

**SPECIAL EVENT APPLICATION REQUEST**

Return to:  
Town of Louisa  
P.O. Box 531  
Louisa, VA 23093



**FOR OFFICIAL USE ONLY**

*Organizational Status:*

Non-Profit  Commercial  Independent  
 Maps Attached  ABC Permit Required  
 Tent Permit Required  License Verified

**INDEMNITY RELEASE**

In making this request, the applicant understands that the sponsor will hold harmless and indemnify the town, its officers, employees, and agents against injury, loss or damage occurring as a result of this special event. Sponsors of special events held on public property will be required to provide Special Event Liability Insurance in an amount not less than \$1 million dollars, naming the Town of Louisa, its officers, officials, employees and agents as an additional insured party to the contract. For additional information regarding this requirement please contact the Town of Louisa at 967-1400.

Sponsor(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Sponsor Telephone: \_\_\_\_\_

Event Contact Name: (    ) \_\_\_\_\_

Contact Address: \_\_\_\_\_

\_\_\_\_\_

Contact Telephone: Office (    ) \_\_\_\_\_

Home (    ) \_\_\_\_\_

Cell (    ) \_\_\_\_\_

\_\_\_\_\_  
**Date Application Received By Town**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

DATE APPLICATION SUBMITTED: \_\_\_\_\_, \_\_\_\_\_

EVENT PURPOSE / BRIEF DESCRIPTION:

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

IDENTIFY EVENT CATEGORY:  CARNIVAL  DEMONSTRATION  FAIR  FESTIVAL  
 FUNDRAISER  HISTORICAL CELEBRATION  MARATHON  
 RACE/WALK  PARADE  OTHER (Describe Other) \_\_\_\_\_

EVENT VENUE & LOCATION REQUESTED: \_\_\_\_\_

LIST RACE/WALK STREET ROUTES, IF APPLICABLE (A clear & legible map showing walk/run routes also requested -Please attach map to application):

STREET CLOSING REQUESTED, IF SO INCLUDE LOCATIONS AND CLOSING /OPENING TIME(S):  YES  NO  
LOCATION(S): \_\_\_\_\_

CLOSING DATE(S) \_\_\_\_\_ CLOSING/OPENING TIME(S): FROM \_\_\_\_\_ am/pm UNTIL: \_\_\_\_\_ am/pm

EVENT START DATE/TIME: \_\_\_\_\_ EVENT END DATE/TIME: \_\_\_\_\_  
(WEEKDAY) (DATE) (TIME) (WEEKDAY) (DATE) (TIME)

EVENT SET UP DATE/TIME (INCLUDE WEEKDAY): \_\_\_\_\_  
(WEEKDAY) (DATE) (TIME)

EVENT BREAKDOWN DATE/TIME (INCLUDE WEEKDAY): \_\_\_\_\_  
(WEEKDAY) (DATE) (TIME)

EVENT RAIN DATE REQUESTED:  YES  NO DATE REQUESTED: \_\_\_\_\_  
(WEEKDAY) (DATE)

ESTIMATED # PARTICIPANTS: \_\_\_\_\_ WILL AMPLIFIED MUSIC BE USED: YES  NO

IDENTIFY TYPE MUSICAL ENTERTAINMENT REQUESTED:  BAND  DISC-JOCKEY  OTHER

TOWN UTILITIES NEEDED? YES  NO  IDENTIFY TYPE UTILITIES NEEDED, IF APPLICABLE: \_\_\_\_\_

TOWN EQUIPMENT REQUESTED?  YES  NO

IF YES, IDENTIFY TYPE EQUIPMENT REQUESTED: \_\_\_\_\_

OTHER TOWN SERVICES REQUESTED  YES  NO

(Please identify the area of services needed including staff assistance if applicable): \_\_\_\_\_

PLEASE USE THIS SPACE TO PROVIDE A DIAGRAM OF HOW YOU PROPOSE TO SET UP THE EVENT VENUE SPACE

**IDENTIFY EVENT EQUIPMENT & QUANTITY OF EQUIPMENT TO BE PLACED IN/ON REQUESTED VENUE SPACE**

# OF BOOTHS \_\_\_\_\_ SIZE OF EACH BOOTH \_\_\_\_\_

# OF CANOPIES (Pop-Up) \_\_\_\_\_ SIZE OF EACH CANOPY \_\_\_\_\_

# OF TABLES \_\_\_\_\_ SIZE OF EACH TABLE \_\_\_\_\_

# OF TENTS \_\_\_\_\_ SIZE OF EACH TENT \_\_\_\_\_

# OF STANDS \_\_\_\_\_ SIZE OF EACH STAND \_\_\_\_\_

OTHER EQUIPMENT \_\_\_\_\_ (See Below)

**(PLEASE DESCRIBE OTHER EQUIPMENT REQUESTED FOR PLACEMENT):**

Please note if "other" equipment includes the use of a moon bounce and or inflatable carnival type rides and activities provided by a 3rd party vendor, proof of insurance by the vendor providing such equipment will be required. The 3rd party vendor shall provide a current certificate of insurance indicating at least \$1 million in general liability and completed operations coverage and certificate of workers' compensation coverage, if applicable. Said insurance shall name the Town of Louisa (including its officers, officials, employees and agents) as an additional insured party to the insurance contract. A copy of said documents must be provided to the Town of Louisa by the requested due date specified.

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**ALCOHOLIC BEVERAGE INVOLVED IN THIS ACTIVITY:** \_\_\_ YES \_\_\_ NO (If Yes please describe circumstances involved with the use of alcoholic beverage and if the activity involves the sale of alcohol at this event)

Describe:

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