



City of St. Louis

Ann Chance
OFFICE OF SPECIAL EVENTS



1200 MARKET STREET ROOM 418
ST. LOUIS, MISSOURI 63103-2807
PHONE: (314) 589-6640
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APPLICATION
CITY HALL ROTUNDA

Name of Organization _____

Contact Person _____ Phone _____ Fax _____ Email _____

Address No.) _____ Street) _____ City) _____ State & Zip) _____

Type of Event _____ Date: _____ Time (from) _____ (until) _____

Application for: **FIRST FLOOR ONLY** **FIRST AND SECOND FLOORS** Estimated Attendance _____

Open to the Public: YES NO (MUST BE ADA COMPLIANT. CONTACT CITY OF ST. LOUIS OFFICE ON DISABLED 314-622-3686)

THE FOLLOWING SERVICES ARE TO BE PROVIDED BY APPLICANT:

FOOD SERVICE: YES NO **BEVERAGES:** YES NO **ALCOHOLIC BEVERAGES:** YES NO

PLEASE COMPLETE ALL THAT APPLIES:

Caterer: _____
NAME AND ADDRESS DELIVERY TIME PICK UP TIME

Rentals Vendor: _____
NAME AND ADDRESS DELIVERY TIME PICK UP TIME

*Decorations/Florist: _____
NAME AND ADDRESS DELIVERY TIME PICK UP TIME

Audio/Visual Lighting _____
NAME AND ADDRESS DELIVERY TIME PICK UP TIME

Entertainment _____
NAME AND ADDRESS DELIVERY TIME PICK UP TIME

Valet Parking: _____
NAME AND ADDRESS

Security Company: _____
NAME AND ADDRESS

*NO HELIUM INFLATED ITEMS ALLOWED

THE FOLLOWING SERVICES MAY BE PROVIDED BY THE CITY (PLEASE CHECK ALL THAT APPLIES)

ELECTRICAL POWER PANEL EXTRA ELECTRICAL (SPECIFY) COAT RACKS TRASH BARRELS

Flag Removal (ONLY WHEN 1st and 2nd FLOORS ARE USED)

ENTRANCES TO BE USED: Tucker Street _____ Clark Street _____ North/South Tunnel _____
Time to be opened Time to be opened Time to be opened

PARKING ON CITY HALL LOT: YES NO (If yes, Contact Don Luczak at 622-5667) No. of Spaces _____
(See attached City Hall Parking Lot Lease Policy and Application for the Parking Lot)

APPLICANT'S SIGNATURE _____ DATE _____