



SMALL TOWN, BIG BEACH™

APPLICATION FOR PUBLIC ASSEMBLY

EVENT ORGANIZER INFORMATION

**The event organizer will be the main contact for all correspondence with the City.*

Name: Elizabeth S Hood

Address: 389 Clubhouse Dr, Unit DD3, Gulf Shores, AL 36542

Mobile Number: 682-521-2700

Email Address: elizabeth@fiestas4you.com

EVENT OWNER INFORMATION (If different than the Event Organizer)

**The event owner will serve as the responsible party/rights holder.*

Name: Fiestas 4 You LLC

Address: PO BOX 1952, Gulf Shores, AL 36542

Mobile Number: 682-521-2700

Email Address: elizabeth@fiestas4you.com

Event Website: https://www.fiestas4you.com

EVENT INFORMATION

Event Name: Love Our Locals Festival (L.O.L.)

Event Date(s): April 10th - 12th

**If the Event Organizer has multiple events throughout the year, a separate Event Details Sheet for each event must be completed. Please contact 251-968-9826 for more information.*

Event Hours: Friday 4/10: 12pm-10pm; Saturday 4/11: 10am-10pm; Sunday 4/12: 11am-6pm

Date(s) for setup: Thursday, April 9th

Date(s) for Dismantle: Sunday, April 12th

Event Location/Address: Waterway Village (parking lot under bridge)

**An official letter from property owner permitting activity MUST accompany this application, if not owned by applicant.*

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EVENT DESCRIPTION

**Please provide a specific and detailed description of your event.*

The purpose of the L.O.L. Festival is to celebrate our local musicians, local businesses, and local non-profit organizations. This 3-day event will have music, food vendors, and artists tents. The festival is a ticketed event.

The festival will have volunteers to help run the event. The Lower Alabama Young Professionals group will manage the bike valet area and will be accepting donations/tips for the Sea Glass Initiative Inc. (non-profit group).

Anticipated Number of Attendees per Day: 150

Is this an annual event? Yes No How many years have you been holding this event? 1

TYPE OF EVENT

- | | | |
|--|---|--|
| <input type="checkbox"/> Athletic/Recreation | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Social |
| <input type="checkbox"/> Outdoor Market | <input type="checkbox"/> Fitness | <input type="checkbox"/> Demonstration/Rally |
| <input type="checkbox"/> Parade | <input checked="" type="checkbox"/> Festival/Fair | <input type="checkbox"/> Other |

EVENT FEATURES

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Beverage/Food Vendors | <input checked="" type="checkbox"/> Entertainment | <input type="checkbox"/> Animals |
| <input checked="" type="checkbox"/> Merchandise Vendors | <input checked="" type="checkbox"/> Tents/Canopies | <input checked="" type="checkbox"/> Electrical /Generator Usage |
| <input checked="" type="checkbox"/> Stages/Platforms | <input checked="" type="checkbox"/> Restrooms | <input checked="" type="checkbox"/> Fencing/Barricades |
| <input type="checkbox"/> Pyrotechnics | <input checked="" type="checkbox"/> Use of Public Property | <input checked="" type="checkbox"/> Outdoor Cooking |
| <input checked="" type="checkbox"/> Shuttle Service | <input checked="" type="checkbox"/> Vehicles on Display | <input type="checkbox"/> Inflatables/Bounce Houses |

APPLICATION FOR PUBLIC ASSEMBLY

INSURANCE CERTIFICATE AND ENDORSEMENTS

In addition to completing the application form and paying permit and rental fees (when applicable), the applicant is required to submit an original certificate of insurance showing Commercial General Liability coverage with a minimum of \$1,000,000 combined single limit per occurrence. If automobiles or inflatables will be utilized, the applicant shall obtain a minimum of \$1,000,000 combined single limit coverage per accident, including owned, hired and non-owned automobiles or inflatables. If any alcohol will be served, liquor liability coverage must be obtained and is subject to Alabama's statutory limits. If the applicant has employees, workers' compensation insurance must be obtained and is subject to Alabama's statutory limits. The applicant also agrees to endorse the City of Gulf Shores (City of Gulf Shores, Alabama, Attn: Purchasing Officer, P.O. Box 299, Gulf Shores, AL 36547) as an additional insured on the general liability, auto, and liquor liability policy and to include a copy of each endorsement with the certificate of insurance. Each certificate of insurance shall provide that the insurer must give the City of Gulf Shores at least thirty (30) days' prior written notice of cancellation and termination of the applicant's coverage there under.

