



Charles City County
 Community Development Department
 Special Events
 P.O. Box 66
 Charles City, VA 23030
 (804) 652-4707

SPECIAL EVENTS APPLICATION

(ENTERTAINMENT PERMIT)

CYCLIST, TURKEY SHOOTS, REENACTMENTS, MOVIES, etc....

All applications must be submitted to the *Community Development Department, 30 days* prior to an event. Cost per **EACH** event is \$150.00 *Turkey shoots (\$150 per calendar year).*

County Property see Parks & Recreation Rental Application Form

Email application: psullivan@co.charles-city.va.us

APPLICATION NUMBER;

--

Approved: <input type="checkbox"/> Sign: _____ Date: _____
--

General Permit <input type="checkbox"/>	Special Permit <input type="checkbox"/>
---	---

APPLICANT AND ORGANIZATION INFORMATION

Applicant's Name:		
Are you 18 years of age or older? <input type="checkbox"/>	Are you representing yourself? <input type="checkbox"/>	
Are you representing an organization? <input type="checkbox"/>		
Organization's Name:		
Mailing Address:		
City: State: Zip:		
Day Phone:	Evening Phone	
Fax Number:	On-Site Cellular:	
Pager: <input type="checkbox"/>	E-mail: <input type="checkbox"/>	
Event Name:		
The event is... Private (by invitation only)	Open to the General Public	
Event Date: <input type="checkbox"/> <input type="checkbox"/>	Start Time:	End Time <input type="checkbox"/>
LOCATION (address or Tax map number)		
Private Property	Commercial	Public /Semi-public Property

Total anticipated attendees (including spectators and participants):	0 – 49 <input type="checkbox"/>	101-200 <input type="checkbox"/>	400 - + <input type="checkbox"/>
	<input type="checkbox"/> 50-100	<input type="checkbox"/> 201-399	

MUST HAVE ABC PERMIT # if SERVING ALCOHOL (see next page)

Alcohol <input type="checkbox"/>	Food Vending / Sampling <input type="checkbox"/>	Live Music / Band /DJ <input type="checkbox"/>
Sporting event <input type="checkbox"/>	Exhibits <input type="checkbox"/>	Tents <input type="checkbox"/>
Use of any motorized equipment or vehicles (Mud bogs, boat races, Car racing, Motorcycles, etc.) <input type="checkbox"/>		Discharging of firearms <input type="checkbox"/>
Public Address System <input type="checkbox"/>		
Vendors (non-food / beverage) <input type="checkbox"/>	Animals (Dogs, Cats, Horses) <input type="checkbox"/>	
Mechanical Rides / Devices <input type="checkbox"/>	Parking <input type="checkbox"/>	Banners / Signs <input type="checkbox"/>

PARKING AND TRANSPORTATION

Where will the event attendees / Participants Park? (Check those that apply.)

Personal Vehicles On-Street <input type="checkbox"/>	Public Parking <input type="checkbox"/>	School Grounds <input type="checkbox"/>
Shuttle / Satellite Parking <input type="checkbox"/>	Church Grounds <input type="checkbox"/>	Reserved <input type="checkbox"/>
Other: Please explain:		

SANITATION AND WASTE

Please note number of trash receptacles needed 1-4 <input type="checkbox"/> 5 – 10 <input type="checkbox"/> 10 – 20 <input type="checkbox"/>
Have you contracted with a portable restroom company? Yes <input type="checkbox"/> No <input type="checkbox"/> Number of units _____

OTHER AGENCY PERMITS – The applicant shall contact the listed agencies below to gain approval. This application cannot be deemed approved until each (if applicable) agency has signed.

<p>Virginia Department of Health Department (food concessions, food sampling, etc.) <input type="checkbox"/> (if applicable) 804-966-9637 - 804-586-5843 Larry Howard larry.howard@vdh.virginia.gov</p> <p>Health Official Signature: _____ Approval Date: _____</p> <p>Comments: _____</p>
<p><input type="checkbox"/> Virginia Capital Trail Foundation 804-788-6452 Matt Pienkowski - matt@virginiacapitaltrail.org (If applicable)</p> <p>Official Signature: _____ Approval Date: _____</p> <p>Comment: _____</p>

Fire/Emergency Medical Service contact information: 804-652-4510 <input type="checkbox"/> <u>rgreenhow@co.charles-city.va.us</u> <u>jvjohnson@co.charles-city.va.us</u>	ABC Board (Alcoholic beverages) Permit#: _____
Emergency Responders Signature: _____ Approval Date: _____	Comments: <input type="checkbox"/>

Public Works Department contact information: 804-652-4730 , (if applicable)	
Email; <u>mduncan@co.charles-city.va.us</u> - <u>rhicks@co.charles-city.va.us</u> <input type="checkbox"/>	
Official Signature: _____ Approval Date: _____	
Comments: _____	

Charles City County Parks and Recreation Department, (if applicable) <input type="checkbox"/>	
Kimberly Barrow 804-652-1604 <u>kbarrow@co.charles-city.va.us</u> Marla Bradby 804-652-1601 <u>mbradby@co.charles-city.va.us</u>	
Signature: _____ Approval Date: _____	
Comments: _____ _____	

Charles City Sheriff's Department <input type="checkbox"/>	
Major Comer <u>comer@co.charles-city.va.us</u> or <u>dajones@co.charles-city.va.us</u> 804-652-2326	
Law Enforcement Agency Signature: _____ Approval Date: _____	
Comments: _____ _____	

INSURANCE - A copy of a current insurance policy should be attached with the application.

Policy number:	
Insurance Company:	Agent:

PERMIT PROCESSING: The information requested by the form will be used to determine your eligibility for the permit requested. Any misrepresentation in this application or deviation from the final permit conditions may result in immediate revocation of the permit and the halting of the event. Any events held without a permit will result in possible loss of privilege to host events in the future.

FAILURE TO OBTAIN THIS PERMIT IN THE TIMEFRAME WILL RESULT IN A POSSIBLE DENIAL OF THIS APPLICATION. (30 days before an event)

HOLD HARMLESS CLAUSE: Permittee (applicant /organization) shall assume all risks incident to or in connection with the permitted activity and shall be solely responsible for damage or injury, of whatever kind or nature, to person or property, directly or indirectly arising out of or in connection with the permitted activity or the conduct of permittee's operation. Permittee hereby expressly agrees to defend and save Charles City County, its officers, agents, employees, and representatives harmless from any penalties for violation of any law, ordinance, or regulation affecting its activity and from any and all claims, suits, losses, damages or injuries directly or indirectly arising out of or in connection with the permitted activities or conduct of its operation or resulting from the negligence or intentional acts or omissions of permittee or its officers, agents, and employees.

Applicant's Name (**Print**) _____

Applicant's Signature _____ Date _____