



City of Norfolk
Small Event Permit Application
 (0-199 Expected Attendance)



201 E. Brambleton Avenue • Norfolk, VA 23510 • (757) 664-6880 main
www.norfolk.gov/sevenvenues

For Office Use Only

Date Received: _____ Permit #: _____ Application Fee Paid: YES NO

Instructions: Please type or print clearly. Incomplete applications will not be processed. Indicate N/A if a question 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
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RAIN DATE(S)/TIME(S): _____

REQUESTED EVENT LOCATION: _____ Please indicate the type of location, check all that apply and specify location name.

Community Park: _____ Norfolk Public School Grounds Streets/Sidewalks Other
 Open Space and/or Picnic Shelters- # of Shelters _____ Location Name: _____

TYPE OF EVENT: _____ Please check all that apply.

Family Reunion/Picnic Church Event Concert / Performance Carnival / Amusements Birthday Party
 Community / Cultural Sidewalk Walk Neighborhood Reunion Fundraiser / Charity Event
 Other: _____

EXPECTED DAILY ATTENDANCE: _____ Please include participants and spectators in this total.

0 – 49 50 – 99 100 – 149 150-199

EVENT REOCCURRENCE: _____ Please also indicate if this is an annual event.

1st 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.

Free Open to the Public Private Event
 Participation Fee \$ _____ Ticketed / Gated \$ _____ Suggested Donation \$ _____

IMPORTANT:

- Please do not complete this application if the event is expected to have 200+ in expected daily attendance or is a run/walk, commercial parade or bike race on City streets. These events can be accommodated through a "Large Event Permit Application."
- 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 for which you request a permit.

APPLICANT INFORMATION: Applicant must be the contact person or event organizer for the event submitted.

Applicant's Name: _____ Date of Submission: _____

Organization: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Phone: _____ Alternate Phone: _____ Event Website: _____

Do you represent a 501 (c) 3 Status? Yes No 501 (c) 3 #: _____



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Applicant must provide a detailed and labeled EVENT MAP/LAYOUT with the application to include all activities and equipment (i.e. tents, bleachers, stages, ride/amusements, restrooms, dumpster, etc.).

EQUIPMENT:

Will you have tables/chairs? Yes No

Will you have staging? Yes No

Will you have bleachers? Yes No

Will equipment be left overnight? Yes No

Will power be provided by a generator? Yes No

Will you have tents? Yes No # of Tents: _____

Will you have inflatables, mechanical rides and/or amusements? Yes No If yes, provider: _____

RESTROOMS/WASTE DISPOSAL:

Do you plan to provide portable restrooms? Yes No If yes, how many? _____

Will you be renting a dumpster or taking trash off site? Rent Dumpster Take Trash Off Site

VENDORS:

Please check all that apply.

Will food/beverage be provided at the event? Yes No For Sale Free Cooked on site Cooked off site

Will there be retail/merchandise vendors? Yes No For Sale Free

Will there be arts & crafts vendors? Yes No For Sale Free

Will alcohol be served at the event? Yes No For Sale Free

Will there be informational/sponsor tables? Yes No

ENTERTAINMENT:

Please check all that apply.

Live Music/ DJ/Band Live Animals/Petting Zoo Dance/Stage Performance Speeches/Presentations

MEDICAL/SECURITY:

What do you plan to do in case of an emergency? Provide First Aid Kit Medical Staff on-site Call 911 Other

Please explain the medical plan:

Do you intend to hire security for the event? Yes No

If yes, security will be: Off Duty Norfolk Police Private Provider Norfolk Sherriff Deputies Other

If other, please explain:

IMPORTANT:

- Tents larger than 900 square feet require a permit from the Department of Planning, Office of Building Safety.
- Inflatable/Mechanical Ride providers are responsible for submitting a certificate of insurance listing the City of Norfolk as additional insured. A permit is required for mechanical rides from the Department of Planning, Office of Building Safety.
- Power is not accessible at most locations.
- It is the responsibility of the event organizer to provide trash liners for existing trash receptacles and to remove event waste from the premises following the event or to place all waste in a rented dumpster.
- All vendors AND event organizers providing food/beverage to the public must meet all requirements of the Health Department. If the food/beverage or merchandise is being all requirements of the Commissioner of Revenue must be met.
- If your event location is permitted to have alcohol, you must meet the requirements set by the Department of Alcoholic Beverage Control and obtain the appropriate ABC License. An event insurance policy is required and must include liquor liability coverage.
- Security requirements are at the discretion of Norfolk Police and may be at a cost to the organizer. Off-duty rates apply.

Ⓞy k ° V#- Depending on the nature of the event, the City may require the permittee to obtain an insurance policy. If insurance is required, a certificate of insurance must be submitted listing the City of Norfolk as additional insured.

Do you have or plan to obtain insurance coverage? Yes No If yes, provider: _____



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Please attach a TRAFFIC CONTROL MAP to the application showing all traffic devices, street, lane or sidewalk to be closed, closest cross street, arrow north, and any physical set up. All plans must comply with the latest version of the VA Work Area Protection Manual and the Manual for Uniform Traffic Control Devices.

CLOSURE LOGISTICS:

N/A

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

Describe the route/closure area: _____

Does your event require removing/restricting on-street parking or using metered spaces? Yes No

IMPORTANT:

- City of Norfolk staff will not deliver equipment to the event site. It is the responsibility of the applicant to check out, pick up and return equipment from the Traffic Operations Center (TOC) M-F 8a-3p. Overtime staff rates apply.
- Traffic Control staff is at the discretion of the Norfolk Police and may be at a cost to the organizer. Overtime staff rates apply.

It is the responsibility of the applicant to design a communication plan to notify the community about the event. The notification plan is to be approved by the City as a part of the permit process.

When do you plan to notify the impacted civic leagues of the event details? Notification date: _____

Do you plan to notify each resident/business that is directly on the route and/or street closure? Yes N/A Notification date: _____

Do you grant permission to the City to take and/or use event photographs for promotional purposes? Yes No

By signing below the applicant agrees to abide by the following regulations:

1. The noise level will not exceed the maximum permissible level of 110dB, in accordance with Chapter 26 Norfolk City Code.

2. This agreement may be terminated by the City of Norfolk Seven Venues any time upon finding violation of any rule, ordinance or condition of the permit or upon good cause shown.

6 The noise level will not exceed the maximum permissible level of 110dB, in accordance with Chapter 26 Norfolk City Code.

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9 This agreement may be terminated by the City of Norfolk Seven Venues any time upon finding violation of any rule, ordinance or condition of the permit or upon good cause shown.

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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.

Signature: _____

Date: _____