TOWN OF RICHLANDS EVENT PERMIT APPLICATION

ORGANIZER INFORM				
ADDRESS:				
CITY:		STATE:	ZIP CODE:	
PHONE:		EMAIL:		
EVENT ORGANIZER N	JAME:			
ADDRESS:		CT A TE	710 0000	
CITY:		STATE:	ZIP CODE:	
		EMAIL:		
DAY OF EVENT PHOT	VE:			
EVENT INFORMATIC	NNI.			
EVENT NAME:				
		FAIR FESTIVA	I FLINDRAISER	ΒΔΟΕΛΝΔΙΚ
EVENT CATEGORY.		CARNIVAL HISTOR		NACL/ WALK
		GATHERING DEMON		
	•	ASE DESCRIBE):		
	OTTIER (I EE	ASE DESCRIBEJ.		
REQUESTED LOCATI	ON:			
MEGOLO (ED EO G/ ()				
EVENT DATES(S) & T	TIMES:			
, ,	100000000000000000000000000000000000000			
EVENT SET-UP & TIN	ЛЕ:			
EVENT BREAKDOWN	N & TIME:			
IF NEEDED, REQUES	TED RAIN DA	res(s) & time(s):		
ARE YOU REQUESTI	NG A STREET (CLOSURE? YES	NO	
IF YES, PLEASE LIST	STREET(S). IF	A RACE/WALK, PLEASE	LIST ROUTE AND ATT	TACH MAP.
		•		
		RVICES? YES N	0	
PLEASE DESCRIBE S	ERVICES NEED	ED:		

ESTIMATED EVENT ATTENDEES: NO 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 DESCRIBED:
<u> </u>
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 Richlands, its employees, and agents against injury, loss, or damage occurring as a result of this event.

Town of Richlands, and to provide any event changes to the Town of Richlands in a reasonable time before/during the event. If you have any questions, please contact the Community Development Center at 276-964-2564.

APPLICANT SIGNATURE: _______ DATE: _______

APPLICATION MUST BE SUBMITTED "60" DAYS IN ADVANCE OF EVENT.

FOR OFFICE USE ONLY: DATE APPLICATION APPROVED/DENIED: ______

APPLICATION FORWARDED TO ADDITIONAL DEPARTMENTS: APPROVAL SIGNATURES: ________

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.)

The applicant and sponsor(s) also agree to provide any additional information requested by the