*Before completing this form, download and save to your computer



City of Lynchburg Parks and Recreation Department

301 Grove Street Lynchburg, VA 24501 www.LynchburgParksAndRec.com (434) 455-5858

OFFICE USE ONLY
Permit No.
Date Received:
Event Site:
Event Date:
Application Fee (\$50.00)
Receipt No.

SPECIAL EVENT PERMIT APPLICATION

Event Name:			
Start Date:	End Date:	-	
Annual Event:	First Time Event:	Longevity of Event:	
Overall Attendance Estimate:	Largest One-Ti	me Event Attendance Estimate:	
Alcohol Served? ☐ Yes ☐ No	Event Category (check all	that apply):	
Admission/Entry Fee? ☐ Yes ☐ No	Community Festival □	Concert □	
In Advance:	Run / Walk □	Parade □	
Day Of:	Bike Race / Tour □	Other (specify):	
Event Organizer:			
Corp. ID #:	_ Non-Profit Corpora	ntion? □ Yes □ No	
Address:		City State Zip Code	
Primary Contact:	Email:		
Phone:	Fax:	Cell:	
Additional Event Partner:		Phone:	
Cell:			
Is another individual organization or h	nusiness sponsoring this act	ivity? □ Vos □ No ✓ IF YES, THEN COMPLETE INFORMATION BELOW	
Is another individual, organization, or business sponsoring this activity? ☐ Yes ☐ No ✓ IF YES, THEN COMPLETE INFORMATION BELOW Name of Sponsoring individual(s), organization(s), or business(es):			
	a.ioii(3), oi busiliess(es):		

Description of Event (provide thorough details of event, activities, programs, and schedule):			
Event Venue / Site(s) (provide thorough details):			
Event Start Date:	_ Event Start Date:		
Time Open to Public:	Time Closed to Public:		
Actual Event Start Time:	Actual Event End Time:		
Music/Sound Start Time:	Music/Sound End Time:		
Alcohol Service Start Time:	Alcohol Service End Time:		
2 nd Date of Event:	-		
Time Open to Public:	Time Closed to Public:		
Actual Event Start Time:	Actual Event End Time:		
Music/Sound Start Time:	Music/Sound End Time:		
Alcohol Service Start Time:	Alcohol Service End Time:		
3 rd Date of Event:			
Time Open to Public:	Time Closed to Public:		
Actual Event Start Time:	Actual Event End Time:		
Music/Sound Start Time:	Music/Sound End Time:		
Alcohol Service Start Time:	Alcohol Service End Time:		
Event Merch	ants & Vendors Information		
Food Served / Sold at Event:	# of Vendors:		
# of Non-Profit Vendors:	# of For-Profit Vendors:		
# of Vendors Needing Electricity:	# of Vendors Needing Water:		

Cooking Metho	od (check all tha	т арріу):			
Charcoal	Electric 🗆	Gas/Propane □	Other (spe	ecify):	
Merchandise S	old at Event:			# of Vendors:	
# of Non-Profit	Vendors:			# of For-Profit Vendors	:
# of Vendors N	eeding Electrici	ty:		# of Vendors Needing V	Vater:
Other Items/Se	ervices Sold:			# of Vendors:	
Describe Items	/Services:				
# of Non-Profit	: Vendors:			# of For-Profit Vendors	:
# of Vendors N	eeding Electrici	ty:		# of Vendors Needing V	Vater:
		Event Venue Set-	-Up and Brea	k-Down Information	n
Event Venue Se	et-Up Date:		Start Time:		End Time:
Event Break-D	own Date:		Start Time:		End Time:
Additional Ven	nue(s) or sites re	equired for Event set-	up or staging:		
Requested stre	eet(s) to be close	ed:			
Proposed date	(s) and times of	street closures:			
Proposed date	(s) and times of	street closures:			
Proposed date	(s) and times of	street closures:			

Will You Be Supplying Any of the Following Items or Elements at Your Event?

