

Large Event Permit Application (200+ Expected Attendance)



LARGE EVENT PERMIT APPLICATION

1612 Willow Wood Drive • Norfolk, VA 23509 • (757) 441-5834

www.norfolk.gov/parksandrec

For Office Use Only

Date Received: _____ Permit #: _____ Application Fee Paid: ☐ YES ☐ NO

Incomplete applications will not be processed. Indicate N/A if a question or section does not apply to your event. Information in this form will be used to determine fees and eligibility for the permit requested.

Event Information

EVENT NAME: _____

EVENT DESCRIPTION: _____

EVENT DATE(S)	SETUP TIME	START TIME	END TIME	BREAKDOWN TIME

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

REQUESTED EVENT LOCATION:

Please list specific parks, streets and sidewalks. Check all that apply.

Each category of property is subject to different rules. It is the applicant's responsibility to check the regulations governing the use of specific property.

- ☐ Norfolk Parks
☐ Norfolk Public School Grounds
☐ Streets / Sidewalks
☐ Norfolk Public Libraries Open Space
☐ Other (Park/Open Space/Parking Lot)

TYPE OF EVENT

*Please check all that apply. *Races that require street closures will be directed to SevenVenues.*

- | | | | | |
|---|--|---|--|-------------------------------------|
| <input type="checkbox"/> City Dept. Hosted Event | <input type="checkbox"/> Religious Event | <input type="checkbox"/> Parade | <input type="checkbox"/> Charity Event | <input type="checkbox"/> Fundraiser |
| <input type="checkbox"/> Community / Cultural Event | <input type="checkbox"/> Carnival | <input type="checkbox"/> Water Activities / Boats | <input type="checkbox"/> Festival | <input type="checkbox"/> |
| <input type="checkbox"/> Neighborhood Reunion | <input type="checkbox"/> Concert | <input type="checkbox"/> Race (Run/Walk/Bike)* | <input type="checkbox"/> Other | _____ |

EXPECTED DAILY ATTENDANCE:

Please include participants and spectators in this total.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> 0 - 199 | <input type="checkbox"/> 200 - 499 | <input type="checkbox"/> 500 - 999 | <input type="checkbox"/> 1,000 - 2,499 |
| <input type="checkbox"/> 2,500 - 4,999 | <input type="checkbox"/> 5,000 - 9,999 | <input type="checkbox"/> 10,000 - 24,999 | <input type="checkbox"/> 25,000 + |

EVENT REOCCURENCE:

Please also indicate if this is an annual event.

- | | | | |
|---|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> 1 st Time | <input type="checkbox"/> 2 - 4 Times | <input type="checkbox"/> 5 - 10 Times | <input type="checkbox"/> + 10 Times |
| <input type="checkbox"/> Annual Event | If held previously, please list location(s): _____ | | |

EVENT ADMISSION/ENTRY FEE:

Please check all that apply. Include entry fee for runs, walks & bike race events.

- | | | |
|---|--|--|
| <input type="checkbox"/> Free | <input type="checkbox"/> Open to the Public | <input type="checkbox"/> Private Event |
| <input type="checkbox"/> Participation Fee \$ _____ | <input type="checkbox"/> Ticketed / Gated \$ _____ | <input type="checkbox"/> Suggested Donation \$ _____ |

Applicant Information

Applicant must be the contact person or event organizer for the event submitted.

Applicant's Name: _____ Date of Submission: _____

Organization: _____

Position / Title with Organization: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Alternate Phone: _____

Email: _____ Fax: _____

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Do you represent a non-profit organization with 501 (c) (3) status?

☐ YES
☐ NO

If yes, please attach a copy of the 501 (c) (3) certificate to this application.

501(c) (3) Identification Number: _____

Insurance Carrier: _____

Contact Name: _____

Phone Number: _____

Event Marketing & Communication Plan

Event Website: _____

Social Media Sites: _____

Do you grant permission to the City to take and/or use event photographs for promotional purposes? ☐ YES ☐ NO

Civic League Notification Plan: Please describe plan to notify impacted Civic Leagues of the event. Notification to impacted Civic Leagues is required for all events within 30 calendar days of application approval.

Street Closure Notification Plan: Check all that apply. Required for all businesses/residents surrounding the street/lane closure.

☐ N/A

☐ Mailer

Distribution Date: _____

☐ Flier

Distribution Date: _____

☐ Door Hanger

Distribution Date: _____

☐ Email

Distribution Date: _____

☐ Other: _____

Distribution Date: _____

Advertising Plan: Check all that apply.

☐ Radio

☐ Print

☐ TV

☐ Social Media

☐ Other: _____

Live Media Coverage & Vehicles: Briefly describe plans for on-site media coverage and media vehicle parking.

☐ N/A

of vehicles: _____

Requested Parking Location: _____

Parking

Event attendees and participants will park:

☐ City Lots / Garages

☐ On Street Public Parking

☐ School Parking Lots

☐ Private / Church Parking Lot: _____

☐ Satellite Parking Lot: _____

Special Parking: Please describe any special parking needs for VIPs, RVs, trucks, trailers, etc.

Waste Disposal, Sanitation & Recycling

The City will provide trash cans upon request (event organizer is responsible for providing trash can liners). Event organizer is responsible for removing event waste from the premises immediately following the event or for placing all waste in a rented dumpster.

How many City trash cans do you require? _____

Do you plan to rent a dumpster? _____

Rental Provider: _____

Contact & Phone Number: _____

If no dumpster will be rented, where will trash be taken? _____

Grey Water / Grease: Please describe plan to dispose of grey water and grease from food vendors.

Clean-up Plan: Please describe plan for clean-up and waste removal following the event.

Do you plan to recycle at your event?

☐ YES ☐ NO

If yes, please contact Keep Norfolk Beautiful for information on the City's Special Events Recycling Program.

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Event Setup

Applicant must provide an EVENT MAP with the application to include tent, bleacher, stage, ride/amusement, restroom and dumpster placement.

TENTS A permit is required from the Department of Planning Office of Building Safety for tents larger than 900 square feet. ☐ N/A

Commercial Tents: ☐ YES ☐ NO

Total Number of Tents: _____

Tent Provider: _____

Contact & Phone Number: _____

Number of Cooking Tents: _____

Number of Other Tents: _____

Pop-Up / EZ-UP Tents: ☐ YES ☐ NO

Number of Tents: _____

BLEACHERS & ADDITIONAL SEATING

☐ N/A

Size: _____

Number of Bleachers or Chairs: _____

Provider: _____

Contact & Phone Number: _____

STAGING

☐ N/A

Size: _____

Number of Stages: _____

Provider: _____

Contact & Phone Number: _____

INFLATABLE & MECHANICAL RIDES & AMUSEMENTS

A certificate of insurance naming the City of Norfolk as additional insured is required from the provider of rides and amusements. A permit is required for mechanical rides from the Department of Planning Office of Building Safety.

☐ N/A

Inflatable: ☐ YES ☐ NO

Number of Inflatable Rides: _____

Provider: _____

Contact & Phone Number: _____

Mechanical: ☐ YES ☐ NO

Number of Mechanical Rides: _____

Provider: _____

Contact & Phone Number: _____

AUDIO & LIGHTS

☐ N/A

Live Music: ☐ YES ☐ NO

DJ / Radio / IPOD / CD Music: ☐ YES ☐ NO

Audio Provider: _____

Contact & Phone Number: _____

Light Provider: _____

Contact & Phone Number: _____

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

☐ N/A

Will you be providing a generator? ☐ YES ☐ NO

If yes, provide location: _____

ENTERTAINMENT Check all that apply.

☐ Live Music / DJ / Band

☐ Live Animals / Petting Zoo

☐ Dance/Stage Performances

☐ Speeches/Presentations

Emergency Medical Services

Norfolk Fire-Rescue will review the event medical plan. The requirement of EMS presence will be based upon several factors, which are to be determined by Fire-Rescue Management. Fire-Rescue may be hired or a private provider may be used to fulfill requirement.

Do you plan to have EMS on-site at the event?

☐ YES ☐ NO

If yes, services will be provided by:

☐ Fire-Rescue

☐ Private Provider: _____

Medical Plan: Please describe your medical plan for the event. If necessary, please attach to the application.

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Vendors: Food, Beverage & Merchandise

☐ N/A

IMPORTANT: Please review the vendor information with in the Parks and Recreation Permit Guide for vendor requirements and process.

Number of **FOOD** vendors: _____ Number of **BEVERAGE** vendors: _____ Number of **MERCHANDISE** vendors: _____

Food / Beverage will be: ☐ Given Away (Free) ☐ Sold ☐ Sampled ☐ Other: _____
Please check all that apply. ☐ Cooked On-Site ☐ Cooked Off-Site ☐ Prepackaged ☐ Other: _____

Merchandise will be: ☐ Given Away ☐ Sold ☐ Other: _____
Please check all that apply.

Food Service Dates	Setup Time	Service Time	Breakdown Time

What time will food vendor setups be ready for inspection? _____

Will gas or propane grills be utilized in food service? _____

Vendors: Sponsors, Informational and Arts & Crafts

☐ N/A

IMPORTANT: Please review the vendor information with in the Parks and Recreation Permit Guide for vendor requirements and process.

