Please fill in all areas below as completely as possible. If a question does not apply, use N/A. Allow 30 days for processing. Please enclose the \$25.00 application fee (checks may be made payable to Treasurer of Virginia) and return this form to the following address:

First Landing State Park 2500 Shore Drive Virginia Beach, VA 23451 (757) 412-2320 FAX: (757) 412-2315

Please type or print Permit requested by:					
Name of Organizati Title	_	Represented by		у	
Street Address		_	City	State	Zip
Area Code Telephoi	ne Number	_	E-Mail	Address	
Purpose:					
Location: Area of Par	k	_			
Date:		<u> </u>	Time:		
Month Day	Year			Beginning	Ending
Number of people involved	or attending	Ţ:			
Any special requirements? (Show type, location, number)		Water?Signs?Stage or Platf Public Addre Port-A-John?	orm?ss System?_		
Any special personnel? (Show type, location, and number)		Parking Attendants?			

Law Enforcement?

If the fields below do not pertain to your event, please indicate "N/A" – Not Applicable.

Is it Necessary to set up in advance? Y	es/No When? (date/time)			
Any exhibits or displays?	Number & Type _			
Guest(s) of Honor: (Example: Bride/Groom names)				
Entertainment:				
Who	When	Location		
Items to be sold:				
Туре		By Whom		
Sales Tax Arrangements:				
Туре	By Whom	Prizes		
Judging of Items:				
Туре	By Whom	Prizes		
Health Department Requirements (for food	l Handlers): Type	By Whom		
Control Point:				
Туре	Location	By Whom		
Traffic Flow Control:				
Туре	Location	By Whom		
Potential Safety Hazards:				
Туре	Location	By Whom		
Registration or Attendance Fees:				
	Amount	By Whom		
Livestock or animals:				
Туре	Number	Location		
Clean Up:	<u> </u>			
When	By V	Whom		

Please summarize the planned event and all involved activities:				
-				
Signature:	Date:			
Park Managar's Comments.				
Park Manager's Signature:	Date:			