

ATTACHMENT S-2

DATE: _____

DINWIDDIE BOARD OF SUPERVISORS
P O DRAWER 70
DINWIDDIE, VIRGINIA 23841

DEAR MEMBERS:

_____ IS APPLYING FOR AN ENTERTAINMENT PERMIT

(NAME OF APPLICANT)

FOR AN EVENT TO BE HELD AT _____

(LOCATION OF EVENT)

ON _____ FROM _____.

(DATE)

(TIME PERIOD)

APPROXIMATELY _____ PERSONS ARE EXPECTED TO ATTEND.

(NUMBER)

ALCOHOLIC BEVERAGES WILL BE CONSUMED: YES _____ NO _____.

UNDER THE SECURITY PLAN FOR THIS EVENT _____ OF

(NUMBER)

DEPUTIES/SECURITY OFFICERS AS DETERMINED BY THE SHERIFF ARE
REQUIRED FOR THIS EVENT. THE CHARGE FOR COUNTY DEPUTIES IS
\$30 PER HOUR OR YOU MAY PROVIDE YOUR OWN "CERTIFIED"
SECURITY OFFICERS.

RESPECTFULLY,

S. H. SHANDS, SHERIFF

/abr