SPECIAL EVENT PERMIT APPLICATION

FOR OFFICE USE ONLY:
Date Received: _____ Received by: _____
Application Fee: _____ Facility Deposit: _____ Receipt No.: _____

PART 1 – EVENT AND APPLICANT INFORMATION

EVENT INFORMATION

Event Name: _____

Event Description: _____

Date(s) and Time(s): _____

Rain Date(s) and Time(s): _____

TYPE OF EVENT

☐ Festival	☐ Carnival	☐ Concert	☐ Community/Cultural Event
☐ Fundraiser	☐ Art/Craft Show	☐ Sporting Event	☐ School Event
☐ Parade	☐ Auto Procession	☐ Run/Walk	☐ Bicycle Race
☐ Biathlon/Triathlon	☐ Equestrian	☐ Water Event	☐ Extreme Sport

☐ Other: _____

APPLICANT INFORMATION - Where the applicant is a partnership, corporation, or other association, this information should be provided for all partners, officers, and directors.

Applicant Name: _____

Organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Alternate Telephone: _____

Email: _____

Signature of Applicant: _____

EVENT SPONSOR INFORMATION

Please list names, addresses, telephone numbers and organizational affiliation for all professional event organizers, promoters, commercial sponsors, charitable organizations, etc.

1) _____
2) _____
3) _____

NONPROFIT STATUS

Do you represent a nonprofit organization? ☐ Yes ☐ No (*If yes, please attach a copy of the 501(c)(3) certificate to this application.*)

501(c)(3) Identification No.: _____

PROMOTERS LIABILITY INSURANCE - Evidence of valid liability coverage is required before a permit will be issued.

Provide Evidence of Liability Insurance of Not Less than $1 million: *(Approval of County Attorney required.)*

- The Certificate of Insurance shall show:
  - Policy effective dates valid for the date of the event.
  - The name and date(s) of the event.
  - James City County, 101-D Mounts Bay Rd., Williamsburg, VA 23185 as a Certificate Holder of the policy.

EVENT LOCATION

Please provide name/address/telephone number of property owner of the premises where the special event will take place. Please attach documentation from the property owner authorizing or permitting such use.

☐ Private Property: _____

☐ Streets/Sidewalks *(Please complete and submit Schedule B)*

☐ JCC Parks & Recreation Facility *(Please complete and attach Schedule A)*

EVENT DETAILS

Schedule - Please provide a detailed schedule of events.

Setup

Date	Setup Time	Start Time	End Time	Breakdown Time

Anticipated Daily Attendance

☐ 0-199 ☐ 200-499 ☐ 500-999 ☐ 1,000-2,499 ☐ 2,500-4,999
☐ 5,000-9,999 ☐ 10,000-24,999 ☐ 25,000+

Event Reoccurrence - Please check all that apply

☐ New Event ☐ Once ☐ 2-4 Times ☐ 5-10 Times ☐ +10 Times
☐ Annual Event

Event Admission/Entry Fee

☐ Free ☐ Entry Fee _____ ☐ Admission Fee _____ ☐ Suggested Donation _____

Notes: _____

EVENT MARKETING/ADVERTISING/NOTIFICATION

Event Website: _____

Social Media Sites:

_____

Advertising:

_____

Road Closure Notification:

_____

EVENT SETUP/SITE PLAN

Applicant must attach a detailed event map showing the location of all permanent structures and all temporary structures including tents, lighting, stages, bleachers, booths tables, amusement devices, rest rooms and dumpsters.

Notes: _____

PARKING AND ACCESS

Please provide a map showing adequate ingress, egress and parking for the event. Please indicate how emergency vehicles will access the site.

Notes: _____

ENTERTAINMENT - Check all that apply.

