



Application for Special Use Permit

Please fill in all areas below as completely as possible. If a question does not apply, use N/A. Return this form to the address shown below:

Department of Conservation and Recreation  
Division of State Parks  
600 E. Main Street, 16th floor  
Richmond, Virginia 23219

Allow for up to thirty (30) days for processing.  
Please enclose a \$25 processing fee for each event (Payable Treasurer of Virginia).

Permit Requested by:

Name of Organization: \_\_\_\_\_

Represented by: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Location (State Park/Area of Park): \_\_\_\_\_

Date (Month/Day/Year): \_\_\_\_\_

Time: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Number of people involved or attending: \_\_\_\_\_

Necessary to set up in advance? : Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Any exhibits for displays? (Circle one) 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 Whom): \_\_\_\_\_

\_\_\_\_\_

Sales Tax Arrangements (Type/By Whom/Prizes): \_\_\_\_\_

\_\_\_\_\_

Health Dept. Requirements for food handlers (Type/By Whom): \_\_\_\_\_

\_\_\_\_\_

Control Point (Type/Location/By Whom): \_\_\_\_\_

\_\_\_\_\_

Traffic Flow Control (Type/Location/By Whom): \_\_\_\_\_

\_\_\_\_\_

Potential Safety Hazards (Type/Location/By Whom): \_\_\_\_\_

\_\_\_\_\_

Registration or Attendance Fees (Circle): Yes \_\_\_\_\_ No \_\_\_\_\_

Amount \_\_\_\_\_ By Whom \_\_\_\_\_

Livestock or animals (Type/Number/Location): \_\_\_\_\_  
\_\_\_\_\_

Clean up (When/By Whom): \_\_\_\_\_  
\_\_\_\_\_

Please summarize below the planned event and all involved activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_