Number of **SPONSORS**: _____ Number of **INFORMATIONAL**: _____ Number of **ARTS & CRAFTS** vendors: _____

Security

The Norfolk Police Department and Chief Park Ranger will review the event security plan and determine the number of Officers, Sheriff's Deputies or private security required for the event. Private security must have DCJS certification. Norfolk Police Department has final authority for security requirements.

Who will provide uniformed security presence at the event? ☐ Off-Duty NPD Officers ☐ Sheriff's Deputies ☐ Private Provider

Planned Number of Off-Duty Officers / Sheriff's Deputies: _____

Contact: _____ Phone Number: _____

If private security, please give the name of the company: _____ # of Guards: _____

Contact: _____ Phone Number: _____

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

Security Plan: Please describe your security plan for the event. If necessary, please attach to the application.

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Portable Restrooms

Event organizer is required to provide portable restrooms if sufficient public facilities are not available. It is recommended that a minimum of (1) portable restroom is provided per 150 people during peak event hours. 10% should be ADA accessible.

☐ N/A

Do you plan to provide portable restrooms? ☐ YES ☐ NO If yes, how many? Standard: _____ ADA: _____

Rental Provider: _____ Contact & Phone Number: _____

Delivery Date/Time: _____ Pickup Date/Time: _____

Event Permit Agreement

Applicant agrees to abide by the following regulations:

1. All pre-event determined fees shall be paid at least 10 business days (2 weeks) prior to the event. Any costs determined after the event need to be settled immediately upon receipt of the invoice.
2. Proof of insurance will be provided 30 calendar days (1 month) prior to the event. The applicant(s) shall at their own cost and expense furnish a policy or policies for property damage or bodily injury in the amount specified by the City's Risk Management Division. Also, the City of Norfolk MUST be named as additional insured. It is the applicant's responsibility to obtain the required certificate of insurance when it is required from a third party vendor.
3. Applicant will have developed a comprehensive security plan in conjunction with the Chief Park Ranger and Norfolk Police Department. An emergency medical services plan will be submitted to Fire-Rescue Management for review and approval.
4. Premises will be left in as good a condition as received with reasonable wear and tear expected. All trash will be disposed of properly. Applicant accepts responsibility for any damages which might occur during the period of use. City property shall not be removed from the premises.
5. Applicant will comply with all laws, rules and regulations of the federal, state and city governments governing operations and conduct on City property.
6. The noise level required to be in accordance with Chapter 26 Norfolk City Code.
7. Premises will be available to all citizens without discrimination.
8. All events are required to comply with all City, State and Federal Disability Requirements. The event must have reasonable modifications to the programs, services and activities of your event to insure accessibility to all individuals with disabilities.
9. This agreement may be terminated by the director of Norfolk Parks & Recreation or at any time upon finding violation of any rule, ordinance or condition of the permit or upon good cause shown.
10. For applicant and any other persons, organizations, firms, and corporations sponsoring the event which is the subject of this permit application, jointly and severally, hereby contract and agree to pay all costs of services provided by the City of Norfolk, in support of said event.
11. The Permittee, its agents, employees, officers and assignees assume all responsibility and liability for any injury to persons or damage to public or private property caused, directly or indirectly, by the permitted event. Furthermore, the Permittee, its agents, employees, officers and assignees agree to save and hold harmless the City of Norfolk, its agents, employees and officers from any and all claims, demands, actions, judgments, executions, damages or proceeding for any and all personal actions, judgments, executions, damages or proceedings from any and all personal injury, and injuries to property, real or personal, public or private caused by or arising out of directly or indirectly, in connection with said event. Any misrepresentation or deviation from the final permit conditions will result in immediate revocation of the permit, halting of the event, and probationary use of city property in the future.
12. Cancellation of a permit or permit application must be submitted in writing. Permit fees and application fees are non-refundable if the event is cancelled due to any circumstance, including inclement weather. Failure to use the dates approved on the permit are grounds for cancellation of your permit and may result in possible restrictions future permits.

ALL FINANCIAL OBLIGATIONS AND TAXES DUE TO THE CITY RELATED TO PRIOR EVENTS MUST BE PAID IN FULL IN ORDER FOR AN APPLICATION TO BE APPROVED FOR A SUBSEQUENT EVENT. APPLICATIONS RECEIVED FOR WHICH THE APPLICANT / ORGANIZATION HAS OUTSTANDING FINANCIAL OBLIGATIONS OWED TO THE CITY WILL NOT BE PROCESSED UNTIL THE BALANCE IS PAID IN FULL.

By signing below the applicant certifies that the above information is accurate. The applicant also acknowledges receipt, review and understanding of the Parks and Recreation Permit Guide, Permit Regulations, and Schedule of Fees.

Signature: _____

Date: _____

Print Name: _____