



CITY OF SUFFOLK

APPLICATION FOR A SPECIAL EVENT PERMIT FOR CHARITABLE AND NON-PROFIT ORGANIZATIONS

This application is intended to initiate a request to hold a special event within the City of Suffolk. Special event applications are required for items meeting the following criteria:

This form must be completed in full before it can be submitted. A completed application along with the application fee must be submitted to the community development division **at least** sixty (60) days prior to the event. Any misrepresentation in this application or willful deletion of any information described herein may result in the immediate revocation of the permit. The application will be returned if the information is incomplete. Please type or print your responses clearly. Attach additional sheets if necessary.

The permitting process is administered by the Community Development division of the planning and community development department and assists event planners by compiling permits and paperwork required by various city departments into one centralized location. The Community Development division serves as a communication tool and facilitator among the various city departments on behalf of the applicant.

All expenses for insurance, necessary permits, restrooms, tents, sound systems, park rental fees including deposits, staff fees and services, etc provided by the Police, Fire, Parks and Recreation, Community Development, etc shall be the responsibility of the event organizer.

Checklist for applicant:

If any of the following items/licenses/etc are checked by city staff, the applicant will be required to provide the following in addition to completing the application:

1. A site plan indicating the following:
 - a. Location of entire event (address and street names to be included)
 - b. Location of concession stands/vendors
 - c. Location and size of any tents/amusement devices/stages/or other temporary structures
 - d. First-aid including fire/rescue
 - e. Restroom facilities including portable facilities
 - f. If this is a race, then the route of the race will need to be shown
 - g. Location of where security/police will be needed
 - h. Parking locations
 - i. Indicate where you are requesting streets to be blocked and traffic to be re-routed, entrance locations for event
 - j. Storage & launch site of any fireworks
 - k. Location of any generators and/or temporary power supplies
 - l. Other items as requested by city staff

2. Certificate of insurance
 - a. The City of Suffolk must be listed as additionally insured on a general liability insurance policy for personal injury and property damage, protecting the city of Suffolk, its officers, agents, elected officials and appointed officials, and employees from any and all claims which may result from or in connection to the event listed in this application. Limits of insurance are generally \$1,000,000.00 for death or bodily injury and property damage. limits and types of insurance may change based on different activities of each special event as determined by the City of Suffolk Risk Manager

3. Garbage and waste management plan (including plan for providing trash receptacles and plan for removal of garbage)

4. A copy of the admission ticket

5. Entertainment schedule including the performer names, times scheduled to perform, location of performance, etc (this includes disc jockeys)

6. A copy of any fliers/other materials utilized to advertise event

7. If applicant will be displaying any signs/banners, applicant will need to complete an application for “temporary signage”

8. Vendor list including contact information:
 - a. All food and merchandise vendors
 - b. All service providing vendors
 - c. Other vendors associated with the event

9. City license Peddlers license
 Obtain from Commissioner of Revenue's office: (contact 757-514-4260)
10. Obtain permit from the Health Department
 Obtain from Environmental Health (contact 757-514-4754)
11. Abc license (applicant will need to supply a copy of the license)
 Obtain from Virginia Alcohol Beverage Control (contact 757-825-7830)
12. Virginia Department of Professional/Occupational regulation license
 (Applicant will need to supply a copy of license)
13. Indoor events may require professional certification from a Registered Design Professional that the building is appropriate for the intended use as determined by the Building Official/Designee
14. Consent of property owner if other than applicant:
 (Applicant must supply a notarized letter from property owner)
15. Requirements not specified above by other City departments:
 Other _____
 Other _____
16. Requirements not specified above by other state/federal departments/agencies:
 Other _____

Part I - Applicant Information:

1. Organization information:	
Name of organization hosting event	
Non-profit <i>(copy of the 501(c)(3) certificate is required)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address	

2. Primary contact information:	
Primary contact person	
Title	
Contact phone #	
Alternate phone #	
Email address	
Have you even been convicted of a felony/crime involving moral turpitude, and/or involving juveniles?	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, provide date/specifics:
Have you and/or your organization ever applied for a special event?	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, provide name and date of event:

3. Secondary contact information:	
Secondary contact person	
Title	
Contact phone #	
Alternate phone #	
Email address	
Have you even been convicted of a felony/crime involving moral turpitude, and/or involving juveniles?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date/specifics:
Have you and/or your organization ever applied for a special event?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name and date of event:

Part II - Event Details:

