
61. Does the applicant, applicant's spouse or any member of applicant's entity hold an interest in a business that holds a wholesale or manufacturer beer or liquor permit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
62. Do you or your spouse or partner hold any ownership interest and/or receive any profits from an alcoholic beverage wholesaler/distributor or manufacturer/suppliers? ➤ If YES, explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO
63. Do you understand that manufacturers and/or wholesalers are prohibited from providing a retailer with anything of value unless explicitly enumerated as an exception in the Alcoholic Beverage Control Law or these regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
64. Do you understand that it is prohibited to exclusively offer for sale, sell, or serve alcohol beverage products produced by one manufacturer and/or through a wholesaler?	<input type="checkbox"/> YES <input type="checkbox"/> NO
65. Do you understand that retailers are prohibited from accepting or requiring any such inducement or other influence; and anyone found in violation of the market practices laws and regulations of the State of Louisiana, the United States or any other state, their permit(s) is subject to suspension, revocation and/or assessment of a fine or other penalty provided by law.	<input type="checkbox"/> YES <input type="checkbox"/> NO



## Louisiana Office of Alcohol and Tobacco Control

Sworn Statement of Authenticity Special Event Permit	
<b>WARNING &amp; SIGNATURE</b>	<b>Application must be signed by an owner, officer, or member who is reported to the ATC or to the Secretary of State or person with written authorization by power of attorney.</b>

**BY SIGNING BELOW, YOU ARE SWEARING, UNDER OATH,** that you have read each of the questions in this application packet, and that all answers are true and correct to the best of your knowledge; that there are no pending applications on this location, and that you are not using this special event permit in place of a bona fide license or for any other unlawful purpose. The responsible vendor handbook and amendments are available for download at [www.atc.la.gov](http://www.atc.la.gov).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

FOR NOTARY USE ONLY					
NOTARY	<p style="text-align: center;"><i>Sworn to and subscribed to me this _____ day of _____, 20_____, In the parish/county of _____, State of _____.</i></p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;">             _____ Notary Public's Signature           </div> <div style="text-align: center;">             _____ Print Name of Notary Public           </div> </div>				
For Office Use Only	Permit Number:	Processed By	Date Received	Approved by:	Date approved:

# RAFFLE GUIDELINES

- A. Raffle tickets shall be sold at only one price. Example: \$1.00 per ticket. Raffle tickets shall not be discounted, such as \$1.00 per ticket or 6 for \$5.00.
- B. Raffle tickets shall be prenumbered in sequential order and shall contain at least the following information.
  - 1. Organization name
  - 2. Organization license number
  - 3. Date, time, and location of the raffle
  - 4. Prizes to be given away and their value
  - 5. Cost of ticket or chance to participate
- C. Pursuant to LAC 42:I.1721 (A)(3), no raffles shall be conducted where the winner must be present during a drawing to win, unless so stated on the ticket.
- D. Pursuant to LAC 42:I.1721 (A)(5), the sponsoring organization shall take necessary steps to insure that each ticket purchased has a chance to be selected as the prize winner and that the prize winner is selected in a random manner.
- E. Organizations shall use the form Office of Charitable Gaming Raffle Accountability Sheet for each raffle conducted. These must be maintained by the organization for a period of three years. Copies of the raffle accountability sheet can be obtained by contacting the office.
- F. Pursuant to La. R.S. 4:715, only organization members or members from another licensed organization shall sell raffle tickets.
- G. A raffle and a bingo game can be conducted during the same gaming session. The cost of the prize given away in conjunction with a raffle does not count towards the forty-five hundred dollar limit in accordance with La. R.S. 4:714.B.

**Sec. 6-42. - Processions, marches, parades, or demonstrations; permits; liability; bonds; exemptions; penalties.**

- (a) Any procession, march, parade, or public demonstration of any kind or for whatever purpose is prohibited by any group, association or organization on any public sidewalk, street, highway, bridge, alley, road or other public passageway of any municipality or unincorporated town or village unless there first has been obtained a permit therefor, and in all cases the person or persons or the group, association or organization to whom the permit is issued shall be liable for all damage to property or persons which may arise out of or in connection with any such procession, march, parade or public demonstration for which a permit is issued.
- (b) Application for the permit required herein shall be made to the mayor and governing authority of the municipality or to the governing authority of the parish in which the procession, march, parade, or public demonstration is located, as the case may be. Permits may be granted by the authority to which application is made, provided, however, that bond in the amount of \$10,000.00 has first been filed with the mayor and municipal governing authority or with parish governing authority, as the case may be, as security for the payment of any damage or injury which may occur as the result of or in connection with such procession, march, parade or public demonstration.
- (c) The provisions of this section shall apply to all groups, associations or organizations regardless of race, creed, color or political beliefs of its members; provided, however, that nothing contained herein shall apply to any procession or parade directly held or sponsored by a bona fide organization specifically for the celebration of Mardi Gras and/or directly related to pre-lenten or carnival festivities, school parades or other functions, parish parades or other functions, state, parish or municipal fairs or other such related activities.

*(Code 1996, § 3:50)*

**Sec. 6-43. - Confetti canister prohibitions.**

- (a) It shall be unlawful for any persons, either viewing or participating in a parade, to have "confetti canisters" in their possession within 200 feet of any parade route:
  - (1) One hour prior to starting time;
  - (2) During and one hour after completion of parade; and
  - (3) Including all of Mardi Gras.
- (b) For the purpose of this section, the term "confetti canister," regardless of its brand name, shall be defined as an item which contains metallic confetti streamers or other metallic string-like substance that is expelled or discharged under pressure into the air.
- (c) It shall be unlawful for any person to discharge a confetti canister, or otherwise throw or disburse any metallic confetti streamers or metallic confetti strands within 200 feet of any electrical distribution or transmission line. It shall be unlawful for any person to use a confetti canister to expel or discharge any cups, beads, or other projectiles into the air or to use any device which discharges cups, beads or other projectiles into the air with excessive force.

