

OUTDOOR EVENT AND ENTERTAINMENT APPLICATION



Strategic Growth Area Office
Resort Management, Special Events Office & Parking Management
2101 Parks Avenue | Suite 502 | Virginia Beach, Virginia 23451
Phone: (757) 385-4800 | Fax: 422-3666

OFFICE
USE ONLY

Application Number: _____ Event Supervisor: _____
Fee Paid: Yes No Insurance: Received City Purchased

The information requested by the Event Application form will be used to determine your eligibility for the permit requested. Completed forms may be released upon the request of any citizen, as provided by the Freedom of Information Act. Completion of the form is voluntary; however, failure to do so will prevent processing of your application. Any misrepresentation in this application or deviation from the final permit conditions may result in immediate revocation of the permit, the halting off the event, and possible loss of privilege to host events in the future.

Please be advised that your application cannot be processed until you have submitted the applicable processing fee listed below.

****Please answer all questions, indicate N/A if the question does not apply to your event.**

Type of Event	Application Due	Processing Fee
Party on Private Property / Block Party / Non-Commercial Carnival	30 days prior to the event	\$50
Parade - Residential streets - One (1) day event	30-60 days prior to the event	\$75
Outdoor Entertainment - One (1) day event	30-60 days prior to the event	\$75
Outdoor Entertainment - Two (2) or more days	60-90 days prior to the event	\$250
Outdoor Event occurring more than three (3) days in a calendar year	60-90 days prior to the event	\$300 per week
Sporting Event / Parade - using major thoroughfare - including resort & non-resort areas	60-90 days prior to the event	\$500
Sporting Event / Parade - using major thoroughfare - resort area only	60-90 days prior to the event	\$250

APPLICANT AND ORGANIZATION INFORMATION

Applicant's Name: _____ Are you 18 years of age or older? Yes No

Are you representing an organization? Yes No Are you representing yourself? Yes No

Is it a non-profit organization with 501(c)(3) status? Yes No

Attach a copy of the 501(c)(3) certificate or provide the Federal tax ID# _____

Organization: _____ Mailing Address: _____

Phone: _____

Fax: _____ Email: _____ On-Site Cell: _____

Cell #2: _____

ABOUT THE EVENT AND ENTERTAINMENT

Please check all that apply. This event is a... Parade/Run/Walk/Bike or Auto Procession Carnival Festival

Concert Block Party Private Party Beach/Ocean Event Tent Revival Sporting Event

Other: _____

The event is... Private (by invitation only) Open to the General Public

The event will be hosted on... **Private Property**: Commercial OR Residential **Public Property**

Event Name: _____

Location(s): _____

(Please include SITE MAP with this application)

ABOUT THE EVENT AND ENTERTAINMENT

	Date(s):	Start Time:	End Time:
Set-Up:			
Event :			
Breakdown:			

Please note the range of **total** anticipated attendees (including spectators and participants):
 0 – 150 150 – 500 500 – 1000 1000 – 5000 5000+

Please indicate how many times this event has been hosted before:
 1st time 2-4 times 5+ times Where? _____

EVENT-AT-A-GLANCE PLEASE INDICATE THE VARIOUS EVENT ACTIVITIES. CHECK ALL THAT APPLY.

- Banners/Signs Bleachers Mechanical Rides/Devices Shuttles/Satellite Parking Vendors (non-food/beverage)
- Boats Food Vending/ Sampling Petting Zoo Staging
- Beach Activity Live Music/Band Public Address System Tents

* **Run/ Walk/ Bike**
Assemble area/ time: _____ Disassembly (finish) area/ time: _____

Describe parade route:

Please attach a map of the entire route and traffic plan

Parade/Auto Procession

Number of Marching Units: ____ Non-Marching Units ____

Floats (height, length, etc.) _____

Types of vehicles: ____ Cars ____ Motorcycles ____ Pickup trucks ____ Semi's ____ Other:

Types of Animals: ____ Horses ____ Dogs ____ Other: _____

Will you need special arrangements for dignitaries? Yes No Will you have a reviewing stand? Yes No

Where will it be placed? _____

*** Amusement Devices**

How many and what types of mechanical rides or other amusement devices such as a moonwalk will be used?

Amusement Company's Name and Address: _____

Phone : _____ Fax: _____

Company's representative: _____ Phone : _____ Fax: _____

FOOD, NON-FOOD, AND OTHER VENDOR INFORMATION**

A vendor is anyone who is serving, selling or sampling food, beverages or merchandise.

** A completed vendor information sheet is required for each vendor**

FOOD: Please check all that apply

Food will be...

- Served
- Sold
- Catered
- Prepared in Church Kitchen
- Prepared Outdoors
- Delivered from another location
- Prepared in School Cafeteria

Food Date(s): _____

Inspection times for food vendors to be determined by VA Dept. of Health and VB Fire Dept.

NON-FOOD:

A separate Vendor Information Sheet (attached) shall be completed for each vendor participating in the event.

ALCOHOL:

Alcohol information must be completed regardless of whether the event is public or private. Please answer all that apply:

- Type: Draft Beer Canned Beer Wine Liquor
- Will be: Sold Served

Alcohol Dates	Alcohol Times

NOTE: All resort events requesting to have alcohol must receive approval from the City of Virginia Beach Alcohol Review Committee.