ACKNOWLEDGEMENT AND SIGNATURE

I, the applicant, understand that I am responsible to provide all information necessary to meet the conditions and requirements of the application process and that by providing such information it is no guarantee that my proposed event will be issued a permit by the City of Gulf Shores. I further agree to defend, indemnify and hold the City of Gulf Shores harmless from and against all third party claims, demands, liabilities, losses, damages, suits, judgments, costs, expenses (collectively, "Third Party Claims") and reasonable attorney's fees in any manner arising out of or resulting from bodily injury, sickness, disease or death of any person or persons, or damage to or destruction of tangible property, including the loss of use resulting therefrom, or caused by or occurring during the course of performance of any services provided and to meet all department deadlines including submitting proof of proper insurance, a detailed site map, payment of all departmental fees, and details for any contract services required to make the proposed event safe and successful. I verify that I have read and understand this application and the conditions under which my request will be considered. The risk of promoting an event before the permit is issued is the sole responsibility of the applicant.

Elizabeth S Hood

Print Name of Applicant



Signature

02/23/2026

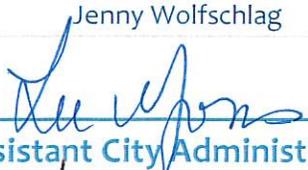
Date

APPLICATION FOR PUBLIC ASSEMBLY

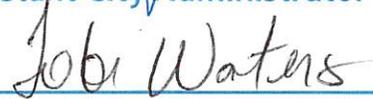
L.O.L. Festival (April 10-12)

DEPARTMENT APPROVALS/DENIALS

City Staff	Signature	Date
Capital Projects Director Clint Colvin		3/2/26
Purchasing Officer Shelby DeBlieux	Approved – Contingent upon receipt of corrected COI	3/9/26
Rental Specialist Brian Dugall		3/2/26
Chief Building Official Brandan Franklin		3/2/26
Public Works Director Noel Hand	Maddie approved on behalf of Noel	3/4/26
Recreation & Cultural Affairs Director Grant Brown		3/4/26
Revenue Supervisor Theresa Daugherty		3/2/26
Chief of Police Dan Netemeyer	Alicia approved on behalf of Chief	3/9/26
Fire Chief Mark Sealy		3/2/26
Planning & Comm Dev. Director Scott Stephens		3/2/26
Fire Marshal George Surry		3/2/26
City Engineer Jenny Wolfschlag		3/2/26



 Assistant City Administrator 3/9/26
Date



 City Clerk 3/9/26
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/25/2026

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 PointeNorth (Atlanta) PO Box 2976 Gainesville GA 30503	CONTACT NAME: PHONE (A/C, No, Ext): 770-535-6100 FAX (A/C, No): 770-297-4883 E-MAIL ADDRESS: certificates@nortoninsurance.com	
	INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Insurance Companies INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	NAIC # 6777
INSURED Fiestas 4 You LLC 378 Wickman Ave. Gulf Shores AL 36542	FIES4YO-01	

COVERAGES **CERTIFICATE NUMBER: 870425677** **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	
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:			EV189145	4/9/2026	4/12/2028	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 0
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
	<input type="checkbox"/> 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)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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 **CANCELLATION**

City of Gulf Shores, Alabama Attn: Purchasing Officer PO Box 299 Gulf Shores AL 36547	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 <i>Michael Mellars</i>
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Notes:

If north lot unavailable, vendors will be shuttled from SE quadrant of Meyer Park and bike valet will be moved.

Potential additional water access to be added near southern power panel and elsewhere.



