

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: Chippokes Plantation State Park 695 Chippokes Park Road Surry, Virginia 23882 (757) 294-3625

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:	<u>-</u>
Port-a-Johns:	
Picnic Tables:	
Any special personnel? (show type, I	ocation, number and responsibility for obtaining
cost)	
Law Enforcement:	
Parking Attendants:	
Rescue Squad (First Aid):	<u> </u>
Fire Department:	
Guest(s) of Honor (Who/How Identified	ed):
Entertainment (Who/When/Location)	:
Items to be sold (Type/By):	
Sales Tax Arrangements (Type/Colle	cted by/Prizes):
Health Dept Requirements for Food I	-landlers (Type/By):
Control Point (Type/Location/Who): _	
Traffic Flow Control (Type/Location/V	Vho):
Potential Safety Hazards (Type/Loca	tion/Who):
Registration or Attendance Fees: Yes	s 🗌 No 🗌
Amount: Collected By:	
Livestock or animals (Type/Number/L	_ocation):
Clean up (When/By):	
Diagram of the latest the colours	
Please summarize below the planned	a event and all involved activities:
Signature:	Date:
Comments:	
Signature:	Date: