

November 7, 2025 National Folk Festival – Thabi Moyo

Special Events

Department Checklist Approvals

Event: Juneteenth Celebration

Event Date: June 21, 2025

Special Events Meeting Date: June 4, 2025

Permit Fee\$: _____

Departments	Permits Required (BLDG, Elect, Vendor)	Equipment (Stage, Barricades, Bagged Meters etc)	Approved By	Y/N	Comments
Planning					
Parks & Rec					
Police					
Fire					
Constituent Services					
Public Works (Traffic)					
Public Works (Facility Maint.)					
Solid Waste					
Finance					
Jatran					
Legal					

SPEC-25-40

Special Events Permit

Status: Active

Submitted On: 4/2/2025





Primary Location

32.302498, -90.188527

Owner

No owner information

Applicant

 Monique Mapp
 601-405-4262
 monique_mapp@yahoo.com
 5417 Wayneland Drive
 Jackson, MS 39211

Special Events Permit Application

Name of Organization Sponsoring Event*

Legacy Builders

Date of the Event*

06/21/2025

Event Information

Name of Event*

Juneteenth on Farish

Event Category*

Festival

Location of Event *

Farish Street

Event Setup /Start Date*

06/21/2025

Event Takedown /End Date *

06/21/2025

Event Start Time*

5pm

Event End Time *

10pm

Event Primary Point of Contact * 

Monique Mapp

Event Primary Point of Contact *

Brad Franklin

Estimated Crowd Size*

100

Please provide the type and estimated number of the following :

Vehicles*

5

Animals*

0

Structures*

0

Organization Information

Organization's Address*

Legacy Builders

Organization's Contact No.*

6014054262

Organization's Email Address*

juneteenthonfarish@gmail.com

Non-Profit

yes

Primary Organizer*

Monique Mapp

Contact No*

6014054262

Alternate Contact Name

Brad Franklin

Alternate Contact No.

6013175444

Email

juneteenthonfarish@gmail.com

Event Website Address - enter a valid website URL for example

<https://www.google.com>

Event Logistics (set-up; parking; street, lane, and sidewalk closure):

Will monitors or private security be employed at the event? *

No

If yes, you are required to contact the City of Jackson Police Department.

****Private security companies may be required to hire sworn off-duty officers for the event****

Food, Merchandise, and Vendor Sales:

If "yes," you are required to contact the Fire Marshal @ 601-960-2018.

Will there be any food and beverage vendors?*

Yes

Will there be any merchandise vendors?*

Yes

Alcoholic Beverage Sale and Consumption:

Will alcohol be served or sold at the event? *

Yes

Will the event involve any street closures? *

Yes

Will metered parking spaces need to be closed? *

No

Please describe any parking requirements and arrangements to the extent possible – (e.g. private parking, public parking, no parking arrangements)*

public parking

Will any part of this event be held on private property?*

No

Restrooms:

Restroom Facilities*

Yes

Restroom Locations*

portapotties on farish and griffith

Will on-site first aid be provided? *

No

Location(s) of tent/vendor providing aid:*

none-amr

Will water be provided for event-goers and participants? *

No

Fireworks and Open Flames: If "yes," to any of the next two questions - you are required to contact the Fire Marshal @ 601-960-2018.

Will fireworks or open flames be used as part of the event?*

No

Will private grills be in use for food preparation?*

Yes

Tents, Canopies, and Structures:

Will tents or canopies be used at the event? *

Yes

Quantity: *

70

Size (dimensions):

10x10

Electricity:

Does your event require electricity? *

Yes

Electricity source (generator or existing exterior outlet):*

generator and existing exterior outlet

Sanitation:

Are supplemental waste receptacles required? *

No

If you are seeking a special event permit for parades, races, or other events occurring along a route, please provide the following additional information.

Is this a parade?*

No

Is this a walk/run?*

No

Please provide the following information for parade floats:

Will there be any floats in the parade*

0

Estimated number:

0

Average size of floats (by feet or average car length):

If your Special Event Permit is approved, you are required to pay the applicable permit fee and sanitation deposit. The sanitation fee is refundable upon satisfactory completion of the sanitation agreement.

Any special event requiring excess of extra personnel hours and city services shall reimburse the city for the cost of such excess personnel hours and services in addition to the initial permit fee. If the property used for the event is not properly cleaned or restored, the city shall do so and the permittee shall be billed for the cost incurred by the city.

The applicant or sponsor of an event must possess or obtain public liability insurance to protect against loss from liability imposed by law for damages on account of bodily injury and property damage arising from the event. The insurance policy shall name the City (in the policy or by endorsement) as additional insured, including its officers, employees, and agents. Insurance coverage must be maintained for the duration of the event. Coverage shall be a comprehensive general liability policy with the following minimum limits:

1. \$250,000 each person – bodily injury; \$500,000 each occurrence-bodily injury; \$100,000 each occurrence-property damages; OR
2. \$500,000 each occurrence combined single limit liability and property damage.