☐ Live Music ☐ Recorded Music ☐ DJ ☐ Dance/Stage Performances

☐ Live Animals/Petting Zoo ☐ Speeches/Presentations

Notes: _____

PERFORMER INFORMATION

Name	*Address*	*Telephone*

VENDOR INFORMATION

Name	*Address*	*Telephone*			
			☐ Food	☐ Alcohol	☐ Merchandise
			☐ Food	☐ Alcohol	☐ Merchandise
			☐ Food	☐ Alcohol	☐ Merchandise
			☐ Food	☐ Alcohol	☐ Merchandise
			☐ Food	☐ Alcohol	☐ Merchandise
			☐ Food	☐ Alcohol	☐ Merchandise

FOOD/BEVERAGE ☐ N/A

If there will be food sold and/or served to the public, please contact the Virginia Department of Health at 4095 Ironbound Rd., Williamsburg, VA 23188; Phone: 757-253-4813 or Fax: 757-253-4285. Operating hours are Monday-Friday, 8 a.m. until 5 p.m.

Food Plan: _____

Number of Food Vendors: _____ Number of Beverage Vendors: _____

Food/Beverage will be:

☐ Given Away (Free) ☐ Sold ☐ Sampled ☐ Other

☐ Cooked On-Site ☐ Cooked Off-Site ☐ Prepackaged ☐ Other

Food/Beverage Service Dates	*Setup Time*	*Ready for Inspection*	*Service Time*	*Breakdown Time*

Will gas or propane grills be utilized in food service: ☐ Yes ☐ No

ALCOHOLIC BEVERAGES ☐ N/A

A permit will be required to serve alcoholic beverages. Please contact the Virginia ABC Board at 757 825-7830. A copy of the approved ABC permit must be submitted prior to the event.

Alcoholic Beverage Plan: _____

Number of Beer Vendors: _____ Number of Wine Vendors: _____ Number of Liquor Vendors: _____

Alcohol will include:

☐ Draft Beer ☐ Bottled Beer ☐ Canned Beer ☐ Wine ☐ Liquor

Alcohol will be:

☐ Served or Sampled (Free) ☐ Sold

Alcohol Service Dates	*Setup Time*	*Service Time*	*Breakdown Time*

For events held on James City County Parks and Recreation property, please note that alcoholic beverages are only permitted on Jamestown Beach Event Park, Freedom Park and Chickahominy Riverfront Park. An approved ABC Permit must be submitted before the event.

MERCHANDISE ☐ N/A

Merchandise will be: ☐ Given Away ☐ Sold ☐ Other

PART 2 – SERVICE PLANS

COMMUNICATION PLANS

Staff Communication Please describe the plan for communication among event staff.

Attendee Communication Please describe the plan for educating and notifying event attendees regarding EMS system access, evacuation, emergencies, specific hazards, or severe weather.

MEDICAL/SAFETY INCLEMENT WEATHER PLANS

Estimated Age Composition of Participants and/or Attendees (*Percentage of Total)*

0-12 years: _____ percent 13-18 years: _____ percent 19-25 years: _____ percent
26-40 years: _____ percent 41-55 years: _____ percent Over 56 years: _____ percent

Event Coordinator and Principal Crowd Manager

1. The applicant to designate an Event Coordinator and a Principal Crowd Manager.
   a. **Event Coordinator** is defined as the person responsible for coordinating the event, and is considered to be the primary person in charge during the actual event. The *Event Coordinator* is responsible for appointing and supervising the *Principal Crowd Manager*. *The Principal Crowd Manager* and *Event Coordinator* may be the same person so long as their duties do not conflict.
   b. Principal Crowd Manger is charged with monitoring and directing the safety of the event, to include:
      i. Developing an overall safety plan for the event.
      ii. Completing a safety inspection of the facilities and venue and continually monitoring safety during the event.
      iii. Appointing a sufficient number of assistant Crowd Managers to carry out the safety plan. There should be at least one Crowd Manager in place for every 200 attendees.
      iv. Designated Crowd Managers should be identifiable by clothing or other means that distinguishes him or her from the general public.
      v. Knowing all primary and alternate egress and exit routes and locations, as well as monitoring all traffic ingress and egress routes to make sure they stay open and clear.
      vi. Have the capability to deliver any emergency announcement necessary.

Medical Plan Please describe your medical plan for the event.

