# CITY OF HOPEWELL SPECIAL EVENT APPLICATION REQUEST FORM

Today's Date: _____: TYPE OF EVENT REQUESTED_____

**Individual/Company/Agency/Organization**

Name:_____501 (c) (3): Yes____ No_____

Website Address:_____

**Contact Information**

Name:_____ WK PH:_____ FAX: _____

Cell: _____ Email:_____

Mailing Address:_____ City: _____

State :_____Zip Code: _____

**EVENT DETAILS**

**Date of Event: _____Start Time: _____End Time:_____Expected Attendance:_____**

**Description of Event:_____ Open to the Public? Yes: ____: No____**

**Admission Fee? Yes _____ No:_____ Set-Up Date: _____Set -Up Time_____**

**Location of the Event: _____ Insurance Attached_____ Yes:_____ No:_____**

Food Service_____ Generator_____ Lane Closure_____ Media_____ Tent (s)_____

# CITY OF HOPEWELL SPECIAL EVENT APPLICATION EVENT REQUEST FORM

**Check All That Apply:**

**Alcohol Permit (Attach Copy):** ____Yes. ____No:_____ Amplified Sound: Yes_____No_____
Barricades_____ Dumpsters_____ Food Sales_____

**Attach Detail Security Plan:** _____ **Street Closure (Attach Diagram)**_____
Stage:_____yes_____No_____Vendors:_____Valet Service_____ Police Requested:
Yes:_____No:_____ Restrooms_____ No Parking Signs_____ Permits: Yes____ No____
Applied For_____ or Received (Attach a copy)_____

**Print Name**_____ **Signature**_____ **Date**_____

**COMMITTEE APPROVAL/SIGNATURE**

**Police:** _____ **Health Department:**_____

**Bureau of Fire:** _____**Code/Building Official**_____

**Public Works:** _____**Recreation:** _____

**Commissioner of the Revenue:** _____**Safety/Risk Manager:**_____

**City Manager's Rep:**_____

**FINAL APPROVAL /DISSAPPROVING AUTHORITY**

**City Manager or Designative Representative**_____ **Date:**_____

**Note 1: Some Special Event Applications may require a legal review prior to approval/disapproval which may delay processing time. Any applicant may come and participate in the review process. It is not mandatory. The Special Events Application Review Committee meets every Tuesday at 11:00 A.M. Inside the Intergovernmental & Public Affairs Office, Second Floor, Room 220, Municipal Building (City Hall) located at 300 North Main Street, Hopewell, Virginia 23860. After completion, fax application to (804) 541-2248. PH: (804) 541-2270. Email:hbragg@hopewellva.gov.**

**Note 2: All Special Event Application Requests require an Insurance Certificate naming the City as a Co-Insurer unless a waiver is requested and granted by the City Manager or his designative representative.**

Note 3: To request Police Officers at an event, please fill out the attached Police Request Form and forward it to the Hopewell Bureau of Police. If approved, there is a cost associated with this request. There is no cost for Police Volunteers provided they are requested and are available.

Note 4: To request Barricades and Road Signs, please coordinate placement with the Department of Public Works. Regarding alcohol permits, you must contact the Commissioner of the Revenue's office.

Note 5: To request blocking off City Street(s) requires a signed signature page of those impacted by the streets closure as well as those who oppose the event. This signature page is required to accompany the application.

I have read and reviewed the entire application and understand the requirements to include all rules listed.

Print Name_____Signature_____Date:_____

(APPLICANT)

Questions _____

_____

_____

Questions_____

_____

_____

FINAL APPROVAL / DISAPPROVAL AUTHORITY

City Manager or designated Representative_____ Date:_____

# USE THIS PAGE FOR DIAGRAM OR STRIP MAP

# SECURITY PLAN

# CROWD CONTROL PLAN

**CITY OF HOPEWELL**
Police Department
Chief John Keohane
Chief of Police

# REQUEST FOR VOLUNTEER ASSISTANCE

Today's Date: _____ Requested by: _____

Point of Contact: _____ Phone Number: _____

Date Needed: From: _____ To: _____

| | | | | | |
|---|---|---|---|---|---|
| Escort Driving | ☐ | Escort Walking | ☐ | Traffic Control without Vehicles | ☐ |
| Traffic Control with Vehicles | ☐ | Intersection Control | ☐ | Crowd Assist | ☐ |

Other (describe): _____

Submitted to: _____ Date Received: _____

**ALL REQUESTS SHOULD BE GIVEN TO OFFICER JOHNSON FOR SCHEDULING**

We, the Hopewell Police Volunteers, will make EVERY effort to accommodate every request that is submitted. Please give us as much time as possible and please provide us with a point of contact to call in case we have questions or we are unable to fulfill your request. Thank you, and we look forward to helping you with your request.

PLEASE FILL OUT ALL SECTIONS OF THIS FORM AND EMAIL TO KJOHNSON@HOPEWELLVA.GOV OR BRING A COPY TO OFFICER KEVIN JOHNSON.

/ Event Application for Use of City Property
Six

*The City of Hopewell, Virginia*

Hopewell Police Department

300 N. Main Street • Hopewell Virginia 23860 • (804) 541-2282

I, _____,
(Name, Address & Telephone)

representing _____, hereby request
(Company or Organization)

to employ _____ police officers(s) for _____

on the _____ day of _____ 19____ from _____ to
(Beginning Time)

_____. I will be responsible for the time and a half hourly rate for each
(Ending Time)

person assigned plus benefits. I understand that I will be billed by the Finance Dept., City of Hopewell.

Date: _____ _____
(Representative)

**********

*Approved By:* _____
(Commanding Officer)

*FOR OFFICE USE ONLY:*

| Date | Officer | No. of Hours | Division Commander |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

# Ratio of Officer to Crowd Size:

| Persons in Attendance | With Alcohol | Without Alcohol |
|---|---|---|
| 0-100 | 2 | 0 |
| 100-500 | 3 | 1 |
| 500-1000 | 6 | 3 |
| 1000-2500 | 8 | 5 |
| 2500-5000 | 14 | 12 |
| 5000-7500 | 17 | 14 |
| 7500-10K | 22 | 22 |
| | | |

**Policy 1-11 Section D paragraph 12 & 13**

**The Officer / Supervisor in charge my request more based upon the event.**

**12 Whenever six or more officers are needed at a job site, at least one must be a supervisor. An additional supervisor is required for every six additional officers working at the job site. The department may require additional supervisors based on the event.**

**13 If 15 or more officers are required, three supervisors must be present, one being a lieutenant or above.**

# HOPEWELL FIRE & RESCUE

**200 South Hopewell Street**
**Hopewell, Va. 23860**

## Special Event Application

I, _____,

Representing_____, hereby request

To employ _____fire fighters for _____

On the _____ day of _____20___ from _____ to

_____. I will be responsible for hourly rates and fees listed below. I understand this bill has to be paid prior to the event to **account# 11321060 501200**. The receipt and a copy of this application shall be brought to the Fire Station 1 at least 10 days prior to the event to insure you have the people and or units requested.

FF rate per hour $29.00

Engine per hour $91.00 or $700 for up to 10 hours (Minimum 2 FF/Medics)

Medic per hour $41.50 or $400 for up to 10 hours (Minimum 2 FF/Medics)

Approved by:_____