



## AMHERST COUNTY EVENT APPLICATION FORM

RETURN COMPLETED APPLICATION TO  
AMHERST COUNTY RECREATION & TOURISM DEPARTMENT  
129 Francis Ave., Monroe, VA 24574  
(434) 946-9371

1. Event Name: \_\_\_\_\_
2. Organization/Sponsor Name: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Telephone/Cell Phone: \_\_\_\_\_
5. Contact: \_\_\_\_\_
6. Purpose of event: \_\_\_\_\_
7. Dates/Hours of event: \_\_\_\_\_
8. Dates/Hours of set-up and clean-up operations: \_\_\_\_\_
9. Specific location of event/site plan (**attach map**): \_\_\_\_\_
10. List any streets that may be closed: \_\_\_\_\_
  - 10a. Identify specific dates/times of closure: \_\_\_\_\_
  - 10b. Identify specific dates/times of re-opening: \_\_\_\_\_
11. Tickets for event (**attach copy**): \_\_\_\_\_
  - 11a. Total number of tickets for sale: \_\_\_\_\_
12. Daily number of attendees: \_\_\_\_\_
13. Identify any temporary structure that will be constructed:  
\_\_\_\_\_

14. Will there be any hanging decorations or banners? \_\_\_\_\_

14a. If yes, identify location and how they will be hung/secured: \_\_\_\_\_

\_\_\_\_\_

15. Will there be any music/entertainment? \_\_\_\_\_

15a. If yes, name groups, identify performance times and indicate where they will perform: \_\_\_\_\_

\_\_\_\_\_

16. Will additional utility services such as power and water be need beyond what is currently in the area?

\_\_\_\_\_

16a. Describe in detail the utilities that are needed and where they are to be located:

\_\_\_\_\_

17. Is a Parade planned? \_\_\_\_\_

17a. Identify the parade route, start/stop time and anticipated crowd size:

\_\_\_\_\_

18. Are any street vendors being planned? \_\_\_\_\_

18a. If yes, identify quantity, type and location of vendors: \_\_\_\_\_

\_\_\_\_\_

19. Are food sales planned? \_\_\_\_\_

19a. If yes, Identify type, location and quantity: \_\_\_\_\_

\_\_\_\_\_

20. Describe in detail trash removal and clean-up plan: \_\_\_\_\_

\_\_\_\_\_

21. Plan for providing necessary security: **(Attach letter from Sheriff's Office)**

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22. Plan for providing medical services: **(Attach letter from Amherst Co. Fire & Rescue)**

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23. Plan for fire protection: **(Attach letter from Amherst Co. Fire & Rescue)**

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24. Identify parking needs and state if additional off-site parking with shuttles will be used:

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25. Will existing restroom facilities be adequate? \_\_\_\_\_

25a. If not, identify what method will be used to supplement: \_\_\_\_\_

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26. Will alcoholic beverages be sold or permitted on site? \_\_\_\_\_

26a. Identify vendors and type of alcohol to be sold: \_\_\_\_\_

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26b. Identify times/locations in which alcoholic beverages will be sold: \_\_\_\_\_

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26c. Identify what controls will be in place for restricting consumption of alcoholic beverages by minors: \_\_\_\_\_

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27. How will the event be publicized? \_\_\_\_\_

28. Will there be a firework display? \_\_\_\_\_

28a. If yes, please submit a separate firework permit to the Amherst County Fire Marshal's office at (434) 946-9307.

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29. Will any outdoor lights or lighting be utilized? \_\_\_\_\_

29a. If yes, provide a plan showing the location of such lights and shielding devices or other equipment to prevent unreasonable glow beyond the property on which the festival is located and in compliance with the Uniform Statewide Building Code. \_\_\_\_\_

\_\_\_\_\_

## **AMHERST COUNTY EVENT PERMIT**

**NAME OF EVENT:** \_\_\_\_\_

**DATE OF EVENT:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**LOCATION OF EVENT:** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**TELEPHONE/CELL: (DAY)** \_\_\_\_\_ **(EVENING)** \_\_\_\_\_

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**APPROVED:** \_\_\_\_\_ **DENIED:** \_\_\_\_\_

**APPROVED SUBJECT TO THE FOLLOWING MODIFICATION(S):**

\_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_