

**APPLICATION FOR
SPECIAL ENTERTAINMENT PERMIT
(Must be submitted 30 days prior to event)**

To Rockingham County Board of Supervisors:

Date of Application: _____ Date of Performance: _____

APPLICANT: _____

APPLICANT'S ADDRESS: _____

Daytime Phone: _____

TYPE OF EVENT _____

Statement of Location (Name and Address of Property owner and tax map number)

If property owner is different from applicant, **notarized statement under oath** that the person giving permission is the property owner or has the right to possession of the property and authorizes applicant to use it for the purpose specified herein.

The following shall be required as a part of this application:

IF LESS THAN 50 ATTENDEES WILL ATTEND ONLY #6 & #8 BELOW MUST BE COMPLETED. HOWEVER, IF APPLICATION IS COMPLETED FOR LESS THAN 50 PEOPLE, AND MORE THAN 50 PEOPLE ATTEND, THE FUNCTION MAY BE ENDED AS DETERMINED BY THE AUTHORITIES.

1. Description of the event.
2. A plan for sanitation facilities at this function (approved by the Health Department)
3. A plan for garbage and trash pick up.
4. A plan for traffic control, crowd control and parking facilities (approved by the Sheriff).
5. A plan for fire and medical emergencies (approved by the Fire Chief).
6. Approval from VDOT regarding the entrance.
7. A plan for providing food, water, and lodging (if more than one day) for guests.
8. A statement concerning the following:
 - a. alcoholic beverages (if allowed, provided by host or brought by guests)
 - b. hours of the function
 - c. if outdoor music, the hours music will be played.
 - d. estimate of the number of guests expected.
 - e. all activities that will be involved in this function.

I hereby certify that all of the above information and supporting documents herewith submitted is correct.

Signature - Applicant

APPLICANT'S RESPONSIBILITY (MUST BE COMPLETED)

COMMENTS FROM VDOT: _____ _____	
_____ SIGNATURE	_____ DATE

COMMENTS FROM HEALTH DEPT. _____ _____	
_____ SIGNATURE	_____ DATE

COMMENTS FROM SHERIFF'S DEPT.: _____ _____	
_____ SIGNATURE	_____ DATE

COMMENTS FROM FIRE & RESCUE: _____ _____	
_____ SIGNATURE	_____ DATE

OFFICE USE ONLY

<input type="checkbox"/> SPECIAL USE PERMIT NEEDED
<input type="checkbox"/> SPECIAL USE PERMIT NOT NEEDED

Rockingham County Zoning Administrator Date

ACTION TAKEN:	
<input type="checkbox"/> APPROVED. Conditions: _____ _____ _____	
<input type="checkbox"/> DENIED. Reasons: _____ _____ _____	
_____ Signature	_____ Date