*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.:			

ARMORY / MARKET SQUARE FACILITY USE APPLICATION

equested:	Date R	ame of Applicant:		
State Zip Coo	City		Address:	
State Zip Coc			ay Time Phone:	
O ✓IF YES, THEN COMPLETE INFORMATION	□ Yes □ N	business sponsoring this activity?	another individual, organization, or	
			lame of Sponsoring individual(s), orga	
			Address:	
State Zip Coo	City		Street	
			vent Name:	
		End Date:	tart Date:	
ngevity of Event:	Lor	First Time Event:	nnual Event:	
nce Estimate:	ent Attenda	Largest One-Time Ev	Overall Attendance Estimate:	
			admission/Entry Fee? ☐ Yes ☐ No	
	apply):	Event Category (check all that		
		Sporting Event □ Concert	n Advance:	
	ecify):	Parade □ Other (sp	Oay Of:	
nedule):	ams. and sch	h details of event, activities, progr	Description of Event (provide thoroug	
	 ,	,,	, , , , , , , , , , , , , , , , , , , 	

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 Mercha	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 Method (check all that apply):	
Charcoal □ Electric □ Gas/Propane □	Other (specify):

# of Non-Profit Vendors:		# of For-Profit Vendors:		
# of Vendors Needing Ele	ctricity:	# of Vendors Needing Water:		Water:
Other Items/Services Sol	ld:		# of Vendors:	
Describe Items/Services:				
# of Non-Profit Vendors:			# of For-Profit Vendor	
# of Vendors Needing Ele			# of Vendors Needing	
	Event Venue S	et-Up and Brea	ak-Down Informatio	on
Event Venue Set-Up Date	e:	Start Time:		End Time:
Event Break-Down Date	:	Start Time:		End Time:
Additional Venue(s) or si	tes required for Event s	et-up or staging:		
Requested street(s) to be	e closed:			
Proposed date(s) and tim	es 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	g Containers □ Yes	Quantity:

Banners or Signs ☐ Yes	Quantity:		
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 Pyrotechn	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 ☐ Yes		Describe:	
Rides/Inflatables, Other Amuse	ment Items □ Yes	Quantity:	
Event Day Staff ☐ Yes		Quantity:	Hours:
Are You Requesting that	the City of Lyn	chburg Provide A Event?	Any of the Following Items/Elements for Your
Electrical Service ☐ Yes	Describe:		

Water Service ☐ Yes	Describe:				
First Aid Service ☐ Yes	Describe:	Describe:			
Crowd Control Barricades	Yes Describe :		<u>-</u>		
Unique Grounds Preparatio		Describe:			
Stage □ Yes		st: \$750.00; stage has lights and o			
Other City Services ☐ Yes	Describe:	Describe:			
	How Will You	Obtain Event Staff?			
Describe:					
How M Entry/Exit Gates:	any Staff Persons Will Yo Clean-Up Crew: _	ou Have Working the Follow Beer/Wi	ving Areas: ne Garden Area:		
Parking:	Stage:	Other: _			
How do you Plan to Door to Door:	to Notify Residents and B	Businesses Who May be Affe	ected by Your Event? Other:		
	How do you Plan to M	arket/Promote Your Event	?		
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.

Policy #.

Insurance Agency:	Policy #:	
Agent's Name:	Business Phone:	
Policy Limits:		
Address:Street	City	tate Zip Code
	Indemnity Agreement	
the perimeters of their event venue, the under City, it's employees, offices, and agents agains expenses, and shall pay all attorney's fees, cou against, be charged to, be recovered from, or s reason of or on account of any personal injury associated activities, if such personal injury or of the undersigned, or the undersigned's empl subject to the undersigned's control. The City any specific types of notices of such claims.	play, sell, or offer for sale wares, services, and/or in rigned agrees to assume the defense of and indest any and all claims, liabilities, judgments, costs, our toosts, and other cost incurred in defending successions to be removed from the City, its employees or death or damage to property arising from the redeath or damage of property is caused by the act loyees and agents or by such acts, omissions, or not, its employees, officers, and agents shall not have anizer Signature):	emnify and save harmless the causes of action, damages, ch claims, which may accrue es, officers, and agents by undersigned's event and ts or omissions or negligence egligence of any other person ve to give the undersigned
	Affidavit of Applicant	
Applicant:	Title:	
Signature of Applicant (Event Organizer):		
Date:		

A signed hard copy of the Indemnity Agreement and Affidavit of Applicant portions of the Armory and Market Square Facility Use Application must be provided to the City before an application will be considered fully executed. Submit a hard copy and an electronic version (email) of this Application to Sharon Brown, Special Events Coordinator (Sharon.brown@lynchburgva.gov), City of Lynchburg Parks & Recreation Department.