A copy of the policy or certificate of insurance along with necessary endorsements must be filed no less than 5 days before the date of the event, unless the coordinator, for good cause, waives the filing deadline.

Application Package Submittal Checklist:

Site Plan



No File Uploaded

Neighborhood Petition



No File Uploaded

Proof of General Liability Insurance



No File Uploaded

Business Documentation



No File Uploaded

I, the applicant, certify that the information provided in this application is true and correct to the best of my knowledge. I agree to abide by all applicable ordinances, rules, and policies of the City of Jackson. I understand that I must comply with all terms and conditions of the permit granted. I understand that it is unlawful to willfully violate any of the permit terms and conditions, and that violation of the permit is punishable by a fine of up to \$1,000.00 per violation. I fully understand that an event permit, if granted, is not transferable and is revocable at any time at the absolute discretion of the City of Jackson.*

✓ Monique Mapp
Apr 2, 2025

Special Events
Department Checklist Approvals

Event: Walk OF A MILLION FACES

Event Date: June 7, 2025





Special Events Meeting Date: June 4, 2025

Permit Fee\$: _____

Departments	Permits Required (BLDG, Elect, Vendor)	Equipment (Stage, Barricades, Bagged Meters etc)	Approved By	Y/N	Comments
Planning					
Parks & Rec					
Police					
Fire					
Constituent Services					
Public Works (Traffic)					
Public Works (Facility Maint.)					
Solid Waste					
Finance					
Jatran					
Legal					

SPEC-25-65
Special Events Permit
Status: Active
Submitted On: 5/18/2025

Primary Location
607 Fondren Place
Jackson, MS 39216
Owner
City of Jackson
Jackson, Ms. 39216

Applicant
 Temica Morton
 601-316-1152
 @ loveinsideforeveryoneinc@gmail.com
 954 Berwood Dr
Jackson, MS 39206

Special Events Permit Application

Name of Organization Sponsoring Event*	Date of the Event*
Love Inside For Everyone	06/07/2025

Event Information

Name of Event*	Event Category*
Walk OF A MILLION FACES	Walk/Run
Location of Event *	Event Setup /Start Date*
Fondren	06/07/2025
Event Takedown /End Date *	Event Start Time*
06/07/2025	4pm
Event End Time *	Event Primary Point of Contact * 
5pm	Temica Morton
Event Primary Point of Contact *	Estimated Crowd Size*
Temica Morton	100

Please provide the type and estimated number of the following :

Vehicles*	Animals*
5	0
Structures*	
0	

Organization Information

Organization's Address*	Organization's Contact No.*
954 Berwood Dr	601-316-1152
Organization's Email Address*	Non-Profit
loveinsideforeveryoneinc@gmail.com	yes

Primary Organizer*

Temica Morton

Contact No*

601-316-1152

Alternate Contact Name

Alternate Contact No.

Email

Event Website Address - enter a valid website URL for example
<https://www.google.com>

www.thelifeinc.org

Event Logistics (set-up; parking; street, lane, and sidewalk closure):

Will monitors or private security be employed at the event? *

Yes

If yes, you are required to contact the City of Jackson Police Department.

****Private security companies may be required to hire sworn off-duty officers for the event****

Police or Security *

Police

Contact person: *

City of Jackson

Food, Merchandise, and Vendor Sales:

If "yes," you are required to contact the Fire Marshal @ 601-960-2018.

Will there be any food and beverage vendors?*

No

Will there be any merchandise vendors?*

No

Alcoholic Beverage Sale and Consumption:

Will alcohol be served or sold at the event? *

No

Will the event involve any street closures? *

No

Will metered parking spaces need to be closed? *

No

Will any part of this event be held on private property?*

No

Restrooms:

Restroom Facilities*

Yes

Restroom Locations*

At the park grounds

Will on-site first aid be provided? *

Yes

Location(s) of tent/vendor providing aid:*

At the Fondren Park

Will water be provided for event-goers and participants? *

Yes

Location(s) of water sites/fountains:*

At the Park

Fireworks and Open Flames: If "yes," to any of the next two questions - you are required to contact the Fire Marshal @ 601-960-2018.

Will fireworks or open flames be used as part of the event?*

No

Will private grills be in use for food preparation?*

No

Tents, Canopies, and Structures:

Will tents or canopies be used at the event? *

Yes

Quantity: *

7

Size (dimensions):

Electricity:

Does your event require electricity? *

Yes

Electricity source (generator or existing exterior outlet):*

Existing exterior

Sanitation:

Are supplemental waste receptacles required? *

No

If you are seeking a special event permit for parades, races, or other events occurring along a route, please provide the following additional information.

Is this a parade?*

No

Is this a walk/run?*

Yes

Please provide the following information for parade floats:

Will there be any floats in the parade*

No

Estimated number:

100

Average size of floats (by feet or average car length):

0

If your Special Event Permit is approved, you are required to pay the applicable permit fee and sanitation deposit. The sanitation fee is refundable upon satisfactory completion of the sanitation agreement.

