



City of North Little Rock Event Application

This form is a summary of your event, it must be submitted **a minimum of 45 business days, prior to the requested event date.** This is to allow ample time for each office to review your form and request additional information, permits, licenses and/or other paperwork to be completed, submitted and approved. Keep in mind that each venue may have specific requirements to approve an event.

Processing of this application is dependent on the location of your event. If this event is planned for the:

1.) Riverfront area from the Clinton Bridge to Broadway Bridge, North Little Rock River Trail or any North Little Rock Parks locations send this application to North Little Rock Parks & Recreation via email to: **NLRPREvents@nlr.ar.gov**; or fax: (501) 906-6300; or postal mail to NLR Parks Event Applications, #1 Eldor Johnson Drive, North Little Rock, AR 72118. If you have any questions call (501) 906-6300.

2.) For an event in downtown North Little Rock (Argenta/Main Street area) send this application to the Argenta Downtown Council, 301 Main Street, #203, North Little Rock, AR 72114 or email: **info@argentadc.org**. If you have any questions call (774) 482-0378.

3.) For an event at any other location throughout North Little Rock send this application to: North Little Rock Neighborhood Services via email: **NLRNeighborhoodServ@nlr.ar.gov**; fax: (501) 791-8516; or mail to North Little Rock Neighborhood Services, 3427 North Magnolia Street, North Little Rock, AR 72116. If you have any questions call (501) 791-8500.

Note: submission of this form does not guarantee an event will be approved.

**We do not approve street closings for private family events
(Ex: birthdays, memorials, etc.)**



Event Name/Title: _____

Location: _____ Date(s): _____

Time Beginning: _____ AM PM Time Ending: _____ AM PM

Attendance Estimate: _____ Age Range: _____ - _____

Description of Event: _____

Will alcoholic beverages be: Sold? Yes No Served? Yes No Allowed? Yes No

If applicable, who is the ABC permit holder for this event? _____

Will this event have mobile food vendors? Yes No If yes, how many vendors? _____

If yes, it is the responsibility of the applicant to ensure that all mobile food vendors are in compliance with North Little Rock Ordinance 8655.

Is this event open for public attendance? Yes No Paid admission required? Yes No

Has this event been held before? Yes No If yes, when? _____

On Site Event Manager _____ Cell Phone Number _____

Applicant Information:

Name: _____ Email: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Medical: Will emergency medical providers be stationed at the event? Yes No

Have provisions been made in the event plan to allow easy access for medical personnel and other responders in case of an emergency? Yes No

Please describe plan: _____



Security and Safety Plan:

Describe the security and safety plan for the event in detail. Attach additional sheets if necessary. If you need help in developing a plan, you may contact the North Little Rock Police Department at (501) 771-7182.

If the event is a race, running or bike event, a detailed description and a map showing the route MUST be submitted before this application will be considered. Some North Little Rock streets cannot be approved for race events. The onsite event manager must have available, immediate phone access and phone numbers to contact emergency personnel if not stationed at the event.

Traffic Plan:

What is the parking plan for the event? _____

Will the event require the closing or obstruction of any public streets? Yes No

What street is requested for closing? _____

Beginning intersection: _____ Ending intersection: _____

A detailed description and maps of necessary closure or obstruction must be submitted before this application will be considered.

Who will close and reopen the street? _____

List time for closing _____ AM PM Reopening _____ AM PM of street.

Sanitation:

Will toilet facilities be available? Yes No

Will portable toilets be used? Yes No Number anticipated: _____

Describe the number and location of receptacles for trash and other refuse. _____

What provisions have been made for cleaning and restoration of the facility and/or area after the event (including parking and egress/ingress areas)? _____
