

Date Received:	-
Received By:	<u>-</u>

## SPECIAL EVENT REQUEST & QUESTIONNAIRE

Name of Event:				
Date of Event:		Rain D	ate & Time:	
Time of Event:		Set-up	Time:	
Specific Location of Eve	ent:			
APPLICANT: Person o	r Organization producing th	nis 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:				
Revised 04/2013				

## 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				
6. Alcoholic Beverages will be present sold N/A				
7. Food or beverages will be sold sold 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				

Revised 04/2013

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.

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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!