Any special event requiring excess of extra personnel hours and city services shall reimburse the city for the cost of such excess personnel hours and services in addition to the initial permit fee. If the property used for the event is not properly cleaned or restored, the city shall do so and the permittee shall be billed for the cost incurred by the city.

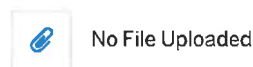
The applicant or sponsor of an event must possess or obtain public liability insurance to protect against loss from liability imposed by law for damages on account of bodily injury and property damage arising from the event. The insurance policy shall name the City (in the policy or by endorsement) as additional insured, including its officers, employees, and agents. Insurance coverage must be maintained for the duration of the event. Coverage shall be a comprehensive general liability policy with the following minimum limits:

1. \$250,000 each person – bodily injury; \$500,000 each occurrence-bodily injury; \$100,000 each occurrence-property damages; OR
2. \$500,000 each occurrence combined single limit liability and property damage.

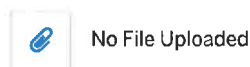
A copy of the policy or certificate of insurance along with necessary endorsements must be filed no less than 5 days before the date of the event, unless the coordinator, for good cause, waives the filing deadline.

Application Package Submittal Checklist:

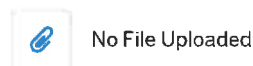
Site Plan



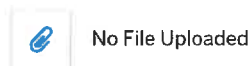
Neighborhood Petition



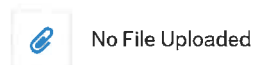
Proof of General Liability Insurance



Business Documentation



Map Route



I, the applicant, certify that the information provided in this application is true and correct to the best of my knowledge. I agree to abide by all applicable ordinances, rules, and policies of the City of Jackson. I understand that I must comply with all terms and conditions of the permit granted. I understand that it is unlawful to willfully violate any of the permit terms and conditions, and that violation of the permit is punishable by a fine of up to \$1,000.00 per violation. I fully understand that an event permit, if granted, is not transferable and is revocable at any time at the absolute discretion of the City of Jackson.*

✓ Temica M Morton
May 18, 2025

Special Events

Department Checklist Approvals

Event: National Folk Festival

Event Date: November 7, 2025





Special Events Meeting Date: June 4, 2025

Permit Fee\$: _____

Departments	Permits Required (BLDG, Elect, Vendor)	Equipment (Stage, Barricades, Bagged Meters etc)	Approved By	Y/N	Comments
Planning					
Parks & Rec					
Police					
Fire					
Constituent Services					
Public Works (Traffic)					
Public Works (Facility Maint.)					
Solid Waste					
Finance					
Jatran					
Legal					

SPEC-25-73
Special Events Permit
 Status: Active
 Submitted On: 5/28/2025

Primary Location
 200 S PRESIDENT ST Unit 223
 Jackson, MS 39201
Owner
 No owner information

Applicant
 Yika Hoover
 601-960-1611
 thoover@jacksonms.gov
 200 S President St
 Suite 223
 Jackson, MS 39201

Special Events Permit Application

Name of Organization Sponsoring Event*

City of Jackson

Date of the Event*

11/07/2025

Event Information

Name of Event*

National Folk Festival

Event Category*

Festival

Location of Event *

Downtown Jackson

Event Setup /Start Date*

11/07/2025

Event Takedown /End Date *

11/09/2025

Event Start Time*

6 pm

Event End Time *

6 pm

Event Primary Point of Contact * 

Yika Hoover

Event Primary Point of Contact *

Yika Hoover

Estimated Crowd Size*

60000

Please provide the type and estimated number of the following :

Vehicles*

10

Animals*

0

Structures*

6

Organization Information

Organization's Address*

200 S President St, Jackson, MS 39201

Organization's Contact No.*

601-960-1611

Organization's Email Address*

Thoover@jacksonms.gov

Non-Profit

no

Primary Organizer*

City of Jackson - Planning Department

Contact No*

601-960-1611

Alternate Contact Name

Thabi Moyo

Alternate Contact No.

601-278-3615

Email

tmoyo@nationalfolkfestival.com

Event Website Address - enter a valid website URL for example

<https://www.google.com>

<https://www.nationalfolkfestival.com/>

Event Logistics (set-up; parking; street, lane, and sidewalk closure):

Will monitors or private security be employed at the event? *

No

If yes, you are required to contact the City of Jackson Police Department.

****Private security companies may be required to hire sworn off-duty officers for the event****

Food, Merchandise, and Vendor Sales:

If "yes," you are required to contact the Fire Marshal @ 601-960-2018.

Will there be any food and beverage vendors?*

Yes

Will there be any merchandise vendors?*

Yes

Alcoholic Beverage Sale and Consumption:

Will alcohol be served or sold at the event? *

Yes

Will the event involve any street closures? *

Yes

Will metered parking spaces need to be closed? *

Yes

Please describe any parking requirements and arrangements to the extent possible – (e.g. private parking, public parking, no parking arrangements)*

On-Street parking nearby on the outside of the festival's security perimeter, and at the Mississippi State Fairgrounds.