4. Event specifics:				
Name of event		Type of event (<i>i.e. run/walk; festival; bike race; wedding reception etc</i>)		
Description of event (include whether the event will be indoor/outdoor)		Reason for event		
How often will this event occur?		Has this event occurred in the past? If so when/where?		
Dates of event	Setup time	Start	End	Breakdown
Physical address of event				
# of individuals attending event daily				
Total # of individuals attending event				
Will there be any participants under 21? <i>If yes, how many adult supervisors will be in attendance?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No Adults for every _____ youth.		
5. Ticket information:				
Is the event open to the public?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there admission tickets? (if you check yes, a copy of the ticket is required)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will these tickets be sold in advance or the day of the event?		<input type="checkbox"/> Advance <input type="checkbox"/> Day of event <input type="checkbox"/> Both		

6. Entertainment: <i>(Definition: any gathering or groups of individuals for the purpose of listening to or participating in entertainment that consists primarily of musical renditions where any compensation is received.)</i>	
Will there be live performers? (If you check yes, specify the type and name of performer(s))	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ _____ Performer(s): _____ _____
Will there be an amplified sound? (If you check yes, specify the type)	<input type="checkbox"/> yes <input type="checkbox"/> no Type: _____ _____
Will there be an indoor/outdoor dance floor? <i>(If you check yes, then you will be required to show a diagram of the location/size)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will donations be collected at the event? <i>(i.e. cash, food, etc)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____
Do you plan to offer a raffle at the event? <i>If yes, please attach a copy of your permit from the Virginia Department of Charitable Gaming.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you plan to hold any contests/games as part of this event? <i>If yes, please describe. (i.e. carnival games, games of chance)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____
Do you plan to provide other entertainment for this event? <i>If yes, please describe. (i.e. disc jockey)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____
Please list any additional information regarding entertainment:	
7. Security and medical: <i>(events may be required to provide security and/or medical staff at the discretion of the fire marshal and police department)</i>	
Will you be providing security for this event? <i>If yes, please provide name and contact information for security provider.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Details _____
If providing security, what types of security are being provided? <i>(i.e. beer/alcohol, event area, money handling, road closure)</i>	Details _____
Will you have first aid staffing and/or equipment on site during your event? <i>If yes, please provide name and contact information for emergency medical service provider</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Details _____ _____

8. Filming of event: (For commercial filming only)	
Will you be filming the event? (This may require a filming permit)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. Structures/tents/stages/rides:	
Will there be any buildings erected? (Please note: this may require a building permit)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary Type of structure: _____ Size of structure: _____
Will there be any tents erected? (Please note: this may require a building and/or fire permit)	<input type="checkbox"/> Yes <input type="checkbox"/> No # of tents: _____ size of tent(s): _____
Will there be any stages erected? (Please note: this may require a building and/or fire permit)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary Size of structure: _____ _____
Will there be any rides operating during the event including bounce houses? (Please note: this may require a building permit)	<input type="checkbox"/> Yes <input type="checkbox"/> No Type of rides: _____
10. Restrooms (The required # of restrooms/portable facilities are based on the number of attendees)	
How many portable restrooms are you providing for your event?	
How many ADA accessible units?	
How many portable sinks?	
Please list the name and phone number of the company providing the restrooms:	
Signage and promotion: (Advertising and promotion is not recommended prior to approval)	
Will there be any signs, banners or flyers displayed for this event? (If yes, please list the size(s), location, and duration of the signage) Please attach a copy of any flyers or a picture of banners/signs indicating the dimensions for banner/signs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
How will this event be promoted?	

11. Food/alcohol: (Means food, beverages or both, including alcoholic beverages that are prepared, packaged, sold, served, or distributed in the City)	
Will food be served and/or cooked food?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you checked yes, this will require a food handlers permit from the Health Department
Will food be sold at event?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you checked yes, this will require a food handlers permit from the Health Department
How will the food be prepared? (i.e. gas, charcoal, electric, deep fat fryer etc.)	
Will alcohol be consumed, served, or sold at the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If you checked yes, this will require an ABC license from VABC board)
12. Flammable materials/ fire related items:	
Will the event have any flammable materials such as propane, butane, gasoline, helium cylinders, or other upright tanks? (All tanks must be secured in a manner to prevent accidently being knocked over)	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify type: _____ _____
Will there be any open flame or portable/temporary heaters?	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify type: _____ # of heaters: _____
Will there be any fireworks or other pyrotechnic displays?	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify type/vendor: _____ (If you check yes, this will require a permit from the Fire Marshal's/City Manager's office)
13. Lighting:	
Will there be use of outdoor lighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No # of lights _____ Types of lighting used _____ _____
14. Water Discharge:	
Will there be any storm water discharge during this event? (i.e. car wash, dunking booths) if yes then describe operations to be performed during event. (this may require a permit)	<input type="checkbox"/> Yes <input type="checkbox"/> No Description of operations _____
To be completed by staff: <input type="checkbox"/> Permit required for storm water discharge <input type="checkbox"/> Permit waived for storm water discharge	
Reviewed by: _____ Date reviewed: _____	

