



COUNTY OF WASHINGTON  
BOARD OF SUPERVISORS

APPLICATION FOR SPECIAL ENTERTAINMENT PERMIT

**INSTRUCTIONS:** This APPLICATION FOR SPECIAL ENTERTAINMENT PERMIT (8 pages) must be completed and submitted no later than 60 days prior to the first day of the festival/event. Incomplete Applications for any reason will not be processed. Completed Applications and any supporting materials shall be submitted in person or by mail to the Office of County Administrator, County of Washington, County Administration Building, 205 Academy Drive, Abingdon, Virginia 24210. Only Applications bearing live signatures will be processed; faxed or e-mailed Applications will not be accepted.

**APPLICANT INFORMATION:**

ORGANIZATION NAME: \_\_\_\_\_

INDIVIDUAL ORGANIZER OR APPLICANT'S NAME: \_\_\_\_\_

OFFICIAL MAILING ADDRESS OF ORGANIZER/APPLICANT [one mailing address only, please]:

\_\_\_\_\_  
Street Address or P.O. Box                      City                      State                      Zip Code                      Area Code & Telephone No.

NATURE OF ORGANIZATION: \_\_\_\_\_

**FESTIVAL/EVENT INFORMATION:**

OFFICIAL NAME OF FESTIVAL/EVENT: \_\_\_\_\_

PURPOSE OF FESTIVAL/EVENT: \_\_\_\_\_

DURATION OF FESTIVAL/EVENT: BEGINNING \_\_\_\_\_ ENDING \_\_\_\_\_ TOTAL DAYS \_\_\_\_\_

DAILY TIME OF FESTIVAL/EVENT: FROM \_\_\_\_\_ AM/PM TO \_\_\_\_\_ AM/PM TOTAL HOURS \_\_\_\_\_

LOCATION WHERE FESTIVAL/EVENT IS TO BE HELD: \_\_\_\_\_

COUNTY TAX MAP NO(S). \_\_\_\_\_

NAME OF PROPERTY OWNER WHERE FESTIVAL/EVENT IS TO BE HELD: \_\_\_\_\_

OFFICIAL MAILING ADDRESS OF PROPERTY OWNER [one mailing address only, please]:

\_\_\_\_\_  
Street Address or P.O. Box                      City                      State                      Zip Code                      Area Code & Telephone No.

NAME OF OFFICIAL PROMOTER/PUBLICIST FOR FESTIVAL/EVENT: \_\_\_\_\_

OFFICIAL MAILING ADDRESS OF PROMOTER/PUBLICIST [one mailing address only, please]:

\_\_\_\_\_  
Street Address or P.O. Box                      City                      State                      Zip Code                      Area Code & Telephone No.

TOTAL ESTIMATED COST OF CONDUCTING EVENT/FESTIVAL: \$ \_\_\_\_\_

ESTIMATED NUMBER OF ADMISSION TICKETS TO BE OFFERED FOR SALE: \_\_\_\_\_

COST OF ADMISSION TICKET: \$ \_\_\_\_\_ [ ] ESTIMATED COST [ ] ACTUAL COST

WILL PERSONS UNDER THE AGE OF 18 BE ADMITTED TO FESTIVAL/EVENT:

[ ] YES-WITHOUT ADULT ESCORT [ ] YES-WITH ADULT ESCORT [ ] NO

**FESTIVAL/EVENT PERFORMERS:**

PLEASE IDENTIFY BY NAME ALL PERFORMERS, ACTS, ETC. SCHEDULED TO APPEAR (EITHER BOOKED OR ANTICIPATED) AT THE FESTIVAL/EVENT:

Lined area for listing performers and acts.











**FESTIVAL/EVENT PLANNING (continued):**

WILL ANY OUTDOOR LIGHTS OR LIGHTING IS TO BE UTILIZED AT THE FESTIVAL/EVENT: [ ] YES [ ] NO

IF "YES" PLEASE SUBMIT A SITE PLAN DRAWING OF THE FESTIVAL/EVENT LOCATION WITH THIS APPLICATION SHOWING THE LOCATION OF SUCH LIGHTS AND SHIELDING DEVICES OR OTHER EQUIPMENT TO PREVENT UNREASONABLE GLOW BEYOND THE PROPERTY ON WHICH THE FESTIVAL/EVENT IS LOCATED.

PLEASE ALSO SUBMIT WITH THIS APPLICATION A COPY OF THE TICKET OR BADGE OF ADMISSION TO THE FESTIVAL/EVENT (ACTUAL OR PROPOSED DESIGN) CONTAINING THE DATE OR DATES AND TIME OR TIMES OF THE FESTIVAL

**SIGNATURE AND CERTIFICATION OF APPLICANT:**

THE UNDERSIGNED APPLICANT HEREBY CERTIFIES THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF AND THAT NO MUSIC ASSOCIATED WITH THE FESTIVAL/EVENT SHALL BE PLAYED, EITHER BY MECHANICAL DEVICE OR LIVE PERFORMANCE, IN SUCH A MANNER THAT THE SOUND EMANATING THEREFROM SHALL BE UNREASONABLY AUDIBLE BEYOND THE PROPERTY ON WHICH THE FESTIVAL/EVENT IS LOCATED.

\_\_\_\_\_ DATE APPLICATION COMPLETED \_\_\_\_\_  
Applicant