Will any part of this event be held on private property?*

Yes

Restrooms:

Restroom Facilities*

Yes

Restroom Locations*

Peppered throughout the festival perimeter which includes Capital Street, State Street, and Amite Street.

Will on-site first aid be provided? *

Yes

Location(s) of tent/vendor providing aid:*

TBD

Will water be provided for event-goers and participants? *

Yes

Location(s) of water sites/fountains:*

TBD

Fireworks and Open Flames: If "yes," to any of the next two questions - you are required to contact the Fire Marshal @ 601-960-2018.

Will fireworks or open flames be used as part of the event?*

No

Will private grills be in use for food preparation?*

No

Tents, Canopies, and Structures:**Will tents or canopies be used at the event? ***

Yes

Quantity:*

6

Size (dimensions):

Various

Electricity:**Does your event require electricity? ***

Yes

Electricity source (generator or existing exterior outlet):*

Generators

Sanitation:**Are supplemental waste receptacles required? ***

Yes

If you are seeking a special event permit for parades, races, or other events occurring along a route, please provide the following additional information.

Is this a parade?*

No

Is this a walk/run?*

No

Please provide the following information for parade floats:

Will there be any floats in the parade*

No

Estimated number:

Average size of floats (by feet or average car length):

If your Special Event Permit is approved, you are required to pay the applicable permit fee and sanitation deposit. The sanitation fee is refundable upon satisfactory completion of the sanitation agreement.

Any special event requiring excess of extra personnel hours and city services shall reimburse the city for the cost of such excess personnel hours and services in addition to the initial permit fee. If the property used for the event is not properly cleaned or restored, the city shall do so and the permittee shall be billed for the cost incurred by the city.

The applicant or sponsor of an event must possess or obtain public liability insurance to protect against loss from liability imposed by law for damages on account of bodily injury and property damage arising from the event. The insurance policy shall name the City (in the policy or by endorsement) as additional insured, including its officers, employees, and agents. Insurance coverage must be maintained for the duration of the event. Coverage shall be a comprehensive general liability policy with the following minimum limits:

1. \$250,000 each person – bodily injury; \$500,000 each occurrence-bodily injury; \$100,000 each occurrence-property damages; OR
2. \$500,000 each occurrence combined single limit liability and property damage.

A copy of the policy or certificate of insurance along with necessary endorsements must be filed no less than 5 days before the date of the event, unless the coordinator, for good cause, waives the filing deadline.

Application Package Submittal Checklist:

Site Plan



NFF 2025_V0.7.2_STATE- 2025-04-25-D LndScp - Overall Site-no GeoMap.pdf

Neighborhood Petition



No File Uploaded

Proof of General Liability Insurance



No File Uploaded

Business Documentation



No File Uploaded

I, the applicant, certify that the information provided in this application is true and correct to the best of my knowledge. I agree to abide by all applicable ordinances, rules, and policies of the City of Jackson. I understand that I must comply with all terms and conditions of the permit granted. I understand that it is unlawful to willfully violate any of the permit terms and conditions, and that violation of the permit is punishable by a fine of up to \$1,000.00 per violation. I fully understand that an event permit, if granted, is not transferable and is revocable at any time at the absolute discretion of the City of Jackson.*

✓ Yika Hoover
May 28, 2025



Special Events

Department Checklist Approvals

Event: Children's Center Patriotic Parade

Event Date: June 27, 2025

Special Events Meeting Date: June 4, 2025

Permit Fee\$: _____

Departments	Permits Required (BLDG, Elect, Vendor)	Equipment (Stage, Barricades, Bagged Meters etc)	Approved By	Y/N	Comments
Planning					
Parks & Rec					
Police					
Fire					
Constituent Services					
Public Works (Traffic)					
Public Works (Facility Maint.)					
Solid Waste					
Finance					
Jatran					
Legal					

SPEC-25-75
Special Events Permit
Status: Active
Submitted On: 5/30/2025

Primary Location
305 N CONGRESS ST
Jackson, MS 39201
Owner
GALLOWAY MEM UNITED METHODIST CH
305 NORTH CONGRESS ST,JACKSON, MS. 39201, 305
Jackson, Ms 39215

Applicant
 Sherry Brewer
 601-360-1792
 ecdc@gallowayumc.org
 305 North Congress Street
Jackson , Ms 39215

Special Events Permit Application

Name of Organization Sponsoring Event*	Date of the Event*
Galloway Children's Center	06/27/2025

Event Information

Name of Event*	Event Category*
Children's Center Patriotic Parade	Parade
Location of Event *	Event Setup /Start Date*
305 North Congress Street	06/27/2025
Event Takedown /End Date *	Event Start Time*
06/27/2025	9:30
Event End Time *	Event Primary Point of Contact * 
10:30	Church parking lot
Event Primary Point of Contact *	Estimated Crowd Size*
Church parking lot	150

Please provide the type and estimated number of the following :

Vehicles*	Animals*
12	6
Structures*	
0	

Organization Information

Organization's Address*	Organization's Contact No.*
305 North Congress Street	Sherry Brewer
Organization's Email Address*	Non-Profit
ECDC@gallowayumc.org	yes

Primary Organizer*

Sherry Brewer

Contact No*

601-213-7349

Alternate Contact Name

Sherry Brewer

Alternate Contact No.

