



## 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.

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**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: \_\_\_\_\_

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**USE THIS PAGE FOR DIAGRAM OR STRIP MAP**

**SECURITY PLAN**

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**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	<input type="checkbox"/> Escort Walking	<input type="checkbox"/> Traffic Control without Vehicles
Traffic Control with Vehicles	<input type="checkbox"/> Intersection Control	<input type="checkbox"/> Crowd Assist
Other (describe):	_____	

Submitted to: \_\_\_\_\_

Date Received: \_\_\_\_\_

#### **ALL REQUESTS SHOULD BE GIVEN TO LIEUTENANT IRONS 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 [JIRONS@HOPEWELLVA.GOV](mailto:JIRONS@HOPEWELLVA.GOV) OR BRING A COPY TO LIEUTENANT JOHN IRONS.

300 North Main Street - Hopewell, VA 23860 - 804-541-2283 - Email: [jkeohane@hopewellva.gov](mailto:jkeohane@hopewellva.gov)

PD-105 REQUEST FOR VOLUNTEER ASSISTANCE





# 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 may 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: \_\_\_\_\_