



## OUTDOOR GATHERINGS AND STREET FESTIVALS APPLICATION

Town of West Point  
P.O. Box 152  
329 6th Street  
West Point, VA 23181  
(804) 843-3330-phone (804) 843-4364-fax  
www.west-point.va.us

### DESCRIPTION OF PROPERTY

Tax Map Parcel Number(s): \_\_\_\_\_  
Current Zoning: \_\_\_\_\_  
Property Street Address: \_\_\_\_\_

### OFFICE USE ONLY DO NOT WRITE IN THIS BOX

Application No.: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Fee Amount: \_\_\_\_\_

### EVENT INFORMATION

Name of Event: \_\_\_\_\_  
Sponsor of Event: \_\_\_\_\_  
Is sponsor a non-profit organization:  Yes  No Will food be prepared and sold on premises?  Yes  No  
Will vendors be selling products on premises?  Yes  No

### APPLICANT/PROPERTY OWNER'S INFORMATION

Applicant(s) Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Property Owner(s) Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS ADDING ADDITIONAL PAGES AS REQUIRED:**

1. What are the dates and hours of the event? \_\_\_\_\_  
\_\_\_\_\_
2. Is this event being held partially or fully within a structure?  Yes  No
3. If the answer to Number 2 is yes, what is the capacity of the structure based upon the VA Statewide Building Code? \_\_\_\_\_
4. What is the water supply for this event? \_\_\_\_\_
5. Do you have Health Department Approval of this water supply?  Yes  No  
If No, Health Department Approval of the water supply shall be acquired before filing this application.
6. What types of toilets are being used (flush or chemical portable)?  
\_\_\_\_\_
7. How many toilets are available? \_\_\_\_\_
8. Do the toilet facilities have Health Department Approval?  Yes  No  
If No, Health Department Approval of the water supply shall be acquired before filing this application.
9. How will site sanitation be handled? \_\_\_\_\_
10. How will emergency medical services be provided and by whom? \_\_\_\_\_  
\_\_\_\_\_
11. How will fire protection be provided and by whom? \_\_\_\_\_  
\_\_\_\_\_
12. How will traffic management be handled and by whom?  
\_\_\_\_\_  
\_\_\_\_\_
13. How will food be prepared and sold on the premises, who will obtain the required Temporary Permit from the Health Department? \_\_\_\_\_  
\_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING ATTACHMENTS AND PLANS:**

1. Provide a detailed description of the event and the types of activities associated with the event. Include a copy of any brochures or flyers.
2. Show on a plan the areas for performances or activities and grandstands or seats, showing the location of all aisles for pedestrian travel and other crowd-control measures, all physical facilities existing or to be constructed on the premises, including, but not limited to fences, ticket booths, grandstands and stages, the location, capacity and nature of all temporary lighting, sound and public address facilities, the location, capacity and nature of all temporary water, toilet and all other public health related facilities, the location of where all alcoholic beverages and food that will be served to the public, vehicle parking plan, and street closings.
3. Provide a list of the names and addresses of all the persons acting as promoters, proprietors, presenters, or financial backers of the event.
4. Provide evidence insurance of adequate liability insurance.
5. Provide ABC approval and Health Department Approval.
6. All other documents as required by Chapter 39 of the West Point Town Code.

**SIGNATURES**

I/We as the property owner/applicant/agent give permission for Town personnel to enter subject properties in relation to the administration of this application and to any applicable Town of West Point, State of Virginia or U.S. Federal Government regulations. Additionally, if the Town Manager deems necessary for an outside agency or organization review any technical part of this application, I/we agree to reimburse the Town for all costs associated with such outside reviews and consultation within 15 days of being billed by the Town.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: All property owners must sign the application or a Power of Attorney filed with the application**

**FEE**

**Fees must be submitted at time of application.** The fee shall as stated in Chapter 39, Town of West Point Code. Make checks payable to *The Town of West Point*.

**AGENCY COMMENTS AND SIGNATURES**

**Town of West Point Police Department**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chief of Police or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Town of West Point Volunteer Fire & Rescue Department**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chief or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Virginia Department of Transportation**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resident Administrator or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Community Development**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director of Community Development or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

**WAIVERS**

The Town Manger will list any waivers in the space provided below

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Town Manager Signature

Date