Part III - Request for City resources

15. Police department request: check the city resources that you are requesting and complete the information relating to the # of officers and hours requested (Note: there are minimum requirements that must be met based on the type of event as determined by the police department)		
<input type="checkbox"/> Traffic control	<i>To be completed by applicant:</i> Estimated # of officers _____ Hours requested _____	<i>To be completed by City:</i> Estimated # of officers _____ Hours requested _____ Total cost _____ _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A
<input type="checkbox"/> Security	<i>To be completed by applicant:</i> Estimated # of officers _____ Hours requested _____	<i>To be completed by City:</i> Estimated # of officers _____ Hours requested _____ Total cost _____ _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A
<input type="checkbox"/> Honor Guard	<i>To be completed by applicant:</i> Estimated # of officers _____ Hours requested _____	<i>To be completed by City:</i> Estimated # of officers _____ Hours requested _____ Total cost _____ _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A
<input type="checkbox"/> Recruitment/ public relations/ education	<i>To be completed by applicant:</i> Estimated # of officers _____ Hours requested _____	<i>To be completed by City:</i> Estimated # of officers _____ Hours requested _____ Total cost _____ _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A
<input type="checkbox"/> Other specify:	<i>To be completed by applicant:</i> Estimated # of officers _____ Hours requested _____	<i>To be completed by City:</i> Estimated # of officers _____ Hours requested _____ Total cost _____ _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A

16. Fire and Rescue request- check the City resources that you are requesting and complete the information relating to the # of personnel and hours requested		
<input type="checkbox"/> Fire/Rescue equipment (i.e. fire truck, ambulance) and/or personnel	<i>To be completed by applicant:</i> Type of equipment _____ _____ Estimated # of personnel _____ Hours requested _____	<i>To be completed by City:</i> Estimate # of personnel _____ Hours requested _____ Total cost _____ _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A
<input type="checkbox"/> Honor Guard	<i>To be completed by applicant:</i> Estimated # of personnel _____ Hours requested _____	<i>To be completed by City:</i> Estimate # of personnel _____ Hours requested _____ Total cost _____ _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A
<input type="checkbox"/> Recruitment/public relations/education (i.e. fire safety house, project life saver, literature requests, etc.)	<i>To be completed by applicant:</i> Estimated # of officers _____ Hours requested _____	<i>To be completed by City:</i> Estimated # of officers _____ Hours requested _____ Total cost _____ _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A

17. Public works request - check the city resources that you are requesting and complete the information relating to the # of personnel and hours requested		
<input type="checkbox"/> Traffic-to block off streets and put up barricades	<i>To be completed by applicant:</i> Estimated # of personnel _____ Equipment _____ Hours requested _____	<i>To be completed by City:</i> Estimate # of personnel _____ Hours requested _____ Total cost _____ _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A
<input type="checkbox"/> Garbage collection	<i>To be completed by applicant:</i> Estimated # of personnel _____ Equipment _____ Hours requested _____	<i>To be completed by City:</i> Estimate # of personnel _____ Hours requested _____ Total cost _____ _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A
<input type="checkbox"/> Mosquito control	<i>To be completed by applicant:</i> Area to be sprayed _____ _____	<i>To be completed by City:</i> Estimate # of personnel _____ Hours requested _____ Total cost _____ _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A
CBD district (please check those that apply): <input type="checkbox"/> Street/sidewalk sweeping <input type="checkbox"/> Installation of banners	<i>To be completed by applicant:</i> Estimated # of personnel _____ Hours requested _____	<i>To be completed by City:</i> Estimate # of personnel _____ Hours requested _____ Total cost _____ _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A

18. Capital programs and buildings request		
<input type="checkbox"/> Use of City buildings	<i>To be completed by applicant:</i> Estimated # of personnel _____ Building requested _____ Hours requested _____	<i>To be completed by City:</i> Estimate # of personnel _____ Hours requested _____ Total cost _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A
<input type="checkbox"/> Use of City parking lots	<i>To be completed by applicant:</i> Estimated # of personnel _____ Parking lots requested _____ Hours requested _____	<i>To be completed by City:</i> Estimate # of personnel _____ Hours requested _____ Total cost _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A
<input type="checkbox"/> Other-please specify	<i>To be completed by applicant:</i> Estimated # of personnel _____ Item requested _____ Hours requested _____	<i>To be completed by City:</i> Estimate # of personnel _____ Hours requested _____ Total cost _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A