Safety Plan Please describe your safety plan for the event.

Inclement Weather Plan Please describe how you will monitor the weather and plans for handling inclement weather.

VENUE/RACE ROUTE/FACILITY CONSIDERATIONS

Type of Surface

☐ Grass ☐ Loose Gravel ☐ Dirt ☐ Asphalt ☐ Concrete ☐ Temporary Flooring ☐ Other: _____

Condition of Surface

☐ Smooth ☐ Rough ☐ Slippery ☐ Other: _____

Levelness

☐ Level ☐ Uneven

FIRE PROTECTION PLAN - Please describe your fire protection plan.

SECURITY PLAN - At least one off-duty County Sheriff's deputy or police officer shall be hired for each 500 expected attendees approved in permit. Please contact Lt. Hicklin with the James City County Police Department to arrange for extra duty officers at 757-259-5169.

Please describe your security plan.

Planned number of off-duty officers: _____

Please list any equipment that will be left overnight at the event location.

SANITATION PLAN - A security bond or certified check in a total amount of $5,000 shall be required if attendance is expected to exceed 1,000 persons. An additional amount of $500 shall be required for each additional 500 persons over 1,000.

Waste Disposal

Please describe your waste disposal plan.

Recycling

Do you plan to recycle at this event? ☐ Yes ☐ No

Clean-Up

Please describe your clean-up plan.

PART 3 – TENTS/STAGES/AMUSEMENT DEVICES, ETC.

TENTS ☐ **N/A**

A Tent Permit is required for tents larger than 900 square feet and/or occupancy by 50 or more persons. Please contact Building Safety & Permits at 727-253-6620.

Total Number of Tents: _____

Commercial Tents: ☐ Yes ☐ No

Tent Provider: _____ Contact: _____ Telephone: _____

Number of Cooking Tents: _____ Number of Other Tents: _____

Pop-Up/EZ-UP Tents: ☐ Yes ☐ No Number of Tents: _____

BLEACHERS & STAGES ☐ **N/A**

A permit is required for bleachers and stages. Please contact Building Safety & Permits at 727-253-6620.

Bleachers ☐ **N/A**

Size: _____ Number of Bleachers: _____

Provider: _____ Contact: _____ Telephone: _____

Stages ☐ **N/A**

Size: _____ Number of Stages: _____

Provider: _____ Contact: _____ Telephone: _____

INFLATABLE AND MECHANICAL RIDES AND AMUSEMENTS ☐ N/A

A permit is required for inflatable and mechanical rides. Please contact Building Safety & Permits at 727-253-6620.

Inflatable: ☐ Yes ☐ No Number of Inflatable Rides: _____

Size: _____ Provider: _____

Contact: _____ Telephone: _____

Mechanical: ☐ Yes ☐ No Number of Mechanical Rides: _____

Size: _____ Provider: _____

Contact: _____ Telephone: _____

POWER ☐ N/A

Please describe your plan to provide power for the event. Access to power is not available at many County locations.

Will you be providing a generator? ☐ Yes ☐ No Location: _____

AUDIO AND LIGHTS ☐ N/A

Please indicate the expected noise level at the perimeter of the property:

_____

Live Music: ☐ Yes ☐ No DJ/Recorded Music: ☐ Yes ☐ No

Audio Provider: _____ Contact: _____ Telephone: _____

Light Provider: _____ Contact: _____ Telephone: _____

PART 4 – ACKNOWLEDGEMENTS

EVENT SIGNAGE

By signing below, the applicant understands and acknowledges that signs or advertisements are prohibited within the VDOT right-of-way except for law enforcement variable message boards. Such signs are subject to removal and the cost of removal shall be assessed to the person, business, or event responsible for placing such signs, which cost is currently $134 per sign removed.