6013601792

Email

ECDC@gallowayumc.org

Event Website Address - enter a valid website URL for example

<https://www.google.com>

<https://www.gallowayumc.org/children-s-center>

Event Logistics (set-up; parking; street, lane, and sidewalk closure):

Will monitors or private security be employed at the event? *

Yes

If yes, you are required to contact the City of Jackson Police Department.

****Private security companies may be required to hire sworn off-duty officers for the event****

Police or Security *

Security (Law)

Contact person: *

Lee Smith 6012016990

Food, Merchandise, and Vendor Sales:

If "yes," you are required to contact the Fire Marshal @ 601-960-2018.

Will there be any food and beverage vendors?*

No

Will there be any merchandise vendors?*

No

Alcoholic Beverage Sale and Consumption:

Will alcohol be served or sold at the event? *

No

Will the event involve any street closures? *

Yes

Will metered parking spaces need to be closed? *

No

Please describe any parking requirements and arrangements to the extent possible – (e.g. private parking, public parking, no parking arrangements)*

Private parking

Will any part of this event be held on private property?*

Yes

Restrooms:

Restroom Facilities*

Yes

Restroom Locations*

Inside the church

Will on-site first aid be provided? *

Yes

Location(s) of tent/vendor providing aid:*

Inside church

Will water be provided for event-goers and participants? *

Yes

Location(s) of water sites/fountains:*

Inside church

Fireworks and Open Flames: If "yes," to any of the next two questions - you are required to contact the Fire Marshal @ 601-960-2018.

Will fireworks or open flames be used as part of the event?*

No

Will private grills be in use for food preparation?*

No

Tents, Canopies, and Structures:

Will tents or canopies be used at the event? *

No

Size (dimensions):

Electricity:

Does your event require electricity? *

No

Sanitation:

Are supplemental waste receptacles required? *

No

If you are seeking a special event permit for parades, races, or other events occurring along a route, please provide the following additional information.

Is this a parade?*

Yes

Is this a walk/run?*

No

Location of event assembly (pre and post event assembly if different)*

Parking lot

Time of assembly:*

9:15

Please provide the following information for parade floats:

Will there be any floats in the parade*

No

Estimated number:

0

Average size of floats (by feet or average car length):

0

Please describe and the material and maximum size of any signs or banners to be carried along the route.

Small poster (one person will hold)

If your Special Event Permit is approved, you are required to pay the applicable permit fee and sanitation deposit. The sanitation fee is refundable upon satisfactory completion of the sanitation agreement.

Any special event requiring excess of extra personnel hours and city services shall reimburse the city for the cost of such excess personnel hours and services in addition to the initial permit fee. If the property used for the event is not properly cleaned or restored, the city shall do so and the permittee shall be billed for the cost incurred by the city.

The applicant or sponsor of an event must possess or obtain public liability insurance to protect against loss from liability imposed by law for damages on account of bodily injury and property damage arising from the event. The insurance policy shall name the City (in the policy or by endorsement) as additional insured, including its officers, employees, and agents. Insurance coverage must be maintained for the duration of the event. Coverage shall be a comprehensive general liability policy with the following minimum limits:

1. \$250,000 each person – bodily injury; \$500,000 each occurrence-bodily injury; \$100,000 each occurrence-property damages; OR
2. \$500,000 each occurrence combined single limit liability and property damage.

A copy of the policy or certificate of insurance along with necessary endorsements must be filed no less than 5 days before the date of the event, unless the coordinator, for good cause, waives the filing deadline.

Application Package Submittal Checklist:

Site Plan



No File Uploaded

Neighborhood Petition



No File Uploaded

Proof of General Liability Insurance



20250530_110936.jpg

Business Documentation



No File Uploaded

I, the applicant, certify that the information provided in this application is true and correct to the best of my knowledge. I agree to abide by all applicable ordinances, rules, and policies of the City of Jackson. I understand that I must comply with all terms and conditions of the permit granted. I understand that it is unlawful to willfully violate any of the permit terms and conditions, and that violation of the permit is punishable by a fine of up to \$1,000.00 per violation. I fully understand that an event permit, if granted, is not transferable and is revocable at any time at the absolute discretion of the City of Jackson.*

✓ sherry M brewer
May 30, 2025

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE 8/20/2024

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
Exchange Underwriters, Inc.
2111 N Franklin Dr Ste 100
Washington PA 15301

INSURED
JP Mid-South Cleaning Systems Inc c/o Jan-Pro of Central MS
104 Business Park Drive Suite H
Ridgeland MS 39157

INSURER A: West American Ins Co
INSURER B: Manufacturers Alliance Ins Co
INSURER C: CNA Surety

COVERAGES

CERTIFICATE NUMBER: 236362957

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.

