



Garden Reservation Application

All applications must be submitted 15 business days before event date.

- Any incomplete and unsigned applications will not be processed.
- Upon receipt of a completed application by Backyard Gardeners Network (BGN), availability can be confirmed or prices quoted.
- Anything non applicable please put “not applicable” or “N/A”
- All revisions must be received in writing and approved by the BGN.
- All rental payments must be PAID IN FULL 10 business days before the event date.
- BGN cannot confirm events more than four (4) months in advance.

Return To: Backyard Gardeners Network Email: info@backyardgardenersnetwork.org
 600 Charbonnet Street, New Orleans, LA 70117

EVENT NAME:					
Event Description. Please describe your event in detail (Use a separate page if necessary)					
Location Requested:					
Event Date(s):	Start Date:	End Date:	Event Time: (Times OPEN to attendees)	Starts:	Ends:
Setup	Start Date:	End Date:	Setup Time:	Starts:	Ends:
Clean Up	Start Date:	End Date:	Clean Up Time:	Starts:	Ends:
Event Size	# of Staff/Volunteers:		# of Attendees:		
APPLICANT INFORMATION	Organization Name:				
Mailing Address City, State, Zip					



Primary Contact: (Name/Title)		Secondary Contact: (Name/Title):	
Phone:	Email:	Phone:	Email:
Organization/Event Website:		Non-Profit 501(c)(3)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this event been held before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an annual event? <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Name(s) of event:	How many years has it been held?
At what location was this event held previously?			
Is this event (circle one): Open to the Public Private Event	If open to the public, please describe how the event is being advertised:		
FEES & PROCEEDS	Will you charge any fees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Fee: _____ Amount: \$_____	Will you have vendors selling goods or services onsite? <input type="checkbox"/> Yes <input type="checkbox"/> No
Items to be sold:	<input type="checkbox"/> Food <input type="checkbox"/> Beverages	<input type="checkbox"/> Souvenirs <input type="checkbox"/> Clothing	<input type="checkbox"/> Books <input type="checkbox"/> Music <input type="checkbox"/> Services <input type="checkbox"/> Arts/Crafts <input type="checkbox"/> Other: _____
FOOD	If you are planning to sell food or have food vendors at your event, Health and Fire department permits may be required for each food vendor or caterer. Fire department permits may be required for any cooking that utilizes open flame, propane, or indoor cooking.		
Do you plan to sell food at your event? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will food be prepared and cooked onsite? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Caterer:	
ALCOHOL	The sale and consumption of alcoholic beverages is subject to additional laws, permits, regulations and potentially higher insurance coverage may be required. Additional permits may be required to serve or sell alcohol at your event. Please describe below any planned alcohol sales, serving or consumption at this event.		
Will alcohol be sold or consumed:	Consumed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sold? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of the organization that holds the license for the sale of alcohol:



Will minors be allowed into this event? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your plan for checking for identification for legal age of alcohol consumers?	
If applicable, describe intended or requested sale and/or consumption of alcoholic beverages at your event:		
TRASH & RECYCLING	Organizers are responsible for all clean-up after rental/event.	
NO DRUGS & NO WEAPONS	Drug use is strictly prohibited. It is unlawful to manufacture, distribute, dispense, possess, or use a controlled substance or illegal drugs on City property. Violators will be prosecuted to the full extent of the law. Additionally, The possession or use of weapons of any kind is also prohibited.	
STAFF & SECURITY	Organizers are responsible for ensuring the safety and security of all attendees	
AMPLIFIED SOUND/ DECORATION/ELECTRICAL	Note: the electrical power at the Guerrilla Garden is not sufficient for anything other than lighting and phone charging (and for a limited period of time).	
Will your event have an amplified PA system? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will your event have amplified music and entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you be using candles? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will candles be in protective glass enclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you intend to use pipe and draping? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be hanging any equipment from any structures in the garden? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you need to use the garden lighting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER SETUP	Note: There are currently no restroom facilities at BGN gardens.	
Will you be using portable restrooms? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please list the outside company/vendor providing your portable restrooms:	
If you will not be using portable restrooms, what is your plan regarding restroom needs of your attendees?		



HOLD HARMLESS

I, the undersigned, having read and being in full agreement with the above conditions, will comply with all policies and ordinances of the City of New Orleans. I also will assume responsibility for any damages to the property or equipment thereof, and will pay a fair price determined by BGN for said damages. I do hereby waive, absolve, indemnify, and agree to hold harmless Backyard Gardeners Network, the organizers, sponsors, supervisors, and participants for any claim arising out of any accident or liability insurance that I/we may have.

I certify that the information that we have provided on this application is true and accurate to the best of my knowledge. If our plans change, we will submit a revised application accordingly.

Primary Contact Signature	Primary Contact Printed Name
Title	Date