



State Parks Special Use Permit Application

Please fill in all areas below as completely as possible. If a question does not apply, use N/A. Allow up to thirty days for processing. Please enclose a \$25 nonrefundable processing fee for each event, made payable to the Treasurer of Virginia.

Return to:
Grayson Highlands State Park
829 Grayson Highland Ln.
Mouth of Wilson, VA 24363

Permit Requested by:

Name of Organization: _____

Represented by: _____

Title: _____

Street Address: _____

City, State and Zip: _____

Telephone: (_____) _____ - _____

Email: _____

Fax: _____

Name of Event: _____

Location (State Park/Area in Park): _____

Date (Month/Day/Year): _____, 20____

Time Beginning: _____ Ending: _____

Number of people involved or attending: _____

Necessary to set up in advance? Yes ☐ No ☐ When? _____

Any exhibits or displays? Yes ☐ No ☐ Number and type: _____

Any special requirements? (show type, location, number and responsibility for cost and set up)

Electricity: _____

Water: _____

Signs: _____

Stage or Platform: _____

Public Address System: _____

Port-a-Johns: _____

Picnic Tables: _____

Any special personnel? (show type, location, number and responsibility for obtaining cost)

Law Enforcement: _____

Parking Attendants: _____

Rescue Squad (First Aid): _____

Fire Department: _____

Guest(s) of Honor (Who/How Identified): _____

Entertainment (Who/When/Location): _____

Items to be sold (Type/By): _____

Sales Tax Arrangements (Type/Collected by/Prizes): _____

Health Dept Requirements for Food Handlers (Type/By): _____

Control Point (Type/Location/Who): _____

Traffic Flow Control (Type/Location/Who): _____

Potential Safety Hazards (Type/Location/Who): _____

Registration or Attendance Fees: Yes ☐ No ☐

Amount: _____ Collected By: _____

Livestock or animals (Type/Number/Location): _____

Clean up (When/By): _____

Please summarize below the planned event and all involved activities:

Signature: _____ Date: _____

Comments: _____

Signature: _____ Date: _____