Special Event Permit Application

This application must be completed and forwarded to the Visitor Center not more than 12 months before the event or less than 30 business days prior to the first day of the event. Any misrepresentation in this application or deviation from the final agreed upon permit may result in the immediate revocation of the permit. All questions must be fully answered. If a question does not apply, please write, "Does Not Apply" in that space. Please type or print the information clearly. Additional sheets may be attached as necessary.

The information on the Special Events Application Form will determine your eligibility for the permit requested. Incomplete applications will be returned to the applicant.

Date of Event:		Time of Event	to	
Rental Park/locati	on:			
Name of Event an	d Sponsor:			
Type of Event (Bir	thday, Wedding, Meeting,	etc.):		
Contact Person's Name:				
Address:				
Phone Number:	Home:	Cell:		
	Addt'l #:	Addt'l #:_		
	Email Address:			
Expected number	of participants/attendee	es:		
Is your organization	on a non-profit organiza	tion? Yes No		
If yes, please p	provide your 501-c-3 nur	nber:		
Do you anticipate	serving or selling alcoh	ol during the event?	es No	
Will you be using	amplified sound?	Yes No If so,	what will it be used for:	
EVENT DESCRIPT	'ION:			
include all require		e streets to be blocked, p	s, entertainment, etc.) Please lacement of tent(s), parking,	
Time event will begin:		Time event will	Time event will end:	
Time setup will be	egin:	Time Clean-up/Take-down will end:		

EVENT SETUP:				
Will tents be used for the event? Yes No List how many and the location(s):				
Please describe the size and type of tents:				
Will any signs or banners be erected? Yes No If yes, please list size and location				
Describe any power needs and location of power sources:				
Will generators be used? Yes No				
Have arrangements been made for restroom facilities? Yes No Locations:				
Will food items be served or sold? Yes No				
Will gas cookers be used? Yes No type:				
Location:				
Will you have a bounce house? Yes No If yes, type:				
Location:				
Describe trash containers needed and event clean up:				
TOWN SERVICES:				
Do you need The Town of Big Stone Gap to provide the following? NOTE - Reimbursement to the TOWN will be required for these services for any after hours work.				
Trash/Roll Carts: Yes No How Many? Locations:				
Will Town personnel be responsible for placing barricades? Yes No				
Will Town personnel be responsible for street, park clean-up? Yes No				
Are you requesting a road closure for the event? Yes No If yes, what location?				
How long are you requesting the road be closed?				
Will assistance from Town personnel be needed for any other reason: Yes N If so, how many employees are needed? For what time period?				

SAFETY AND SECURITY:	
What type of arrangements has been made for medi	cal assistance if needed?
Explain provisions made for crowd, traffic control at	nd sheriff's personnel employed:
Liability insurance is required. (Current insurance cer	rtificate must be included with application)
Is Town of Big Stone Gap listed as co-insured?	Yes No
EVENT INFORMATION:	
Rain policy for Event: (please explain):	
For coordinating purposes, Police Department may	contact the renter during the event at:
(Location)	(Phone Number)
I, THE UNDERSIGNED, HAVE READ, UNDERSTAIN THIS SPECIAL EVENT AGREEMENT POLICY.	·
NOTE: NO VEHICLES ARE ALLOWED IN PARK A LEGALLY DESIGNATED PARKING AF	
Renter Signature	Date
Town Of Big Stone Gap Staff:	
Visitor Center Director	Date
Parks & Recreation Director	Date
Police Chief	Date
Town Manager	Date
Paid: (Amount)	Date) (Receipt #)

^{*} Paid fee is non-refundable and forfeited at the time of cancellation. Payments cannot be forwarded to another date.