TYPE OF INSURANCE	PRODUCER	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
A. COMMERCIAL GENERAL LIABILITY	Y	BNV56258819	8/23/2023	8/23/2024	EACH OCCURRENCE BODILY INJURY PROPERTY DAMAGE PERSONAL & AD&M GENERAL AGGREGATE PRODUCTS/COMPL AGG
C. AUTOMOBILE LIABILITY	Y	BA056258819	8/23/2023	8/23/2024	BODILY INJURY BODILY INJURY PER PERSON BODILY INJURY PER VEHICLE PROPERTY DAMAGE PER VEHICLE
D. UMBRELLA LIAB	Y	UBR056258819	8/23/2023	8/23/2024	EACH OCCURRENCE AGGREGATE
E. WORKERS COMPENSATION AND EMPLOYERS LIABILITY	Y	2023011297521	11/1/2023	11/1/2024	E.L. STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EMPLOYEE E.L. DISEASE - POLICY LIMIT

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

CERTIFICATE HOLDER

CANCELLATION

Galloway United Methodist Church
305 North Congress St
Jackson MS 39201

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
Kara M. Dwyer

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ACORD 25 (2018/03)

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE 8/20/2024

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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
Exchange Underwriters, Inc.
2111 N Franklin Dr Ste 100
Washington PA 15301

INSURED
JP Mid-South Cleaning Systems Inc c/o Jan-Pro of Central MS
104 Business Park Drive Suite H
Ridgeland MS 39157

INSURER A: West American Ins Co
INSURER B: Manufacturers Alliance Ins Co
INSURER C: CNA Surety

COVERAGES

CERTIFICATE NUMBER: 236362957

REVISION NUMBER:

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TYPE OF INSURANCE	PRODUCER	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
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E. WORKERS COMPENSATION AND EMPLOYERS LIABILITY	Y	2023011297521	11/1/2023	11/1/2024	E.L. STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EMPLOYEE E.L. DISEASE - POLICY LIMIT

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

CERTIFICATE HOLDER

CANCELLATION

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305 North Congress St
Jackson MS 39201

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AUTHORIZED REPRESENTATIVE
Kara M. Dwyer

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ACORD 25 (2018/03)

Special Events

Department Checklist Approvals

Event Date: June 13, 2025

Event: Cirque Du Luxe

Special Events Meeting Date: June 4, 2025

Permit Fee\$: _____

Departments	Permits Required (BLDG, Elect, Vendor)	Equipment (Stage, Barricades, Bagged Meters etc)	Approved By	Y/N	Comments
Planning					
Parks & Rec					
Police					
Fire					
Constituent Services					
Public Works (Traffic)					
Public Works (Facility Maint.)					
Solid Waste					
Finance					
Jatran					
Legal					

SPEC-25-76

Special Events Permit

Status: Active

Submitted On: 5/30/2025

Primary Location


32.336365, -90.153586

Owner


No owner information

Applicant

 Lila Watkins

 941-600-6739

 cirqueduluxe@gmail.com

 8835 52 St N
Pinellas Park, FL 33782

Special Events Permit Application

Name of Organization Sponsoring Event*

Cirque Du Luxe

Date of the Event*

06/13/2025

Event Information

Name of Event*

Cirque Du Luxe (Circus)

Event Category*

Performance

Location of Event *

Smith- Willis Stadium

Event Setup /Start Date*

06/13/2025

Event Takedown /End Date *

06/22/2025

Event Start Time*

Weekday shows 7:30pm, weekend show 1:30, 4:30 7:30pm

Event End Time *

9:30pm

Event Primary Point of Contact * 

Lila Watkins

Event Primary Point of Contact *

Frank Diaz

Estimated Crowd Size*

100

Please provide the type and estimated number of the following :

Vehicles*

15

Animals*

0

Structures*

1

Organization Information

Organization's Address*

8835 52 St N Pinellas Park FL 33782

Organization's Contact No.*

(941)600-6739

Organization's Email Address*

Cirqueduluxe@gmail.com

Non-Profit

no

Primary Organizer*

Frank Diaz

Contact No*

(786)384-1645

Alternate Contact Name

Lila Watkins

Alternate Contact No.

(941)600-6739

Email

lcw3539@gmail.com

Event Website Address - enter a valid website URL for example

<https://www.google.com>

<https://cirqueduluxe.com/city/jackson-ms/>

Event Logistics (set-up; parking; street, lane, and sidewalk closure):

Will monitors or private security be employed at the event? *

No

If yes, you are required to contact the City of Jackson Police Department.

Private security companies may be required to hire sworn off-duty officers for the event

Food, Merchandise, and Vendor Sales:

If "yes," you are required to contact the Fire Marshal @ 601-960-2018.