## **Sec. 26-105. - Temporary permits.**

- (a) The parish nuisance office may grant a temporary permit which allows noncompliance with the limitations prescribed in the criminal noise code for the purpose of sound activities of short duration.
- (b) Permits may be granted upon application, at a cost of \$25.00, when said application is in compliance with the provisions of subsection (c) of this section. This fee may be waived for nonprofit corporations with the production of documentation certifying nonprofit status.
- (c) The following factors shall be considered in the initial investigation in order to determine whether granting the permit will result in a condition injurious to health or safety:
  - (1) Distance of proposed activities from any residential or noise-sensitive zone;
  - (2) Number of amplification devices, if any, to be used in the proposed activities;
  - (3) Sound level capability of amplification devices and anticipated sound level;
  - (4) Anticipated direction of amplification devices.
  - (5) Anticipated direction of proposed activities.
  - (6) Whether the activity will be held within or outside of a structure.
  - (7) Time of day and day of week of proposed activities.
  - (8) Any other considerations deemed necessary by the department.
- (d) The permit, if issued, shall specify the place, duration, and any restrictions appropriate to the proposed site of the activities.
- (e) Permits must be displayed and available for review by police officers or department personnel upon request.
- (f) Issued permits will be surrendered to any police officer or department or other parish official upon request when the restrictions of the permit have been violated.
- (g) Reapplication for a permit may be denied upon evidence of a complaint by a resident in the locality of the permitted activity or if an applicant has in the past been required to surrender a permit as described in subsection (f) of this section.
- (h) A permit may be issued for more than one occasion of activity. However, the time of such activity must be indicated on the application and cannot be for more than four occasions or in excess of a six-week span.
- (i) Appeals. If the parish fails to grant or deny the variance within seven calendar days, or if the variance is denied, the applicant may immediately appeal the denial to any court of competent jurisdiction.

*(Code 1996, § 15:137; Ord. No. 3598, 5-10-2005)*





## Application for Limited Raffle License

**Office of Charitable Gaming**  
P.O. Box 1631,  
Baton Rouge, LA 70821-1631  
(225) 925-1835 or (800) 562-9235  
FAX (225) 219-1910  
[www.ocg.louisiana.gov](http://www.ocg.louisiana.gov)

☐ First-time Applicant    ☐ Renewal    Previous State Permit Number - \_\_\_\_\_ **PLEASE PRINT OR TYPE**

Official Name of Organization (including d/b/a)		Organization Federal Tax ID No.	Telephone No. of Organization
E-mail address of Contact Person:			Fax. No.
Physical Address/Location (Street, City, State, Zip)			Parish
Official Mailing Address of Organization (Street, City, State, Zip)			Parish
Contact Person	Title/Position Held		Office Phone of Contact Person
Mailing Address of Contact Person (Street, City, State, Zip)			Home Phone of Contact Person
Name of Building/Location Where Raffle(s) are Conducted		Owner of Building	
Physical Address of Where Raffle(s) are Conducted (Street, City, State, Zip)			Parish

### REQUIRED INFORMATION:

1. \_\_\_\_\_ Initial here if organization has a 501-C status from IRS. Attach copy.  
\_\_\_\_\_ Initial here if organization does **NOT** have a 501-C status. Attach by-laws/articles. If Krewe, attach parade permit.
- 2a. If organization is school related (PTA, Booster Club, etc.), provide letter of permission from principal or other authorized school board agent.
- 2b. If organization is associated with a college or university club, fraternity or sorority, provide letter of permission from the president of the club, fraternity or sorority.
3. What will gaming proceeds be used for?  
\_\_\_\_\_  
\_\_\_\_\_
4. Will rent be assessed for this gaming event?    ☐ Yes    ☐ No    If yes, list amount \_\_\_\_\_
5. \*A minimum of 30 days notice is required before any games are allowed.\* (For Raffles, include date and time of drawing(s) only.)
6. A \$25 Non refundable fee. Check from Organization's General Operating Account.  
☐ Yes    ☐ No    Is organization comprised exclusively of school-age children enrolled in public or private schools?  
☐ Yes    ☐ No    Will any other charitable gaming be held at the same time and place as those listed on this application?  
☐ Yes    ☐ No    Are prizes donated?

### SCHEDULE OF GAMING DATES AND TIMES:

MONTH	DAY	YEAR	TIME	AM/PM

### Do not write below this line. For office use only.

IRS Code:	Law / Rule Section	
Authorizing Signature	Date	License #

Previous State Permit Number - \_\_\_\_\_

**For Raffles:** Price per ticket: \_\_\_\_\_ Total number of tickets available for sale: \_\_\_\_\_

**TOTAL VALUE OF PRIZES AWARDED CAN NOT EXCEED \$10,000 TO QUALIFY FOR LIMITED RAFFLE LICENSE**

LIST DONATED AND PURCHASED PRIZES		
Description		Value
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
Total value of prizes to be given away ( <i>cannot exceed \$10,000</i> )		\$

**Comments / Explanations**

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I hereby certify that, under penalty of law, all information above is true and correct to the best of my knowledge and will adhere to the required annual reporting as stated in La.R.S. 4:716 and LAC 42:I.1722.

Signature	Date	Print Name	Title
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