Signature of Applicant: _____

OTHER LICENSES AND PERMITS

By signing below, the applicant agrees to ensure that all other licenses and permits are obtained as required by law whether for the event or by the vendors and performers. Licenses and permits may be required by the following agencies; however, this is not an exclusive list:

Commissioner of the Revenue
Virginia Department of Alcoholic Beverage Control
Virginia Department of Health
James City County Building Safety & Permits
Virginia Department of Transportation

Signature of Applicant: _____

FEES AND COSTS ASSOCIATED WITH COMPLYING WITH OBTAINING REQUIRED PERMITS AND COMPLYING WITH ALL PERMIT REQUIREMENTS

By signing below, the applicant agrees to bear the cost for obtaining all required permits and complying with all permit requirements.

Signature of Applicant: _____

PART 5 – APPROVALS

FOR OFFICE USE ONLY(to be completed by staff)

Final approval/denial from county/State/Federal agencies

ABC Board	☐ Approved ☐ Denied (specify reason) ☐ N/A Authority of:_____ Date:_____ Comments:_____
Building Official or Designee	☐ Approved ☐ Denied (specify reason) ☐ N/A Authority of:_____ Date:_____ Comments:_____
Fire Marshal or Designee	☐ Approved ☐ Denied (specify reason) ☐ N/A Authority of:_____ Date:_____ Comments:_____
Health Department	☐ Approved ☐ Denied (specify reason) ☐ N/A Authority of:_____ Date:_____ Comments:_____
Parks & Recreation	☐ Approved ☐ Denied (specify reason) ☐ N/A Authority of:_____ Date:_____ Comments:_____
Police Chief or Designee	☐ Approved ☐ Denied (specify reason) ☐ N/A Authority of:_____ Date:_____ Comments:_____
Zoning Administrator or Designee	☐ Approved ☐ Denied (specify reason) ☐ N/A Authority of:_____ Date:_____ Comments:_____
County Attorney or Designee	☐ Approved ☐ Denied (specify reason) ☐ N/A Authority of:_____ Date:_____ Comments:_____

SPECIAL EVENT PERMIT APPLICATION

SCHEDULE A
PARKS & RECREATION FACILITES USE REQUEST FOR SPECIAL EVENTS

Location	No. of Areas Available	No. of Areas Requested	Fee Per Area Individual, Private, or For-Profit Organization	Fee Per Area Local Civic Association, Nonprofit Organization	Refundable Deposit Required
Jamestown Beach Event Park	2	_____	$250	$190	$250
Chickahominy Riverfront Park	3	_____	$250	$190	$250
Upper County Park	1	_____	$250	$190	$250
Freedom Park	1	_____	$250	$190	$250
Trails	8	_____	$125	$95	$125
Please specify location:					
Fishing Tournament (30 boats or more)	No. of Boats: _____		Normal Ramp/Facility Fees	Normal Ramp/Facility Fees	$250
Please specify location:					

PARKS & RECREATION FACILITIES USE

Please be advised that your event should not be advertised until *final approval* has been granted.

RESERVATIONS

Applications for Special Events on Parks and Recreation property may be submitted up to 12 months in advance, but *no later than 90 days before* the event. **Special Event application fee (non-refundable), site plan and applicable deposit must accompany your application before the facility can be reserved.**

FOODS, GOODS, AND SERVICES - *A satisfactory Certificate of Insurance may be required.*

1. Alcoholic Beverages are only permitted on Jamestown Beach Event Park, Freedom Park, and Chickahominy Riverfront Park. An approved ABC Permit must be submitted prior to the event if alcohol will be sold or served.
2. If anything is to be sold or served, a Concession Permit Application is required for each vendor. Fees are listed on the Concession Operations Fee Schedule.

FEES

All pre-event determined fees shall be paid at least 30 days prior to the event. Any costs determined after the event need to be settled immediately upon receipt of the invoice.

ADDITIONAL FEES

Additional fees may be required and will be dependent upon size and scope of event. Advance setup and additional take down day fees are $100 per day. All equipment or site items need to be removed and the park or field returned to its original condition after the event or will result in a daily charge taken from the deposit. Portable toilets, grass cutting, dumpsters, traffic control, and any other services or staffing required for the event will be the responsibility of the organizing body and must be coordinated through Parks and Recreation.