19. Parks and recreation request		
<input type="checkbox"/> Use of park shelters	<i>To be completed by applicant:</i> # of shelters _____ Date _____ Time _____	<i>To be completed by City:</i> Estimate # of personnel _____ Hours requested _____ Other _____ Total cost _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A
<input type="checkbox"/> Use of playground	<i>To be completed by applicant:</i> # of shelters _____ Date _____ Time _____	<i>To be completed by City:</i> Estimate # of personnel _____ Hours requested _____ Other _____ Total cost _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A
<input type="checkbox"/> Use of tents	<i>To be completed by applicant:</i> # of tents _____ Sizes _____ Date _____ Time _____	<i>To be completed by City:</i> Estimated # of tents _____ Hours requested _____ Total cost _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A
<input type="checkbox"/> Use of tables <input type="checkbox"/> Use of chairs <input type="checkbox"/> Use of stage	<i>To be completed by applicant:</i> # of tables _____ Sizes _____ # of chairs _____ Type _____ Size and # of stages _____ Date _____ Time _____	<i>To be completed by City:</i> Estimated # of tables _____ Estimated # of chairs _____ Estimated # of stages _____ Hours requested _____ Total cost _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A
<input type="checkbox"/> Use of picnic packages (volleyball, bat, ball, frisbee, horseshoes, badminton, tennis racquet)	<i>To be completed by applicant:</i> Type requested _____ Date _____ Time _____	<i>To be completed by City:</i> Type provided _____ Hours requested _____ Total cost _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A
<input type="checkbox"/> Personnel request	<i>To be completed by applicant:</i> Reason requested _____ Date _____ Time _____	<i>To be completed by City:</i> Type provided _____ Hours requested _____ Total cost _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A

20. Visitor center request		
<input type="checkbox"/> Printed materials/ fliers/ mailers/ posters/ promotion	<i>To be completed by applicant:</i> Estimated # of materials _____ Hours requested _____	<i>To be completed by City:</i> Estimated # of materials _____ Hours requested _____ Total cost _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A
21. Public utilities request		
Items requested: _____ _____	<i>To be completed by applicant:</i> Item requested _____ Timeframe requested _____	<i>To be completed by City:</i> Item request _____ Hours requested _____ Total cost _____ <input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> N/A

Part IV - Certification and acknowledgment of applicant

The undersigned certifies that an event may be revoked under the following circumstances:

Revocation of an event permit (prior to event occurrence): an event permit may be revoked at the discretion of Planning & Community Development upon consultation with the appropriate public safety forces when the health or safety of the public is threatened by an emergency, disorder or other unforeseen conditions that have arisen or in the case that information supplied on the application has been misrepresented and/or is incomplete.

Revocation of an event permit (during event occurrence): an event permit may be revoked during an event due to situations where the health, safety of the public is threatened by an emergency, disorder, or other unforeseen conditions or where the applicant has not adhered to the terms/conditions of the approved application. If an event permit is revoked, the event must be cancelled and activities must be terminated immediately.

The undersigned certifies that he or she is familiar with the rules, regulations and responsibilities of specified in this application. The undersigned further certifies that he or she is the legally authorized representative of the sponsoring organization, and has the legal authority to submit this application and to enter into binding contracts on behalf of the organization. The undersigned further certifies that the information furnished in this application is true and correct to the best of the undersigned knowledge and information. The undersigned hereby releases, indemnifies and holds harmless the city and other applicable public agencies from any and all liability and claims for damages of any kind that may be caused or result from such event.

Signature of applicant

Date

Witness

Date

Final approval/denial from city/state/federal agencies (to be completed by staff)	
Building Official/or designee	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (specify reason) <input type="checkbox"/> N/A Authority of _____ Date _____ Comments _____
Zoning Administrator/or designee	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (specify reason) <input type="checkbox"/> N/A Authority of _____ Date _____ Comments _____
Fire Marshal/or designee	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (specify reason) <input type="checkbox"/> N/A Authority of _____ Date _____ Comments _____
Police Chief/or designee	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (specify reason) <input type="checkbox"/> N/A Authority of _____ Date _____ Comments _____
Health Department	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (specify reason) <input type="checkbox"/> N/A Authority of _____ Date _____ Comments _____
Public Works Director/or designee	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (specify reason) <input type="checkbox"/> N/A Authority of _____ Date _____ Comments _____
Commissioner of Revenue/or designee	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (specify reason) <input type="checkbox"/> N/A Authority of _____ Date _____ Comments _____
Public Utilities Director/ or designee	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (specify reason) <input type="checkbox"/> N/A Authority of _____ Date _____ Comments _____
ABC Board	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (specify reason) <input type="checkbox"/> N/A Authority of _____ Date _____ Comments _____
Deputy City Manager/ or designee	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (specify reason) <input type="checkbox"/> N/A Authority of _____ Date _____ Comments _____
City Manager/ or designee	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (specify reason) <input type="checkbox"/> N/A Authority of _____ Date _____ Comments _____

Tabulation of fees related to holding this event:

Application fee (due at time of submittal)

Fees for services

Date Due

Inspection fees

Date Due

Tabulation of total fees

Special instructions related to fees:
