

SPECIAL EVENT APPLICATION REQUEST

*\$25.00 Non-Refundable Application Fee Required.
Please attach any additional info to this form.*

Return to:
Charlottesville Parks & Recreation
P.O. Box 911
Charlottesville, VA 22902



FOR OFFICIAL USE ONLY

Organizational Status:

Non-Profit Commercial Independant
 Maps Attached ABC Permit Required
 Tent Permit Required License Verified

INDEMNITY RELEASE

In making this request, the applicant understands that the sponsor will hold harmless and indemnify the City, its officers, employees, and agents against injury, loss or damage occurring as a result of this special event. Sponsors of special events held on public property will be required to provide Special Event Liability Insurance in an amount not less than \$1 million dollars, naming the City of Charlottesville, its officers, officials, employees and agents as an additional insured party to the contract. For additional information regarding this requirement please contact the Charlottesville Parks & Recreation Department at 970-3260.

Sponsor(s) Name: _____

Address: _____

Sponsor Telephone: _____

Event Contact Name: () _____

Contact Address: _____

Contact Telephone: Office () _____

Home () _____

Cell () _____

Date Application Received By P&R

APPLICANT SIGNATURE

DATE

DATE APPLICATION SUBMITTED: _____, _____

EVENT PURPOSE / BRIEF DESCRIPTION:

IDENTIFY EVENT CATEGORY: CARNIVAL DEMONSTRATION FAIR FESTIVAL
 FUNDRAISER HISTORICAL CELEBRATION MARATHON
 RACE/WALK PARADE OTHER (Describe Other) _____

EVENT VENUE & LOCATION REQUESTED: _____

LIST RACE/WALK STREET ROUTES, IF APPLICABLE (A clear & legible map showing walk/run routes also requested -Please attach map to application):

STREET CLOSING REQUESTED, IF SO INCLUDE LOCATIONS AND CLOSING /OPENING TIME(S): YES NO
LOCATION(S): _____

CLOSING DATE(S) _____ CLOSING/OPENING TIME(S): FROM _____ am/pm UNTIL: _____ am/pm

EVENT START DATE/TIME: _____ (WEEKDAY) (DATE) (TIME) EVENT END DATE/TIME: _____ (WEEKDAY) (DATE) (TIME)

EVENT SET UP DATE/TIME (INCLUDE WEEKDAY): _____ (WEEKDAY) (DATE) (TIME)

EVENT BREAKDOWN DATE/TIME (INCLUDE WEEKDAY): _____ (WEEKDAY) (DATE) (TIME)

EVENT RAIN DATE REQUESTED: YES NO DATE REQUESTED: _____ (WEEKDAY) (DATE)

ESTIMATED # PARTICIPANTS: _____ WILL AMPLIFIED MUSIC BE USED: YES NO

IDENTIFY TYPE MUSICAL ENTERTAINMENT REQUESTED: BAND DISC-JOCKEY OTHER

CITY UTILITIES NEEDED? YES NO IDENTIFY TYPE UTILITIES NEEDED, IF APPLICABLE: _____

CITY EQUIPMENT REQUESTED, IS SO PLEASE IDENTIFY TYPE EQUIPMENT: YES NO

IF YES, IDENTIFY TYPE EQUIPMENT REQUESTED: _____

OTHER CITY SERVICES REQUESTED YES NO

(Please identify the area of services needed including staff assistance if applicable): _____

PLEASE USE THIS SPACE TO PROVIDE A DIAGRAM OF HOW YOU PROPOSE TO SET UP THE EVENT VENUE SPACE

IDENTIFY EVENT EQUIPMENT & QUANTITY OF EQUIPMENT TO BE PLACED IN/ON REQUESTED VENUE SPACE

OF BOOTHS _____ SIZE OF EACH BOOTH _____

OF CANOPIES (Pop-Up) _____ SIZE OF EACH CANOPY _____

OF TABLES _____ SIZE OF EACH TABLE _____

OF TENTS _____ SIZE OF EACH TENT _____ (900 sq. ft. & above will require Permit from City NDS Dept.)

OF STANDS _____ SIZE OF EACH STAND _____

OTHER EQUIPMENT _____ (See Below)

(PLEASE DESCRIBE OTHER EQUIPMENT REQUESTED FOR PLACEMENT):

Please note if "other" equipment includes the use of a moon bounce and or inflatable carnival type rides and activities provided by a 3rd party vendor, proof of insurance by the vendor providing such equipment will be required. The 3rd party vendor shall provide a current certificate of insurance indicating at least \$1 million in general liability and completed operations coverage and certificate of workers' compensation coverage, if applicable. Said insurance shall name the City of Charlottesville (including its officers, officials, employees and agents) as an additional insured party to the insurance contract. A copy of said documents must be provided to the Parks & Recreation Administration Office by the requested due date specified.

ALCOHOLIC BEVERAGE INVOLVED IN THIS ACTIVITY: ___ YES ___ NO (If Yes please describe circumstances involved with the use of alcoholic beverage and if the activity involves the sale of alcohol at this event)

Describe:

HEALTH DEPARTMENT INFORMATION REQUESTED

WILL FOOD BE DISTRIBUTED AT THIS EVENT: ___ YES ___ NO (If Yes a Temporary Food Permit will be required by the State Health Department (Thomas Jefferson Health District (TJHD) located on Rose Hill Drive (434) 972-6259. Please provide the below information requested by the TJHD).

NUMBER OF VENDORS ___ **CONTACT NAME** (If different from Sponsor/Applicant): _____

CONTACT TELEPHONE (If different from Sponsor/Applicant): _____

IS SITE EQUIPPED WITH WATER FAUCETS/FIXTURES: ___ YES ___ NO

MEANS OF WASTEWATER DISPOSAL: