



County of Dinwiddie Special Event Permit Application

OFFICE USE ONLY
DATE SUBMITTED:

NOTE: Applications for Special Event Permits must be submitted to the County Administrator no fewer than 30 days preceding the date of the event.

REASON FOR PERMIT	CHECK ALL THAT APPLY:	<input type="checkbox"/> OPEN TO THE GENERAL PUBLIC
	<input type="checkbox"/> ADMISSION CHARGED	AMOUNT OF CHARGE: \$ _____ PER _____
	<input type="checkbox"/> CONTRIBUTION COLLECTED	SUGGESTED CONTRIBUTION: \$ _____ PER _____

APPLICANT INFORMATION	NAME:	PHONE NUMBER(S):
	ADDRESS:	EMAIL ADDRESS:

EVENT INFORMATION	EVENT NAME:		EVENT DATE AND TIME:		
	EVENT LOCATION NAME AND ADDRESS:		NO. OF EXPECTED ATTENDEES:	NO. OF EXPECTED TICKETS SOLD:	
	IS THE APPLICANT THE PROPERTY OWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "NO," PLEASE ATTACH A NOTARIZED LETTER FROM THE PROPERTY OWNER AUTHORIZING USE OF THE PROPERTY FOR THE EVENT.			
	WILL ALCOHOL BE SOLD OR CONSUMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPES:	IF "YES," PLEASE ATTACH A COPY OF THE VIRGINIA ALCOHOLIC BEVERAGE CONTROL LICENSE FOR THIS EVENT. IF BEING SOLD, A DINWIDDIE COUNTY BANQUET LICENSE IS ALSO REQUIRED.		
	IS THERE A PROMOTER FOR THIS EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	PROMOTER NAME:		ADDRESS:	
	PHONE NUMBER:	EMAIL:	PERFORMERS (IF ANY):		

BUILDING INSPECTIONS	CHECK ALL THAT APPLY:			
	ELECTRICAL DEVICE INSTALLATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	OUTDOOR LIGHTING: <input type="checkbox"/> YES <input type="checkbox"/> NO	BLEACHERS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	TENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO	TENT QUANTITY:	TENT SIZE:	FLAPS: <input type="checkbox"/> UP <input type="checkbox"/> DOWN
	AMUSEMENT RIDES: <input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIPTION:		

COMMISSIONER OF THE REVENUE	CHECK ALL THAT APPLY:			
	BUSINESS LICENSE: <input type="checkbox"/> YES <input type="checkbox"/> NO	WHO WILL RECEIVE PROCEEDS?		IF NONPROFIT ORGANIZATION, LIST EIN:
	ADMISSIONS TAX:	IF EVENT IS HELD AT A PARK; THE PARK RECEIVES:	<input type="checkbox"/> AMOUNT FROM TICKET SALES OF \$ _____ PER TICKET	<input type="checkbox"/> PERCENTAGE AMOUNT FROM TICKET SALES OF _____% <input type="checkbox"/> FLAT FEE OF \$ _____
	TICKET PRICE: \$ _____			
	TRANSIENT OCCUPANCY TAX: WILL OVERNIGHT STAYS BE ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	MEALS TAX: <input type="checkbox"/> FOOD TO BE SOLD (ATTACH PRICE LIST) <input type="checkbox"/> PROVIDED FREE OF CHARGE	VENDORS: <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," PLEASE ATTACH A LIST OF ALL VENDORS INCLUDING THEIR NAME, ADDRESS, PHONE NUMBER, AND EMAIL.		

HEALTH	PLAN FOR GARBAGE, TRASH, AND SEWAGE DISPOSAL:
	COMPLETE ATTACHED HEALTH DEPARTMENT FORM IF FOOD IS BEING SERVED OR COOKED.

FIRE & EMS	IF IT IS DEEMED NECESSARY TO HAVE ON-SITE MEDICAL OR FIRE PROTECTION, PLEASE CONTACT FIRE AND EMS AT 804-469-5388.
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County of Dinwiddie Special Event Permit Application Continued

SECURITY, TRAFFIC, & PARKING	CHECK ALL THAT APPLY (SEE ATTACHED LETTER):	
	ACCORDING TO THE COUNTY'S SECURITY POLICY:	
	<input type="checkbox"/> DEPUTIES/SECURITY OFFICERS ARE REQUIRED	<input type="checkbox"/> I REQUEST ___ DEPUTIES AT \$65/HOUR
	<input type="checkbox"/> I WILL PROVIDE MY OWN SECURITY OFFICERS	IT IS UNDERSTOOD THAT ALL SECURITY OFFICERS MUST POSSESS A DCJS CERTIFICATION CARD AND PRESENT IT UPON REQUEST BY LAW ENFORCEMENT.
ADDITIONAL REQUIREMENTS:		

By signing below, I pledge and certify the following:

1. I hereby certify that the information on this form and the documents provided for support are accurate, true and correct to the best of my knowledge and belief.
2. I pledge to hold the special event described on this application in accordance with all applicable federal, state, and local laws and regulations.
3. I authorize the county administrator; his lawful agents, including but not limited to those officials approving plans and providing certifications as required by the Dinwiddie County Code, and duly constituted law-enforcement officers to go upon the property at any time for the purpose of determining compliance with all applicable federal, state, and local laws and regulations.

Signature of Applicant

Date

Vendor List

NAME:	PHONE NUMBER(S):
ADDRESS:	EMAIL ADDRESS:
NAME:	PHONE NUMBER(S):
ADDRESS:	EMAIL ADDRESS:
NAME:	PHONE NUMBER(S):
ADDRESS:	EMAIL ADDRESS:
NAME:	PHONE NUMBER(S):
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**Use additional pages if necessary.