



# Public Event Permit check list

(For profit / cover expenses / commercial/ charitable)



For profit or charity

Do Not Remove From Application

1. Secure application from the police department or fill in and then print web document. Complete form in its entirety, including personal, business and criminal info as required. **Attach** copy of applicable: **Business license, required Insurance** coverage, and policy numbers.

### If Charitable Event

(Requires Non-profit status) *If charitable fund raiser event*; attach documentation confirming registration with the Department of Agriculture and Consumer Affairs.

***\*If food is to be served, offered or sold***

2. Call to Request Health Department Inspection. (804) 862-8944  
**List** confirmed appointment **date** and **inspector name** contacted under question 35  
***If Alcohol is to be present/served/sold; ( \*note;state tax ID required)***  
Apply for ABC Permit, (fill in question # 16)  
(ABC permit approval will be given after, event license is obtained)  
*\*Note: DCJS Security required for events serving alcohol*

***Then;***

3. Present application to the Commissioner of Revenue Office.  
Pay admissions tax and attach received admissions tax receipt to application.
4. Applications will be received/processed on Tuesday - Thursday, 10:00AM - 2:00PM  
Submit COMPLETED APPLICATION to Police Dept. Admin Office and pay permit fee.  
This submission must be received by the Police Dept. **AT LEAST 15 WORKING DAYS PRIOR TO EVENT.**

***Final approval By the Police Dept. will include***

Permit Conditions:

1. All Teen Events are restricted to 13- 17 years of age and are to end by 10:30PM to allow for transport home. On site security may not leave minors un-attended.
2. Operation for any leased building, open to the public **after 11PM ( with the exception of Non-profit, fund raising) is prohibited *unless;***

A Special use permit is obtained by the facility thru Zoning and approved by City Council.

3. DCJS security is required for any event scheduled to continue after 11PM.

***\*Failure to fully disclose, complete or fraudulently submit, the information requested shall be grounds for permit denial and may result in permanent revocation of further license applications. Permit questions or arrangements must be conducted by Applicant. Proxy discussions or information release are not permitted. Questions may be directed through the Police department at (804) 203-4409***



APPLICATION FOR BUSINESS / ACTIVITY EVENT

BUREAU OF POLICE
PETERSBURG, VIRGINIA



Read the entire application before answering any questions. The application must be completed by the principal officer of the corporation or organization and returned to the Bureau, not less than 15 days, prior to the event. The questions must be answered correctly and in their entirety and typed or printed in ink, for processing. All required attachments MUST be submitted with the application. Missing or false information may void current or future applications. Rented or leased sites, for Public venues will require the sites to possess Special Use Permits issued by city council to operate after 11pm.

Date of Return: (Rec. by Admin. Sec.)

(Name of Corporation / Organization)

(Federal I.D. #)

(State Sales Tax I.D. #) \*req. for any sales

(Business Physical Address)

(Business Phone Number)

To the Chief of Police:

Application is hereby made for a (Type of Business / Activity / Event)

At: (Name of Location and Street Address) Petersburg, Va. On-site Phone #

On: (Date), (between the hours of) Trading As: (Business Name)

Does the site possess a special use permit? Yes No (attach copy with permit restrictions)

Purpose of Function / Business / Event:

Is Purpose for Charitable Fundraising? Yes No (if yes, attach documentation confirming registration with the Department of Consumer Affairs).

Is the purpose for Organizational Fundraising? Yes No if yes, indicate for what and whom:

PRINCIPAL OFFICER OF CORPORATION OR ORGANIZATION (Pres. /Chair / Secretary / Treasurer)

1. Full Name: Last First Middle

2. Home Address: Number Street City State Zip Code

3. Home Phone: Business Phone:

4. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

5. Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_  
 Personal Descriptors: Sex: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.  
 Height: \_\_\_\_\_ ft. \_\_\_\_\_ inches Eye Color: \_\_\_\_\_

7. Are you a resident of the Petersburg Area? Yes No if not state where: \_\_\_\_\_

8. Has any license of any kind issued to you by the City or any other jurisdiction ever been revoked or suspended?  
 Yes No (if Yes, Explain) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Are you a naturalized Citizen of the US? Yes No If No, what country is your Citizenship in? \_\_\_\_\_

10. Do you or any of the Members, who will be operating this business activity or event have a criminal record?

Yes No (If yes, provide the following information, add pages as necessary)

Name	Date of Offense	City / State	Charge	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. Are you or any Primary operators, presently addicted to the use of habit forming drugs? Yes No

12. Are you or any Primary operators, presently addicted to the use of intoxicating liquors? Yes No

13. Give the names and addresses of your former employers and your occupation for the past 5 years.

# Years	Employer	Address	Phone	Occupation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. List the last five (5) events you have held with location, name of contact, and a phone number.