Dumpsters □ Yes	Quantity:	Portable	Toilets □ Yes	Quantity:
Trash Cans □ Yes	Quantity:	Recycling	Containers □ Yes	Quantity:
Banners or Signs □ Yes	Quant	ity:		
Fencing/Barricades □ Yes	Туре:			
Special Lighting □ Yes	Describe:			
Shuttle Services □ Yes	Describe:			
Site Decorations □ Yes	Describe:			
Catered Food □ Yes	Describe:			
Live Entertainment □ Yes	Describe:			
Stage, Bleachers, or Other Stru	ıctures □ Yes	Quantity:	Describe:	
Event Web Site or Hot-Line Ph	one □ Yes	Quantity:	Describe:	
Fireworks, Fires, or Pyrotechni	ics □ Yes	Quantity:	Describe:	
Name of Fireworks Contractor	(if applicable):			
Booths, Exhibits, or Displays □	l Yes	Quantity:	Describe:	
Tents or Canopies □ Yes		Quantity:	_ Size - Sq. Ft:	
Vehicles/Trailers □ Yes		Quantity:	_ Describe:	
Animals □ Yes		Quantity:	_ Describe:	
VIP Area □ Yes		Quantity:	_ Describe:	
Animals □ Yes		Describe:		
Amplified Music/Sound □ Ye	es	Describe:		
Rides/Inflatables, Other Amuser	ment Items □ Ye	es Quantity:	_	
Describe:				
Fuent Day Staff □ Vec		Quantity	Hours	

Are You Requesting that the City of Lynchburg Provide Any of the Following Items/Elements for Your Event?

Electrical Service □ Yes	Describe:		
Water Service □ Yes	Describe:		
First Aid Service ☐ Yes	Describe:		
Crowd Control Barricades □	Yes Describe :		
		Describe:	
Stage □ Yes		Cost: \$750.00; stage has lights a	
Other City Services ☐ Yes	Describe:		
	How Will Yo	u Obtain Event Staff?	
Describe:			
How M	any Staff Persons Will Y	ou Have Working the Fol	lowing Areas:
Entry/Exit Gates:	Clean-Up Crew	: Beer,	/Wine Garden Area:
Parking:	Stage:	Othe	r:
How do you Plan	to Notify Residents and	Businesses Who May be	Affected by Your Event?
Door to Door:	Flyers:	Phone Calls:	Other:
	How do you Plan to N	Market/Promote Your Eve	ent?
TV Ad:	Radio Ad:	Newspaper Ad:	Street Banner:
Website:	Billboards:	Other:	

Liability Insurance Information

A certificate of insurance for this event must be presented to the City of Lynchburg (c/o) Parks & Recreation Special Events Coordinator) no later than fifteen (15) calendar days prior to the start date of the event. If the information requested below is not available when this application is submitted, it can be added later, but not later than the fifteen (15) day deadline previously noted.

Insurance Agency:		Polic	cy #:		
Agent's Name:		Business Phone:			
Policy Limits:					
Address:		City	State	Zip Code	
		S.C.,	State	2.0000	
	Indemnity Agreeme	ent			
the perimeters of their event venue, the unders City, it's employees, offices, and agents against expenses, and shall pay all attorney's fees, couragainst, be charged to, be recovered from, or so reason of or on account of any personal injury of associated activities, if such personal injury or of the undersigned, or the undersigned's emplo subject to the undersigned's control. The City, if any specific types of notices of such claims. Witness the Following Signature (Event Organ	any and all claims, liabilities toosts, and other cost incurrence from the cost of the cos	es, judgment urred in defe the City, its perty arising ty is caused n acts, omiss d agents sha	s, costs, causes of anding such claims employees, officer from the undersign by the acts or omitions, or negligence all not have to give	action, damages, , which may accrue rs, and agents by gned's event and ssions or negligence e of any other person e the undersigned	
Witnessed By:		-			
	Affidavit of Applica	nt			
Applicant:		Title:			
Signature of Applicant (Event Organizer):					
Date:					

A signed hard copy of the Indemnity Agreement and Affidavit of Applicant portions of the Special Event Permit Application must be provided to the City before an application will be considered fully executed. Submit a hard copy and an electronic version (either email or disk) of this Special Event Permit Application to **Sharon Brown**, **Special Events Coordinator**, **City of Lynchburg Parks & Recreation Department**.