



City of Fairfax, Virginia

Parks and Recreation

10455 Armstrong Street • Room 123 • Fairfax, VA 22030-3630

P 703.385.7858 • F 703.246.6321 • www.fairfaxva.gov

CITY OF FAIRFAX 2023 SPECIAL EVENT/OUTDOOR FACILITY APPLICATION

Applicant/Organization/Sponsor: _____

Event Contact Person: _____

Address: _____

Telephone number: _____ **Email address:** _____

Is this Organization a registered 501c3? ____ No ____ Yes

If yes, 501c3 certificate needs to be attached to this application.

Event Name: _____

Is this an annual event? ____ No ____ Yes

Event Date: _____ **Rain Date:** _____

Event Start Time: _____ **Event End Time:** _____

Event Set-up Begin Time: _____ **Event Clean-up End Time:** _____

Event Location and Address: _____

Anticipated Attendance: (the estimated number of people expected at the event) _____

Anticipated Volunteers: (the estimated number of volunteers expected at the event) _____

Anticipated Participants: (if the proposed event has registered participants, the estimated number expected) _____

Event Type: (run, walk, festival, etc.) _____

Description of Event: (attached a separate sheet if needed): _____

Will this event have amplified sound? ____ No ____ Yes

Where will attendees park for your event? _____

Will there be any road closures? ____ No ____ Yes

If yes, please fill out the attached table for road closure information. Also please submit a map of the location of your proposed event with the associated streets you are requesting for closure. The barricades show be placed on the map where you are requesting the closures to begin/end.

Describe any structure, signs/pennants, utility services, etc. that will be used: _____



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Describe any peddler/vendors, food sales, alcohol sales and current permit status (Fairfax County Health Dept. and Virginia ABC regulate food and alcohol sales): _____

How will your event be publicized? _____

Event Organizer will need to create and turn in an Action Plan which predetermines actions to take during and after an emergency or otherwise hazardous condition. Please include the answers to the following questions: What is your plan in case of severe weather occurs during your event, what is your plan if a participant requires medical attention.

- In the event of an emergency, notification of the emergency will through 911. The caller should have the following information available to the 911 operator – location address, nature of emergency, and contact person with callback number.
- In the event of severe weather, the City of Fairfax has the authority, above and beyond the event representative, to delay and/or cancel an event.
- **If the event is private, an Action Plan will not be required.**

* Fees may be charged for city personnel providing security, traffic direction, refuse removal, etc. Additional information may be required to complete the application process.

Approval of this application will reserve for the applicant the requested event date/place providing all requirements outlined in this policy are met. If the special event request is approved, the sponsor shall assume full responsibility for compliance with all conditions, fees, and charges and further agrees to pay any cost associated with damage to City of Fairfax Property, lost barricades/signs, cleanup by City crews or any other additional City expense caused by this event.

Applicant's Signature _____ Date _____

RETURN COMPLETED APPLICATION TO: **Parks and Recreation Dept, Attention: Event/Athletic Manager**

() Approved () Denied Permit #: _____

Authorized Signature _____ Date _____

Streets Requested to be Closed

Street	Beginning Intersection	Beginning Intersection Open/Closed	Ending Intersection	Ending Intersection Open/Closed