



Date Received: _____
Date Distributed: _____
Received By: _____

## SPECIAL EVENT REQUEST & QUESTIONNAIRE

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Rain Date & Time: \_\_\_\_\_

Time of Event: \_\_\_\_\_ Set-up Time: \_\_\_\_\_

Specific Location of Event: \_\_\_\_\_

**APPLICANT: Person or Organization producing this event:** \_\_\_\_\_

Tax ID #

Business License #

**Contact 1:**

**Contact 2:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
E-Mail Address

Description of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check the boxes below that pertain to your event:**

1. Open to the public  private, invitation only event
2. Donation Requested  Amount \$ \_\_\_\_\_ or  Free
3. Anticipated number of spectators: \_\_\_\_\_ participants: \_\_\_\_\_
4. Request assistance from:  Police  Fire  Sheriff Motorcycle  Other \_\_\_\_\_  
explain
5. Event Includes:  Water event  Sporting Event  Fireworks Display
6. Alcoholic Beverages will be  present  sold  N/A
7. Food or beverages will be  sold  distributed  served  N/A
8. Total number of food vendors  Only 1 vendor  If more than one vendor, how many \_\_\_\_\_
9. Merchandise will be  sold  distributed  sold at event by vendors
10. Amplified sound, such as  voice  recorded music  live band  DJ

Time that amplified sound will begin: \_\_\_\_\_ and end: \_\_\_\_\_

11. Temporary outdoor structures include  tents, size \_\_\_\_\_ number of occupants \_\_\_\_\_  
 stages  other \_\_\_\_\_  
explain
12. Utility services needed beyond those available at site  electricity  other \_\_\_\_\_  
explain

13. Number and location of portable restroom facilities to be provided: \_\_\_\_\_

(one per 150 persons; minimum of one handicap accessible)

14. Amusement rides or devices include:  carnival rides  inflatables  climbing walls  
 Other: \_\_\_\_\_
15. Temporary Events Signs will be erected  Yes  No

Location(s): \_\_\_\_\_

16. Street closures are required for  parade/walk  block party  street festival

17. Animals: \_\_\_\_\_  
list and explain

**Based on the above information, additional paperwork may be required from various city departments and state agencies. Please refer to the Special Events Checklist to ensure your compliance with all local and state regulations to ensure a safe and successful event.**

Permittee (organization/applicant) shall assume all risks incident to or in connection with the permitted activity and shall be solely responsible for damage or injury, of whatever kind or nature, to person or property, directly or indirectly arising out of or in connection with the permitted activity or the conduct of permittee's operation. Permittee hereby expressly agrees to defend and save the City, its officers, agents, employees, and representatives harmless from any penalties for violation of any law ordinance, or regulation affecting its activity and from any and all claims, suits, losses, damages, or injuries directly or indirectly arising out of or in connection with the permitted activity or conduct of its operation or resulting from the negligence or intentional acts or omissions of permittee or its officers, agents, and employees.

My signature indicates that I have read and understand the above information. I further understand that I am responsible for adhering to all requirements and paying for any fees or charges for my special event.

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Applicant Signature

Date

Please submit completed request form to the Martinsville City Manager's Office located at 55 W. Church Street, Room 216, Martinsville, VA 24112.

Thank you for choosing the City of Martinsville for your event!