

BUCKINGHAM COUNTY MUSICAL/ENTERTAINMENT FESTIVAL

PERMIT APPLICATION

DATE OF APPLICATION: ____/____/____

APPLICANT NAME: _____

PHONE NUMBER: (____) - ____ - ____ (____) - ____ - ____ (____) - ____ - ____
(Home) (Business) (Cell)

ADDRESS: _____

CITY/TOWN: _____ ZIP CODE: _____

PROMOTORS NAME AND ADDRESS: _____

ADDRESS: _____ CITY/TOWN: _____

CIP CODE: _____

FINACIAL BACKERS:(Name and address of each): _____

NAME OF THE EVENT: _____

DESCRIBE THE EVENT: _____

DATE (S) OF EVENT: _____

HOURS FOR EACH DATE (Opening & Closing Times): _____

NAME, ADDRESS OF OWNER OF PROPERTY ON WHICH EVENT IS TO BE HELD:

LOCATION OF EVENT: HIGHWAY ROUTE NUMBER: _____

SECTION: _____ PARCEL: _____ LOT: _____ SUBDIVISION: _____

MAGISTERIAL DISTRICT: _____

DRIVING DIRECTIONS FROM THE COUNTY ADMINISTRATION BUILDING:

ANTICIPATED TICKET SALES (Each event/Day/Night):

ANTICIPATED CROWD SIZE (Each Event/Day/Night):

SANITARY FACILITIES PROPOSED and THE HANDLING OF SUCH FACILITIES:

GARBAGE, TRASH, & SEWAGE DISPOSAL PLAN:

PLAN FOR PROVIDING WATER: _____

PLAN FOR PROVIDING FOOD: _____

PLAN FOR LODGING: _____

PLAN FOR ADEQUATE MEDICAL FACILITIES: _____

PLAN FOR POLICING: _____

Is this plan approved by the Health Department? Yes__ No__ Supply a copy of such verification. If not, please explain (a Letter from the Health Department verifying that such is not under their jurisdiction or the approved plan as submitted by the Health Department with the Health Departments signature):

PLAN FOR PARKING (site plan would address this issue):

PLAN FOR TRAFFIC CONTROL (Entering Highway):

PLAN FOR FIRE PROTECTION (notification of the closest fire department would be appropriate):

PLAN FOR DEVICES TO BE USED TO BUFFER NOISE BEYOND PROPERTY:

WILL THE SHERIFF'S DEPARTMENT BE NOTIFIED OF THE EVENT (S)? YES ____ NO ____
(IF NO, PLEASE EXPLAIN WHY)

BEVERAGES ALLOWED ON SITE? YES ____ NO ____ (if yes, please answer next statement.)

BEVERAGES TO BE SOLD ON OR OFF SITE: (non-alcohol, alcohol): _____

PLAN FOR UNDERAGE BEVERAGE CONSUMPTION: _____

SECURITY PLANNED: _____

A statement giving the Board written permission, its lawful agents, or duly constituted law enforcement officers (this shall be received before any event or events shall take place) to go upon the property at any time for the purpose of determining compliance with the provisions of this ordinance, The Board shall have the right to revoke any permit issued under this ordinance upon noncompliance with any of its provisions and conditions.

The above applicant hereby authorizes the Buckingham County Board of Supervisors, its lawful agents, or duly constituted law enforcement officers to go upon the property at any time for the purpose of determining compliance with County ordinances, rules and regulations and attaches to this application any and all plans, assurances, and statements required by the Buckingham County Music Festival Ordinance.

The applicant shall in no way hold the County of Buckingham responsible for any actions as a result of this event or events.

Signed: _____

Date: _____

Approved:

BOARD OF SUPERVISORS CHAIRMAN

COUNTY ADMINISTRATOR

Date: ____/____/____

____/____/____

SITE MAP OF THE LAYOUT OF THE EVENT: (proposed restrooms, band location, lighting (including any shielding devices or other equipment to prevent glow beyond the property), crowd area, parking area (size of area for parking) beverage and/or food location, entrance area, buffer areas for noise (trees, other), any other topographic feature of the site) Please scale this site map with a North mark on site and any roads, highways, or paths also on the site plan.

MUSIC FESTIVAL AGREEMENT

I, _____, on this date ____/____/20____ due hereby grant permission to the Buckingham County Board of Supervisors, its lawful agents, and/or duly constituted law enforcement officers to go upon the property at any time for the purpose of determining compliance with the provisions of the Buckingham Music Festival Ordinance.

The date (s): _____, 20____

are the designated dates for this event.

I hereby certify that this permission is granted.

DATE: ____/____/20____

NOTARY

MY COMMISSION EXPIRES

**BUCKINGHAM COUNTY
MUSIC/ENTERTAINMENT FESTIVAL PERMIT**

This permit is hereby granted to _____

for the conduct of _____

at _____

on _____ from _____ to _____

pursuant to an application filed by and approved by the Buckingham County Board
of Supervisors on _____

ATTEST: _____ **DATE:** ____/____/20____
BOARD OF SUPERVISORS CHAIRMAN/AGENT

ATTEST: _____ **DATE:** ____/____/20____
ZONING ADMINISTRATOR/PLANNER