

## **PERMIT APPLICATION**

Please complete, sign, and return this form at least 5 Business Days before the event date(s).

Return to Marion Police Department 307 S. Park Street | Marion, VA 24354 jclair@marionva.org

## **ORGANIZER INFORMATION**

EVENT SPONSOR   (	ORGANIZATION:		
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:		EMAIL:	
EVENT ORGANIZER	NAME:		
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:		EMAIL:	
DAY OF EVENT PHO	NE:		
EVENT INFOR	MATION		
EVENT NAME:			
EVENT CATEGORY:	PARADE FAIR	FESTIVAL FUNDRAISER RAG	CE/WALK CONCERT
	CARNIVAL HIST	FORICAL CELEBRATION MEETING/	GATHERING DEMONSTRATION
	OTHER (PLEASE DE	SCRIBE):	
REQUESTED LOCATION	ON:		
EVENT DATE(S) & TI	MES:		
EVENT SET-UP & TIN	ΛE:		
EVENT BREAKDOWN	I & TIME:		
IF NEEDED, REQUES	TED RAIN DATE(S) &	TIME(S):	
ARE YOU REQUESTE	D A STREET CLOSURE	? YES NO	
IF YES, PLEASE LIST S	STREET(S). IF A RACE/	/WALK, PLEASE LIST ROUTE AND ATTA	CH MAP.
ARE YOU REQUESTI	NG TOWN SERVICES?	YES NO	
PLEASE DESCRIBE SE	ERVICES NEEDED:		

## **EVENT INFORMATION - CONTINUED ESTIMATED EVENT ATTENDEES:** WILL YOUR EVENT HAVE AMPLIFIED SOUND? YES NO IF YES, WHAT TYPE OF SOUND WILL BE USED? SPEAKING ONLY LIVE BAND DJ/SOUND SYSTEM OTHER: WILL ALCOHOLIC BEVERAGES BE SERVED? YES NO IF YES, PLEASE DESCRIBE. HAVE YOU OBTAINED AN ABC PERMIT? WILL FOOD BE DISTRIBUTED AT THE EVENT? YES NO If yes, a Temporary Food Permit may be required by the State Health Department. **EVENT SET-UP** DESCRIBE YOUR EVENT AND EVENT SET-UP. PLEASE USE THE NEXT PAGE TO CREATE EVENT VENUE LAYOUT. AGREEMENT + RELEASE By completing this request, the applicant understands that the event sponsor(s) and organizer(s) will hold harmless and indemnify the Town of Marion, its employees, and agents against injury, loss, or damage occurring as a result of this event. The applicant and sponsor(s) also agree to provide any additional information requested by the Town of Marion, and to provide any event changes to the Town of Marion in a reasonable time before/during the event. If you have any questions, please contact the Marion Police Department at 276-783-8145. APPLICANT SIGNATURE: DATE: FOR OFFICE USE ONLY: DATE APPLICATION RECEIVED: DATE APPLICATION APPROVED | DENIED: APPLICATION FORWARDED TO ADDITIONAL DEPARTMENT(S):

## **EVENT LAYOUT + DIAGRAM**

Please use the space below to draw a diagram of the event layout or as additional space to describe your event. Make sure to list any structures or equipment that will be set-up - including: tents, tables, sound system, rented equipment (bounce house, shade structures, port-a-johns, etc.)