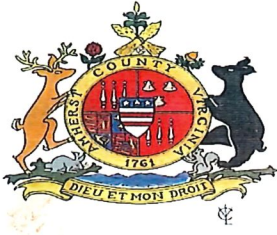


AMHERST COUNTY



AMHERST COUNTY  
EVENT APPLICATION FORM

RETURN COMPLETED APPLICATION TO  
AMHERST COUNTY DEPARTMENT OF RECREATION & TOURISM  
MONROE COMMUNITY CENTER, 129 FRANCIS AVE., MONROE, VA 24574

1. Event Name: \_\_\_\_\_
2. Organization/Sponsor name: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Telephone: \_\_\_\_\_
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. Projected number of attendees: \_\_\_\_\_
  - 12a. Basis for projection: \_\_\_\_\_
13. Identify any temporary structures that will be constructed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 13a. Describe temporary structures in detail, identifying where they will be located:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 needed 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. Identify quantity, type and location of vendors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
19. Are food sales planned? \_\_\_\_\_  
19a. 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) \_\_\_\_\_  
\_\_\_\_\_
22. Plan for providing necessary medical services (Attach letter from Public Safety and Rescue Squad): \_\_\_\_\_  
\_\_\_\_\_

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23. Plan for fire protection (Attach letter from Fire Department): \_\_\_\_\_

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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/location in which alcoholic beverages will be sold: \_\_\_\_\_

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

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

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

28a. If so, identify the date, time, location and vendor: \_\_\_\_\_

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

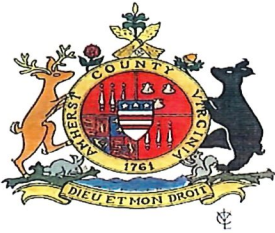
29a. If so, provide a plan showing the location of such lights and shielding devices or other equipment to prevent unreasonable glow beyond the property on which the festival is located and the same shall comply with the Uniform Statewide Building code: \_\_\_\_\_

# AMHERST COUNTY EVENT PERMIT

NAME OF EVENT: \_\_\_\_\_  
DATE OF EVENT: \_\_\_\_\_ TIME: \_\_\_\_\_  
LOCATION OF EVENT: \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP : \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_  
APPROVED SUBJECT TO THE FOLLOWING MODIFICATIONS: \_\_\_\_\_



AUTHORIZED SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_