



Chesterfield County Department of Parks and Recreation
P.O. Box 40
Chesterfield, VA 23832
804-748-1623 804-751-4131 Fax

SPECIAL EVENT PERMIT APPLICATION

Applicants Name: _____

Name of Organization (if applicable): _____

Not for profit Yes No

Address: _____

Phone: _____ Cell: _____

Email: _____

EVENT INFO

Name of Event: _____

Date of Event: _____ Total number of attendees expected: _____

Location of Event: _____

Area of Park to be used: _____

Time of Event: Start: _____ End: _____ Setup Time: _____ Breakdown Time: _____

Please describe inclement weather plans and list rain date:

Provide a detailed description of the nature of ALL the activities you plan to present at the event
(e.g. Vendors, tents, food, activities, etc.)

SITE MAP

Please attach a site map and indicate any areas where you propose to erect any tents or other structures, parking, bands, vendors, porta johns, etc.

- Maps of most County Sites can be found at www.chesterfield.gov/parks
- Hand drawn maps are also acceptable

VENDORS

- A vendor is anyone serving, selling or sampling food, beverages or merchandise. Every vendor must provide proof of proper insurance and meet the requirements of the Health Department and Fire Marshal.
- Food/Merchandise being sold on county property requires a concession/vendor application and applicable fees.
- A separate Business License may be required. Contact the Commissioner of Revenue for more information.

Food will be (check all that apply): Served Sold Catered Prepared Outdoors
 Delivered from another location

How many vendors will be present at event? _____

What time will food vendors be setup and ready for inspection? _____

Please list vendor information

Vendor: _____

Contact Name: _____ Phone: _____

Description of items to be served/sold/catered: _____

Vendor: _____

Contact Name: _____ Phone: _____

Description of items to be served/sold/catered: _____

**Please use additional sheets if necessary

SECURITY
 Chesterfield County may require a police presence depending on the nature of your event. There is a cost associated with use of police officers. Call 804-717-6162 for more information.

Police Yes No Reason: Security Traffic Crowd Control

Start Time: _____ End Time: _____

EMS needed on site? Yes No (there may be a cost associated with county EMS assistance)

OTHER

D.J. PA System Band

Will you need additional restrooms? Yes No

- Porta Johns can be rented through Parks and Recreation for an additional cost.
- Only the Parks and Recreation vendor can be used on county property.

EQUIPMENT

- **Special Permits may be required from the Building Inspector. Contact Building Inspection at 804-748-1057**
- **Certificates of Insurance ARE required for all rides (mechanical or non-mechanical), inflatables (bounce houses), stages, bleachers and platforms.**

Will you be using any of the following? (check all that apply)

Stage Bleachers Platforms Generators Bounce House Rides N/A

Vendor/Company Name: _____

Contact Name: _____ Phone: _____

TENTS

- **Tents larger than 900 square feet require a building permit and inspection.**
- **Contact Building Inspection at 804-748-1057.**

Will you be using a Tent(s)? Yes No

Please give an overview of your tent plan. List by number, size and usage code.

Tent Usage Codes: **C** – cooking underneath **S** – sale of food, merchandise
D – display of info, non-sales **GA** – general assembly (requires floor plan showing exits)

# of Tents	Size of Tent	Usage Code

Vendor/Company Name: _____

Contact Name: _____ Phone: _____

PARKING

Where will attendees park? Facility Lots On Street Parking Private Parking Satellite Parking
 Other School lots (use of school property must be approved by school officials)

SIGNS/BANNERS

All signs and banners must adhere to Chesterfield County sign ordinance. Contact the Planning Department at 804-748-1050 to obtain a Temporary Sign Permit.

Will signs/banners be placed along the roadway? Yes No

SPECIAL EVENT PERMIT AGREEMENT & INDEMNIFICATION

- Applications are due AT LEAST 30 days prior to the event set-up date. Applications received less than 30 days prior to the event risk being denied approval.
- All licenses and permits shall be obtained and fees shall be paid at least two weeks prior to the event.
- Certificate of Insurance should be supplied for all vendors (and applicant if deemed necessary) in the amount of \$1 million and must name Chesterfield County and the Department of Parks and Recreation, its elected officials, employees, agents and volunteers as additional insured with respect to the General Liability Policy.
- Applicant agrees to comply with all laws, rules and regulations of the federal, state and county governments governing operations and conduct on County property.
- Vendors selling items on site may be required to obtain a business license. For events with five or more such vendors, the promotor may be required to obtain a “vendor event” business license to cover all vendors. Contact the Commissioner of Revenue for more information.
- The facility/area is provided in an “as is” condition. The event organizer assumes all responsibility for the security and safety of all participants and spectators of the event. Applicant accepts responsibility for any damages that might occur during the period of use.
- Chesterfield County has no responsibility for equipment and/or items of personal property at the location at any time.
- The applicant hereby applies for a Special Events Permit for the event described above and on any additional attachments. Permittee agrees to be responsible for and pay, indemnify and hold harmless, County, its officers/officials, agents, employees and volunteers against any and all loss, cost or expense, including reasonable attorneys’ fees, resulting from any claim or legal action of any nature whatsoever that may arise against the County in connection with the event or in connection with any of the rights and privileges granted by County to licensee.

I have read and understand the Special Event Permit Agreement terms and conditions and I agree to be bound by said terms and conditions. I certify that the information I provided is accurate to the best of my knowledge.

Signature of applicant: _____ Date: _____

Print Name: _____

OFFICE USE ONLY

P&R Representative:	Date Rec’d:
Insurance Rec’d: <input type="checkbox"/> Yes Date:	Final Approval Given: <input type="checkbox"/> Yes
Risk Management: <input type="checkbox"/> Yes <input type="checkbox"/> No	Building Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No
Police: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire/EMS: <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Department: <input type="checkbox"/> Yes <input type="checkbox"/> No	Commissioner of Revenue: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	