



OUTDOOR GATHERINGS AND STREET FESTIVALS APPLICATION

Town of West Point
P.O. Box 152
802 Main 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

Will alcoholic beverages be sold or available 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? _____
14. How will law enforcement services and on-site security be handled and by whom?

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

Town Manager Signature

Date