Will there be any food and beverage vendors?*

Yes

Will there be any merchandise vendors?*

No

Alcoholic Beverage Sale and Consumption:

Will alcohol be served or sold at the event? *

No

Will the event involve any street closures? *

No

Will metered parking spaces need to be closed? *

No

Will any part of this event be held on private property?*

No

Restrooms:

Restroom Facilities*

Yes

Restroom Locations*

Within rented property

Will on-site first aid be provided? *

Yes

Location(s) of tent/vendor providing aid:*

Ticket Office

Will water be provided for event-goers and participants? *

No

Fireworks and Open Flames: If "yes," to any of the next two questions - you are required to contact the Fire Marshal @ 601-960-2018.

Will fireworks or open flames be used as part of the event?*

No

Will private grills be in use for food preparation?*

No

Tents, Canopies, and Structures:

Will tents or canopies be used at the event? *

Yes

Quantity: *

1

Size (dimensions):

30 meter

Electricity:

Does your event require electricity? *

Yes

Electricity source (generator or existing exterior outlet):*

Generator

Sanitation:

Are supplemental waste receptacles required? *

Yes

If you are seeking a special event permit for parades, races, or other events occurring along a route, please provide the following additional information.

Is this a parade?*

No

Is this a walk/run?*

No

Please provide the following information for parade floats:

Will there be any floats in the parade?*

NA

Estimated number:

NA

Average size of floats (by feet or average car length):

NA

If your Special Event Permit is approved, you are required to pay the applicable permit fee and sanitation deposit. The sanitation fee is refundable upon satisfactory completion of the sanitation agreement.

Any special event requiring excess of extra personnel hours and city services shall reimburse the city for the cost of such excess personnel hours and services in addition to the initial permit fee. If the property used for the event is not properly cleaned or restored, the city shall do so and the permittee shall be billed for the cost incurred by the city.

The applicant or sponsor of an event must possess or obtain public liability insurance to protect against loss from liability imposed by law for damages on account of bodily injury and property damage arising from the event. The insurance policy shall name the City (in the policy or by endorsement) as additional insured, including its officers, employees, and agents. Insurance coverage must be maintained for the duration of the event. Coverage shall be a comprehensive general liability policy with the following minimum limits:

1. \$250,000 each person – bodily injury; \$500,000 each occurrence-bodily injury; \$100,000 each occurrence-property damages; OR
2. \$500,000 each occurrence combined single limit liability and property damage.

A copy of the policy or certificate of insurance along with necessary endorsements must be filed no less than 5 days before the date of the event, unless the coordinator, for good cause, waives the filing deadline.

Application Package Submittal Checklist:

Site Plan



ALERON DIMENSIONAMIENTO GENERAL CARPA INTEGRAL DE 26 CON DULCERIA DE 10 X 12.pdf

Neighborhood Petition



No File Uploaded

Proof of General Liability Insurance



CERTIFICATE OF LIABILITY INSURANCE GL-EXC THE EMPLOYEES.pdf

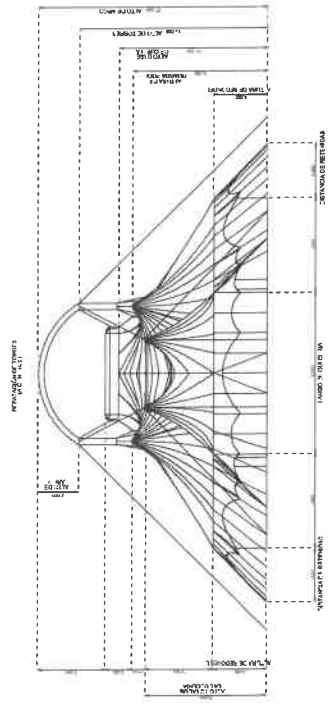
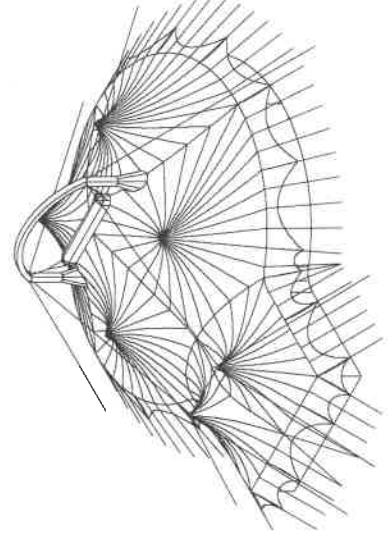
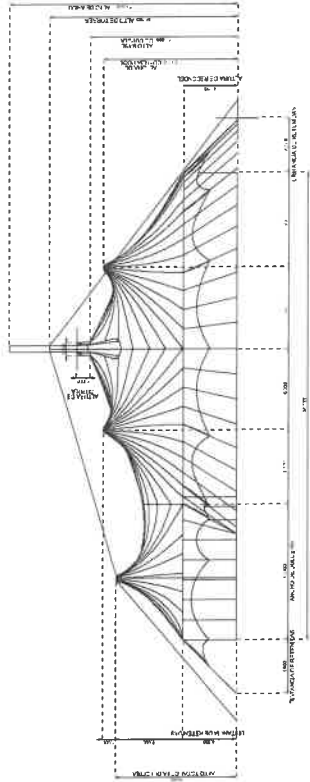
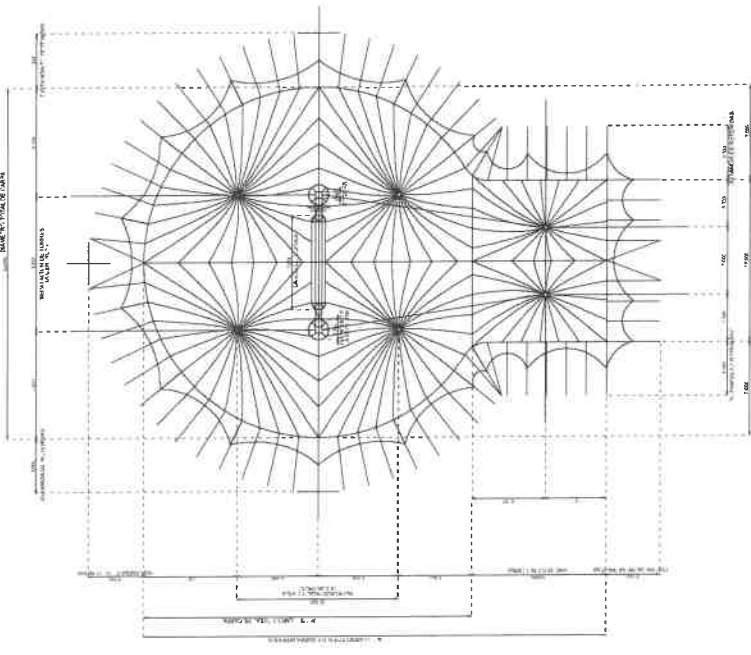
Business Documentation



