



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 PHONE:

EVENT INFORMATION

EVENT NAME:

EVENT CATEGORY: DEMONSTRATION PARADE FAIR FESTIVAL FUNDRAISER RACE/WALK

CARNIVAL HISTORICAL CELEBRATION MEETING/GATHERING CONCERT

OTHER (PLEASE DESCRIBE): _____

REQUESTED LOCATION:

EVENT DATE(S) & TIMES:

EVENT SET-UP & TIME:

EVENT BREAKDOWN & TIME:

IF NEEDED, REQUESTED RAIN DATE(S) & TIME(S):

ARE YOU REQUESTED A STREET CLOSURE? YES NO

IF YES, PLEASE LIST STREET(S). IF A RACE/WALK, PLEASE LIST ROUTE AND ATTACH MAP.

ARE YOU REQUESTING TOWN SERVICES? YES NO

PLEASE DESCRIBE SERVICES NEEDED:

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.)