Location	Contact Name	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. PERSONAL REFERENCES: (Provide Three)

Name First	MI	Last	Address	Phone	Years Known
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

APPLICATION FOR BUSINESS / ACTIVITY EVENT

- 16. Will alcoholic beverages be present during the event? Yes No
17. Has your group applied for an ABC License? Yes No Date:
18. Does the Facility have, or will provide an ABC License? Yes No
19. Who will be the Primary Operators of this business or event? List Below;

Table with 4 columns: Name First, MI, Last; Address; Contact #; O.L.N # (State)

20. Do you rent or lease this site? If so, who is the on-site representative?

Table with 3 columns: Name First, MI, Last; Address; Contact #

21. Do you plan to lease this building for any other activity? If so, give the purpose and details;

Commissioner of Revenue / City Treasurer

- \* Is Venue / location current with City licensing and monetary obligations Yes No Initials:
22. If club function, will the members be charged a fee for the event? Yes No if yes, Amount \$
23. Will there be tickets sold, or charge collected, in advance? Yes No if yes, Amount \$
24. Will there be tickets sold or a cover charge collected at the door? Yes No if yes, Amount \$

25. How many are expected to attend? What age group is expected? -

COMMISSIONER OF REVENUE

135 N Union St
Petersburg, Va. 23803
(804) 733-2315

ASSESSMENT: DATE:

ADMISSION TAX PAID:

Signature of Authority:

Printed name:

Title:

\*\*The assessment can be based off the occupancy capacity of the building for admission taxes.\*\*

Fire / Code Compliance

- 26. What is the occupancy capacity of the building location as certified by the Fire Marshall?
27. How many entrances and exits are there in the building?
28. How many Bathrooms are available within the structure?
29. Does the structure have a Permit of Occupancy? Yes No Certificate #
30. Do you plan to have live entertainment? Yes No List Type/Nature (DJ, Band etc.)
31. Will there be dancing permitted? Yes No
32. Does a dance floor exist? Yes No List Square Footage: (i.e. Length x Width= Sq feet)

APPLICATION FOR BUSINESS / ACTIVITY EVENT

- 33. Is the structure protected by a sprinkler system? Yes No Last Insp. Date:
34. Are Fire extinguishers placed in approved locations? Yes No # Expiration Date:

BUREAU OF FIRE / CODE COMPLIANCE

106 W. Tabb St
Petersburg, Va. 23803
(804) 733-2409

Date: APPROVED DENIED
Reasons / Stipulation:
Signature of Authority:
Printed Name:
Title:

Health

- 35. Will food / Beverage be present on site? Yes No Type:
36. Is the event open to the public? Yes No Appt. Date: Insp. Contact date:
37. Will the food be prepared on site? Yes No Type:
38. Will food be provided by a licensed caterer? Yes No if Yes, Provide

Table with 3 columns: Name, Address, Phone Number

- 39. Will prepared food be brought to site by other than a licensed caterer? Yes No List Type and Location of preparation:
(\* Note; Events with Prepared foods offered by other than licensed caterer MUST be Private)

DEPARTMENT OF HEALTH

301 Halifax St.
Petersburg, Va. 23803
(804) 862-8944

Date: APPROVED DENIED
Permit Required / Issued Date:
Signature of Authority:
Printed Name:
Title:

- 40. Is police off-duty security requested / required? Yes No
if yes, attach a Certificate of Insurance naming city as an additional insured.
41. If police are requested: Is a Police Memorandum of Understanding needed or on file? Yes No
If yes, attach copy; Note: (Number of officers determined by Bureau based on crowd volume and area) MOU required for long-term employments on
If Yes, Date Issued / Completed (If Needed, M.O.U. Applications may be secured from the Bureau of Police)
42. Will Private security be used? Yes No If so How Many? and Provide;
Company Name: Address:
Company Contact: Phone #
DCJS License Number:

APPLICATION FOR BUSINESS / ACTIVITY EVENT

43. Is there on site parking? Yes No Are they marked? Yes No How many spaces? \_\_\_\_\_

44. What are the off-street parking arrangements? \_\_\_\_\_ (Attach overflow parking plan and drawings as necessary. Indicate the number of spaces)

45. Would you have any objections to allowing the police department in your business / activity for routine checks? Yes No is the event open to the general Public? Yes No

46. Are Receipts, Insurance Cert., Licenses, Police/ DCJS security request agreements and parking plans attached? Yes No

I certify the information submitted to be true and correct: \_\_\_\_\_

Applicant Signature (Must be signed)

BUREAU OF POLICE

37 E. Tabb St. Petersburg, Va. 23803 (804) 732-4222

Final DATE of REVIEW \_\_\_\_\_

PERMIT REQUIRED / ISSUED: Yes No

Reason / Stipulations: \_\_\_\_\_

Special Event Permit: \_\_\_\_\_

Final Signature of Authority: \_\_\_\_\_

Chief of Police / Designee

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Complete for Billiard Permit Only- (City Code 14-31 through 14-36)

- 47. Is the site operated for profit? Yes No
48. Does site contain more than one Billiard table? Yes No
49. Is requested site above street level? (If not application will be denied) Yes No (Prohibited)
50. Does site offer a free, uninterrupted view of the pool room from the street? Yes No
51. Will site be closed between the hours of 2am and 5am as required? Yes No
52. Is the site licensed to serve alcoholic beverages? Yes No
53. Will minors be allowed to frequent, play in, loiter in the public pool or billiard room? Yes No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

POLICE BILLIARD PERMIT ISSUED UPON CONDITIONS NOTED Yes No

License Expires: \_\_\_\_\_

Chief of Police / Designee