ADMINISTRATIVE ITEMS

1. A security deposit is due when booking a reservation, along with the $50 Special Event application fee.
2. All other fees are due 30 days in advance of the event.
3. If all fees are not paid on time, the reservation will be cancelled and the deposit will be forfeited.
4. Reduction in space will not be granted within 30 days of the event.
5. In order to receive a cancellation, and/or space reduction refund, a request in writing must be received 30 days before the event starting date.
6. All refunds will be assessed a 10 percent administrative fee.
7. Full refunds will be issued if cancellation is due to park issues.
8. A Certificate of Insurance for $1,000,000 naming James City County as an additional insured will be due no later than 30 days prior to the event.

CHECKLIST OF PAPERWORK NEEDED 30 DAYS IN ADVANCE OF EVENT

- ☐ Certificate of Insurance
- ☐ Payment of fees
- ☐ Schedule pre-event meeting

SPECIAL EVENT PERMIT APPLICATION

SCHEDULE A
PARKS & RECREATION FACILITES USE REQUEST FOR SPECIAL EVENTS

JAMES CITY COUNTY FACILITIES USE POLICIES & PROCEDURES

I have read and understand the Policies and Procedures governing the use of James City County Parks and Facilities and understand that the refund of my deposit paid is contingent upon my adherence to these policies and procedures, as determined by the County in its sole discretion. By signing this application, I agree, both individually and on behalf of my above-listed organization (if any) to indemnify and hold the County, its agents and employees harmless from and against any and all costs, expenses, liabilities, losses, damages, injunctions, suits, fines, penalties, claims, demands or injury to person or property arising out of, by reason of, or in account of any breach, violation or nonperformance of any covenant, condition, provision, or agreement in this Agreement and claims of every kind of nature, arising out of the use of the James City County Parks and Facilities.

Signature of Applicant: _____

SPECIAL EVENT PERMIT APPLICATION

SCHEDULE B
ROAD RACES/PARADES/BLOCK PARTIES

EVENT LOCATION

☐ Public Right-of-Way ☐ Private Right-of-Way ☐ Both

VDOT LAND USE PERMIT

Events taking place completely or partially within a VDOT right-of-way may require a VDOT Land Use Permit (LUP). A copy of the application and all associated documentation must be submitted as an attachment.

☐ Copy of LUP Application attached

Date applied: _____ VDOT Residency where application was submitted: _____

A copy of the approved VDOT permit or documentation providing proof that a VDOT permit is not required must be submitted before the County will issue a Special Event Permit.

ROUTE DESCRIPTION

Name and Address of Start/Staging Location: _____
Name and Address of Finish/Disbanding Location: _____

Please provide a written description of the proposed route, including street names, lane designation, number of lanes, direction, etc. A map of the route is required as an attachment to this application.

_____

STREET/LANE/SIDEWALK CLOSURE

Closure Starting Date: _____ Closure Starting Time: _____
Closure Starting Date: _____ Closure Starting Time: _____

TRAFFIC CONTROL

A permit will not be issued unless the application is accompanied by a map and approved traffic control plan for proposed closure.

Please attach a detailed map indicating the type of existing traffic control for each intersection impacted along the route of the parade or road race, and a plan for temporary traffic control at each impacted intersection. All plans must comply with the latest version of the Virginia Work Area Protection Manual and the Manual for Uniform Traffic Control Devices.

Traffic Control Equipment Provider: _____
Contact: _____ Telephone: (____) _____

PARADES

Total number of Units: _____ Total Time (Step-Off to Finish): _____
Number of Floats: _____ Number of Motorized Vehicles: _____ Number of Walking Units: _____
Number of Equestrian Units: _____ Number of Other Animal Units: _____ Other: _____

BLOCK PARTY/STREET FESTIVAL

Provide a written description of the proposed street, lane, or sidewalk closure and include street names, number of lanes, etc.

PARKING REMOVAL

Please indicate if the closure requires removing or restricting on-street parking or using metered parking spaces.

Please contact Lt. Hicklin with the JCC Police Department to arrange for extra duty officers at 757-259-5169.