SECURITY

Security is required when:

- ✓ Alcohol is being served / sold
- ✓ Materials / equipment are left overnight on public property
- ✓ Live entertainment is provided

Please describe your security plan: _____

Describe type of equipment left overnight: _____

Uniformed presence provided by:

- Off Duty Police
 Private
 Security
 Volunteers
 Hired Staff
 Sheriff's Deputies

When: _____ How Many: _____

*****NOTE:** Number of DCJS certified security personnel to be determined by VBPD

STRUCTURES, TENTS, BLEACHERS AND STAGES

TENTS: Give overview of your tent plan. List type (by code) and number and size(s) of tents to be erected.

Tent Codes:

C – Cooking underneath
GA – General Assembly (requires floor plan showing exits)
S – Sales of food / products

Code	# of Tents	Sizes

BLEACHERS: If your event will have bleachers, please provide the type of bleacher, size and supplier.

Size: _____ Supplier: _____ Phone: _____

STAGES: If your event will have a stage(s), please provide the size and supplier.

Size: _____ Supplier: _____ Phone: _____

RESTROOMS AND WASTE DISPOSAL

Please note number of trash receptacles you will require: 5-10 10-20 Other: _____

Have you contracted with a portable restroom company? Yes No

If "yes", please provide the company name and an after-hours / emergency phone number:

Delivery date: _____ Pick-up Date: _____

Please list the number and locations of portable restrooms:

Number	Location

*** It is recommended that each event have one (1) portable toilet for every 150 people anticipated to attend your event during peak time.**

****Ten percent (10%) of the portable toilets must be ADA**

PARKING AND TRANSPORTATION

How will people get to / from event?

Personal Vehicles Shuttle / Satellite Parking

Other: Please explain: _____

Where will the event attendees / participants park?

On Street / Public Parking Reserved / VIP Parking School grounds Church grounds

Satellite parking location: _____

Other: Please explain: _____

Do you require special parking? (VIP, RV's, trailers, support vehicles) Yes No

Number of Spaces	Location	Purpose

BANNERS AND SIGNS

Please provide us with an overview of your banner and sign plan. List number, location and type of banners.

Location Codes: **ES** – Within event site **LP** – On street light poles **BWR** – Boardwalk railing

Type Codes: **DI** – Directional / Information **SP** – Sponsorship **OT** – Other

# of Signs/ Banners	Location Code	Type Code	Comment

MEDICAL

Describe in detail your medical plan: _____

AMERICANS WITH DISABILITIES ACT

Some events must comply with ADA requirements. Indicate which of the following will be at your event. Please check all that apply:

- Ramps / walkways on beach
- Differently-abled accessible restrooms
- Differently-abled accessible shuttles
- Designated wheelchair viewing areas
- Sign-language translator
- Hearing impaired listening devices

Other details: _____

EVENT BOUNDARIES (Resort Events Only)

Please define the boundaries of your event:

North: _____ South: _____

East: _____ West: _____

ON-SITE COMMUNICATIONS (During Event)

Will you use radios? Yes No

Radio provided to SEAFO? Yes No

OTHER PERMITS

In addition to an Outdoor Event and Entertainment permit, other City, State and private agencies may require a permit relative to your event. Please indicate if you have applied for a permit from each agency.

Use the following codes: **HA** – Have applied **WA** – Will apply **DNA** – Does not apply to this event

Code	Department/ Agency
	ASCAP / BMI (playing of music)
	Health Department (food concessions, food sampling, etc.)
	Fire Department (fireworks, pyrotechnics, special effects)
	Commissioner of Revenue (bus. license, sporting tax, admission tax, prepared F&B etc)
	State Department of Taxation (Sales tax)
	U.S. Coast Guard (federally regulated waters)
	ABC Board (alcoholic beverages)
	Planning / Permits and Inspections (tents, bleachers, amusement devices etc)

HOLD HARMLESS CLAUSE

Permittee (applicant / organization) shall assume all risks incident to or in connection with the permitted activity and shall be solely responsible for damage or injury, of whatever kind or nature, to person or property, directly or indirectly arising out of or in connection with the permitted activity or the conduct of permittees operation. Permittee hereby expressly agrees to defend and save the City, it's officers, agents, employees and representatives harmless from any penalties for violation of any law, ordinance, or regulation affecting its activity and from any and all claims, suits, losses, damages or injuries directly or indirectly arising out of or in connection with the permitted activities or conduct of its operation or resulting from the negligence or intentional acts or omissions of permittee or its officers, agents, and employees.

Applicant's Name (Printed Neatly)

Applicant's Signature

Date



City of Virginia Beach

VBgov.com

STRATEGIC GROWTH AREA OFFICE
RESORT MANAGEMENT, SPECIAL EVENTS OFFICE
AND PARKING MANAGEMENT
(757)-385-4800
FAX (757) 422-3666
TTY: 711

TOWNE BANK BUILDING
2101 PARKS AVENUE, SUITE 502
VIRGINIA BEACH, VA 23451

You must include the detachable portion at the bottom of this page if you send in your processing fee payment separately from your application.

You must include the information requested on the detachable portion below:

- ❖ The Name of the event
- ❖ The Date of the event

Thank You,
SGA/RMSEO
(757) 385-4800

-----Detach Here-----Detach Here-----

DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT TO:
Strategic Growth Area Office / Resort Management & Special Events Office
2101 Parks Avenue, Suite 502 Virginia Beach, Virginia 23451

Name of Event _____

Date of Event _____

Amount Enclosed:

MAKE CHECKS PAYABLE TO: VIRGINIA BEACH CITY TREASURER
