



# City of Norfolk Special Events Large Event Permit Application (200+ Expected Attendance)



## LARGE EVENT PERMIT APPLICATION

201 E. Brambleton Avenue • Norfolk, VA 23510 • (757) 664-6880 main

[www.norfolk.gov/specialevents](http://www.norfolk.gov/specialevents)

*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.*

Festival Park \_\_\_\_\_

Community Park \_\_\_\_\_

Norfolk Public School Grounds \_\_\_\_\_

Streets / Sidewalks \_\_\_\_\_

Other (Park/Open Space/Parking Lot) \_\_\_\_\_

**TYPE OF EVENT:** *Please check all that apply.*

<input type="checkbox"/> Parade	<input type="checkbox"/> Church Event	<input type="checkbox"/> Bike Race	<input type="checkbox"/> Auto Procession	<input type="checkbox"/> Fundraiser
<input type="checkbox"/> Run / Walk	<input type="checkbox"/> Carnival	<input type="checkbox"/> Community / Cultural Event	<input type="checkbox"/> Charity Event	<input type="checkbox"/> Festival
<input type="checkbox"/> Water Activities / Boats	<input type="checkbox"/> Concert	<input type="checkbox"/> Neighborhood Reunion	<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.*

1<sup>st</sup> Time  2 – 4 Times  5 - 10 Times  + 10 Times

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.*

Free  Open to the Public  Private Event

Participation Fee \$ \_\_\_\_\_  Ticketed / Gated \$ \_\_\_\_\_  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**  N/A

Size: \_\_\_\_\_      Number of Bleachers: \_\_\_\_\_

Provider: \_\_\_\_\_      Contact & Phone Number: \_\_\_\_\_

**STAGING**  N/A

Size: \_\_\_\_\_      Number of Stages: \_\_\_\_\_

Provider: \_\_\_\_\_      Contact & Phone Number: \_\_\_\_\_

**INFLATABLE & MECHANICAL RIDES & AMUSEMENTS**  N/A  
*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.*

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

*IMPORTANT: Please review the vendor information on Permit Guidelines Page 3 for vendor requirements and process.*

N/A

Number of **FOOD** vendors: \_\_\_\_\_ Number of **BEVERAGE** vendors: \_\_\_\_\_ Number of **MERCHANDISE** vendors: \_\_\_\_\_

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

**Merchandise will be:**  
Please check all that apply.  
 Given Away     Sold     Other: \_\_\_\_\_

Food Service Dates	Setup Time	Service Time	Breakdown Time
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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

*IMPORTANT: Please review the vendor information on Permit Guidelines Page 3 for vendor requirements and process.*

N/A

Number of **SPONSORS**: \_\_\_\_\_ Number of **INFORMATIONAL**: \_\_\_\_\_ Number of **ARTS & CRAFTS** vendors: \_\_\_\_\_

## Vendors: Alcohol

*IMPORTANT: Please review the vendor information on Permit Guidelines Page 3 for ABC License information.*

N/A

Number of **BEER** vendors: \_\_\_\_\_ Number of **WINE** vendors: \_\_\_\_\_ Number of **LIQUOR** vendors: \_\_\_\_\_

**Alcohol will include:**  
Please check all that apply.  
 Draft Beer     Bottled Beer     Canned Beer     Wine     Liquor

**Alcohol will be:**  
Please check all that apply.  
 Served or Sampled (Free)     Sold

Alcohol Service Dates	Setup Time	Service Time	Breakdown Time
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## Security

*The Norfolk Police Department 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: \_\_\_\_\_

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

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## Street / Lane / Sidewalk Closure

Please complete this section if your event involves a street, lane or sidewalk closure.

N/A

1. A permit will not be issued unless application is accompanied by a map and approved traffic control plan for proposed closure.
2. The traffic control plan must show work zone, all traffic control devices, street, lane or sidewalk to be closed, closest cross street and north arrow. All plans must comply with the latest version of the Virginia Work Area Protection Manual and the Manual for Uniform Traffic Control Devices

Closure Starting Date: \_\_\_\_\_ Closure Starting Time: \_\_\_\_\_  
 Closure Ending Date: \_\_\_\_\_ Closure Ending Time: \_\_\_\_\_

## RUN / WALK / BIKE RACE / PARADE

N/A

Name & Address of Start/Staging Location: \_\_\_\_\_

Name & Address of Finish/Disbanding Location: \_\_\_\_\_

Route Description: Please provide a written description of the proposed route, including street names, lane designation, number of lanes, direction, etc. A map of the route is required as an attachment to this application.

**Volunteers / Course Marshals** NPD will determine the required number of officers for the closure and traffic control. Applicant may be asked to provide volunteer support to serve as Course Marshals.

How many volunteers do you plan to provide? \_\_\_\_\_

## Parade Units

N/A

Total # of Units: \_\_\_\_\_ Total Time (Step-off to Finish): \_\_\_\_\_

# of Floats: \_\_\_\_\_ # of Motorized Vehicles: \_\_\_\_\_ # of Marching Bands: \_\_\_\_\_ # of Walking Units: \_\_\_\_\_

# of Equestrian Units: \_\_\_\_\_ # of Other Animal Units: \_\_\_\_\_ Other: \_\_\_\_\_

## BLOCK PARTY / STREET FESTIVAL / OTHER CLOSURE

N/A

Closure: Provide a written description of the proposed street, lane or sidewalk closure and include street names, number of lanes, etc.

## ALL CLOSURES

### Parking Removal

Please indicate if the closure requires removing or restricting on-street parking or using metered parking spaces.

N/A

## Traffic Control Plan

Please attach traffic control plan and map to the application.

Who will be providing street closure equipment?  City of Norfolk (TOC)  Private Provider

If a private provider will be used, please list the name of the company: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_



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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: \_\_\_\_\_

## Special Events Permit Agreement

### Applicant agrees to abide by the following regulations:

- 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.
- 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.
- Applicant will have developed a comprehensive security plan in conjunction with the Norfolk Police Department. An emergency medical services plan will be submitted to Fire-Rescue Management for review and approval.
- 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.
- Applicant will comply with all laws, rules and regulations of the federal, state and city governments governing operations and conduct on City property.
- The noise level will not exceed the maximum permissible level of 110dB, in accordance with Chapter 26 Norfolk City Code.
- Premises will be available to all citizens without discrimination.
- 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.
- This agreement may be terminated by the City of Norfolk Special Events at any time upon finding violation of any rule, ordinance or condition of the permit or upon good cause shown.
- 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.
- 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.
- 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 Special Events Permit Guidelines and Schedule of Fees.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_