



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)**

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

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

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

25. Will existing restroom facilities be adequate? _____

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

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

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

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

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

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. _____

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 SPECIAL 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)** _____

(For Office Use Only)

APPROVED: _____ **DENIED:** _____

APPROVED SUBJECT TO THE FOLLOWING MODIFICATION(S):

AUTHORIZED SIGNATURE: _____
Director, Amherst County Recreation & Tourism

DATE: _____