

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 0	ORGANIZATION:						
ADDRESS:							
CITY:				:	ZIP:		
PHONE:			EMAIL:				
EVENT ORGANIZER	NAME:						
ADDRESS:							
CITY:			STATE	:		ZIP:	
PHONE:		EMAIL:					
DAY OF EVENT PHO	NE:						
EVENT INFOR	MATION						
EVENT NAME:							
EVENT CATEGORY:	DEMONSTRATION	PARADE	FAIR	FESTIVAL	FUNDRAISER	RACE/WALK	
	CARNIVAL HIST	ORICAL CELEB	RATION	MEETING	G/GATHERING	CONCERT	
	OTHER (PLEASE DES	SCRIBE):					
REQUESTED LOCATION	ON:						
EVENT DATE(S) & TII	MES:						
EVENT SET-UP & TIN	1E:						
EVENT BREAKDOWN	I & TIME:						
IF NEEDED, REQUES	TED RAIN DATE(S) & T	IME(S):					
ARE YOU REQUESTE	D A STREET CLOSURE	YES NO)				
IF YES, PLEASE LIST S	STREET(S). IF A RACE/	NALK, PLEASE	LIST ROU	TE AND ATT	ACH MAP.		
ARE YOU REQUESTIN	NG TOWN SERVICES?	YES NO)				
PLEASE DESCRIBE SE	RVICES 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.)