

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/location: _____

Name of Event and Sponsor: _____

Type of Event (*Birthday, Wedding, Meeting, etc.*): _____

Contact Person's Name: _____

(Must be accessible at all times during event)

Address: _____

Phone Number: Home: _____ Cell: _____

Add'l #: _____ Add'l #: _____

Email Address: _____

Expected number of participants/attendees: _____

Is your organization a non-profit organization? Yes No

If yes, please provide your 501-c-3 number: _____

Do you anticipate serving or selling alcohol during the event? Yes No

Will you be using amplified sound? Yes No If so, what will it be used for:

EVENT DESCRIPTION:

Describe the type and size of event (location, area requested, stages, entertainment, etc.) Please include all required drawings showing the streets to be blocked, placement of tent(s), parking, alcohol service areas, and banner placement.

Time event will begin: _____ Time event will end: _____

Time setup will begin: _____ 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 No

If so, how many employees are needed? _____ For what time period? _____