No File Uploaded

I, the applicant, certify that the information provided in this application is true and correct to the best of my knowledge. I agree to abide by all applicable ordinances, rules, and policies of the City of Jackson. I understand that I must comply with all terms and conditions of the permit granted. I understand that it is unlawful to willfully violate any of the permit terms and conditions, and that violation of the permit is punishable by a fine of up to \$1,000.00 per violation. I fully understand that an event permit, if granted, is not transferable and is revocable at any time at the absolute discretion of the City of Jackson.*

✓ Frank Diaz
May 30, 2025



NOTAS:

- Este plano contiene dimensiones, altura y ubicación del
- Todo la estructura complementaria será elaborada en su
- según las especificaciones de la empresa LONAS MEXICO.
- Los puntos de anclaje no serán responsabilidad de la
- maquila de construcción, sino de la empresa LONAS MEXICO.
- LONAS MEXICO no se responsabiliza por cualquier daño a
- comunicación en galpón, daños a que esta se haya
- transmisión de energía eléctrica, ni por los trabajos
- de abastecimiento ni construcción.
- El refuerzo, impermeabilización, pasaje y resistencia de la
- estructura que realice el contratista, LONAS MEXICO no
- quiere ni puede ser responsable por los trabajos
- realizados por el contratista.

Normativa:

- N.P.T.
- NIVEL BAJO CARPA
- NIVEL ALTO CARPA
- NIVEL ALTO DULCERIA
- NIVEL ALTO TORRES
- NIVEL DE RESPALDO

Proyecto:

CARPA INTEGRAL DE 26
CON DULCERIA DE 10 X 12

Ubicación:

Diseño:

Dibujo:

Arq. Jose Israel Castro Samblan

Arq. Jose Israel Castro Samblan

Arq. Jose Israel Castro Samblan

CARPA INTEGRAL DE 26 CON DULCERIA



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/05/2025

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PRODUCER SEBANDA INSURANCE #42 dba M&O Insurance Agency LLC 5414 Stirling Rd. Davie FL 33314		CONTACT NAME: Valentina Hormaza Londono PHONE (A/C, No. Ext): (954) 487-1644 E-MAIL ADDRESS: moins@sebandainsurance.com FAX (A/C, No): (954) 487-1643	
INSURED CIRQUE DU LUXE LLC 8835 52ND ST N PINELLAS PARK FL 33782		INSURER(S) AFFORDING COVERAGE INSURER A: KINSALE INS CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 38920	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		0100343150-0	01/02/2025	01/02/2026	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			0100367364-0	04/30/2025	04/30/2026	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE AGGREGATE \$ 3,000,000						
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A					PER STATUTE OTH-ER
	E.L. EACH ACCIDENT \$						
	E.L. DISEASE - EA EMPLOYEE \$						
	E.L. DISEASE - POLICY LIMIT \$						

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

Certificate Holder Listed as Additional Insured

CERTIFICATE HOLDER**CANCELLATION**

THE EMPLOYEES' RETIREMENT PLAN OF CONSOLIDATED ELECTRICAL DISTRIBUTORS, INC
3100 FM 365,
PORT ARTHUR, TX 77642

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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