



# 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.

<b>REASON FOR PERMIT</b>	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 _____

<b>APPLICANT INFORMATION</b>	NAME: _____	PHONE NUMBER(S): _____
	ADDRESS: _____	EMAIL ADDRESS: _____

<b>EVENT INFORMATION</b>	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): _____	

<b>BUILDING INSPECTIONS</b>	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: _____		

<b>COMMISSIONER OF THE REVENUE</b>	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: TICKET PRICE: \$ _____	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 \$ _____
	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.		

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

<b>FIRE &amp; EMS</b>	IF IT IS DEEMED NECESSARY TO HAVE ON-SITE MEDICAL OR FIRE PROTECTION, PLEASE CONTACT FIRE AND EMS AT 804-469-4588.
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## County of Dinwiddie Special Event Permit Application Continued

<b>SECURITY, TRAFFIC, &amp; PARKING</b>	<b>CHECK ALL THAT APPLY (SEE ATTACHED LETTER):</b>	
	ACCORDING TO THE COUNTY'S SECURITY POLICY:	
	<input type="checkbox"/> _____ DEPUTIES/SECURITY OFFICERS ARE REQUIRED	<input type="checkbox"/> I REQUEST ____ DEPUTIES AT \$35/HOUR
	<input type="checkbox"/> I WILL PROVIDE MY OWN SECURITY OFFICERS	<b>IT IS UNDERSTOOD THAT ALL SECURITY OFFICERS MUST POSSESS A DCJS CERTIFICATION CARD AND PRESENT IT UPON REQUEST BY LAW ENFORCEMENT.</b>
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):
ADDRESS:	EMAIL ADDRESS:
NAME:	PHONE NUMBER(S):
ADDRESS:	EMAIL ADDRESS:
NAME:	PHONE NUMBER(S):
ADDRESS:	EMAIL ADDRESS:

\*\*Use additional pages if necessary.