



Date Received: _____

Received By: _____

SPECIAL EVENT REQUEST & QUESTIONNAIRE

Name of Event: _____

Date of Event: _____ Rain Date & Time: _____

Time of Event: _____ Set-up Time: _____

Specific Location of Event: _____

APPLICANT: Person or Organization producing this event: _____

Tax ID #

Business License #

Contact 1:

Contact 2:

Name

Name

Address

Address

City, State, Zip

City, State, Zip

Work Telephone

Home Telephone

Work Telephone

Home Telephone

Fax Number

Cell Phone Number

Fax Number

Cell Phone Number

E-Mail Address

E-Mail Address

Description of Event: _____

Purpose of Event: _____

History of Event: _____

Please check the boxes below that pertain to your event:

1. Open to the public private, invitation only event
2. Donation Requested Amount \$ _____ or Free
3. Anticipated number of spectators: _____ participants: _____
4. Request assistance from: Police Fire Other _____
5. Event Includes: Water event Sporting Event Fireworks Display
explain
6. Alcoholic Beverages will be present sold N/A
7. Food or beverages will be sold distributed served N/A
8. Total number of food vendors Only 1 vendor If more than one vendor, how many _____
9. Merchandise will be sold distributed sold at event by vendors
10. Amplified sound, such as voice recorded music live band DJ

Time that amplified sound will begin: _____ and end: _____

11. Temporary outdoor structures include tents, size _____ number of occupants _____
 stages other _____
explain

12. Utility services needed beyond those available at site electricity other _____
explain

13. Number and location of portable restroom facilities to be provided: _____

(one per 150 persons; minimum of one handicap accessible)

14. Amusement rides or devices include: carnival rides inflatables climbing walls
 Other: _____

15. Temporary Events Signs will be erected Yes No

Location(s): _____

16. Street closures are required for parade/walk block party street festival

17. Animals: _____
list and explain

Based on the above information, additional paperwork may be required from various city departments and state agencies. Please refer to the Special Events Checklist to ensure your compliance with all local and state regulations to ensure a safe and successful event.

Permittee (organization/applicant) 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 permittee's operation. Permittee hereby expressly agrees to defend and save the City, its 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 activity or conduct of its operation or resulting from the negligence or intentional acts or omissions of permittee or its officers, agents, and employees.

My signature indicates that I have read and understand the above information. I further understand that I am responsible for adhering to all requirements and paying for any fees or charges for my special event.

Applicant Signature

Date

Please submit completed request form to the Martinsville City Manager's Office located at 55 W. Church Street, Room 216, Martinsville, VA 24112.

Thank you for choosing the City of Martinsville for your event!