



## 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 \_\_\_\_\_

(Official Use only)

### 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. This application may be returned to the Intergovernmental & Public Affairs Office, Second Floor, Room 214, Municipal Building (City Hall) located at 300 North Main Street, Hopewell, Virginia 23860. After completion or you may fax the application to (804) 541-2248 or email to [hbragg@hopewellva.gov](mailto:hbragg@hopewellva.gov). For inquiries, please call (804) 541-2270.

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**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 sworn Police Officers at an event, please fill out the attached Hopewell Police Department Secondary Employer Agreement. If approved, there is a cost associated with this as indicated on the agreement. There is no cost for Police Volunteers provided they are requested and are available (Form PD 105 attached).

**Note 4:** To request Barricades and road signs, please coordinate placement with the Department of Public Works. Regarding alcohol permit, 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 whether they are residents or businesses as well as those who may oppose the event. This signature page is required to accompany the application to the City.

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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**PLEASE USE THIS PAGE FOR A DIAGRAM OR STRIP MAP OF YOUR EVENT TO INCLUDE LOCATIONS OF VARIOUS VENDORS, EQUIPMENT, STREET CLOSURES AND WHERE BARRICADES ARE REQUESTED TO BE PLACED ON EACH STREET. USE AN ADDITIONAL BLANK SHEET IF NECESSARY.**

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**PLEASE DESCRIBE YOUR SECURITY PLAN PERTAINING TO  
YOUR EVENT**

Page 6

**PLEASE EXPLAIN YOUR CROWD CONTROL PLAN  
PERTAINING TO YOUR EVENT**

**SPECIAL EVENTS**  
**FIREFIGHTER AND MEDIC REQUIREMENTS**

The requirements listed below are for any special event in the City of Hopewell that are required to go through the "Special Events Committee." An application shall be submitted and approved by the Fire Marshal and payment shall be made before final approval. All payments shall be made at least 10 days prior to the event.

- Any event that will have up to 749 people and alcohol will be required to have 1 fire fighter on scene and the IAP portion of the special events application is required.
- Any event that will have 500-750 people with or without alcohol will be required to have 1 fire fighter on scene and the IAP portion of the special events application is required.
- Any event that will have 750 people or more with or without alcohol shall be required to have 2 fire fighters and one medic unit on scene. If the event is put on by a non-profit organization they will only be required to pay for the fire fighters. An abbreviated IAP will also be required.
- Large complex events will require a minimum of 2 fire fighters 1 officer a medic unit and a full IAP

These are the minimum requirements and could be more stringent depending on the type of event. The committee will then determine what will be required.

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

## 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 POLICE DEPARTMENT

## Secondary Employer Agreement



The term "Secondary Employer" refers to the business, organization, group, or individual that solicits for, and compensates a police officer for employment that is indigenous to their law enforcement authority commonly referred to as "extra-duty" employment.

In order to employ or contract a police officer for secondary employment that is indigenous to their law enforcement authority, the Secondary Employer must agree to and comply with the policies and requirements listed on this agreement.

All business, organizations or individuals requesting services of extra duty police officers must submit a request to the police department's Extra Duty Employment Coordinator. This request should be made at least seven (7) working days in advance to the date of employment. In emergency situations this case may be waived. Extra duty employment is voluntary for officers, therefore manpower cannot be guaranteed for all jobs. Extra Duty Officers cannot be requested by name.

1. The Extra Duty Employer is paying for the services of a law enforcement officer but shall not dictate to the officers concerning the enforcement of laws. The employer will be required to compensate officer (s) a minimum of (3) hours, even if the assignment is shorter. If an officer remains on assignment longer than originally contracted, employer will compensate each officer a full hour pay any portion of an hour worked beyond 15 minutes. **Extra Duty Employers will pay at the end of each event or the employer pays the officer through their normal payroll. Hopewell government will be provided with an invoice and payment made to the Hopewell Police Department.**
2. No police officer shall be permitted to work the interior portion of an "on-premises" licensed ABC establishment. The officer may work at a business with a valid ABC license, and will only enter the interior portion of that business in response to a call for assistance and only stay for the time needed to handle the incident.
3. Only **monetary payment** will be accepted for law enforcement oriented secondary employment. There shall be no exchange of goods or services, reduction or waiver of rent for law enforcement oriented secondary employment.
4. The City of Hopewell does not provide coverage for liability or worker's compensation unless the officer initiates an action under the authority of their office.
5. The extra duty employer is required to have general liability and workers' compensation insurance coverage. The secondary employer shall submit proof of said insurance along with this agreement.
6. The rate of pay for an extra duty Hopewell Police Officer is \$30.00 per hour. First line supervisors will be paid at the rate of \$35.00 per hour. Captains and above, working in that capacity, will be paid at a rate determined by the Chief of Police. Extra duty request that require specialized police equipment (i.e.-Police vehicle etc.) must be made at least (7) working days prior to the event. Hopewell Police reserves the right to charge a special fee to be determined by the Chief of Police for the use special equipment.
7. For events that require multiple officers, the Police Department shall be the final authority in determining the minimum of officers required to police a particular event. If more than four (4) officers are hired, a supervisor must be hired. The Police Command Staff coordinator will determine the supervisor to ratio for larger events. Permission for a police officer to engage in extra duty employment may be revoked when it is determined not to be in the best interest of the department.
8. The extra duty employer will provide copies of all of the officer's personnel records upon written request from the Hopewell Police Department or upon receipt of a signed authorization from the officer.

9. The employer must notify the department's Extra – Duty Employment Coordinator or the specific job coordinator of any cancellation of an extra duty event twenty-four hours prior to start of the assignment. Failure to provide this notification will require the employer compensate officers who have been assigned event the minimum of three hours pay. If an outdoor event is cancelled due to inclement weather and such stipulation was outlined when the officers applied for the assignment and the actual cancellation is at least three hours before the event, no compensation will be required. On-going contracts must give 30 days' written notice of cancellation of police contracted service.

10. Notwithstanding yearly extra-duty pay rate adjustment, this agreement will continue in force unless canceled in writing by either party.

**Failure to comply with the provisions of this agreement may make the Extra Duty employer ineligible to participate in the Department's Extra Duty employment program in the future.**

I, the undersigned, have read, understand, and will comply with the requirements of this agreement.

<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Extra Duty Employer Signature		Date		Police Representative Signature		Date	
Representative's Name (Print):						Title:	
Business/Organization Name:							
Business Address:		Street		City		State	Zip Code
Phone #:		Fax #:		Email:			
Police Extra Duty Employment Coordinator Records:							
Date Filed:		Employer ID#:					
Expires:		POC Officer:					

Business or Event Type:							
Location of Event:				Onsite Contact Person:			
Anticipated Attendance?		Alcohol Served?		ABC Permit Obtained?		Will weather conditions affect the ability of this to proceed?	
Date(s)	Times (Min. 3 Hours)	Number of Officers Requested		Assigned Supervisor 4 or more		Date Assigned	
<input checked="" type="checkbox"/>							
Signature: Extra Duty Employer				Date:			
Police Extra Duty Equipment Records:							
Request Received:		Agreement Complete? Yes No		Insur. Cert. Expiration:			
Request Accepted? Yes No		If denied, reason?					
Request Fulfilled? Yes No		Date fulfilled:					
Representative's Name (Print):						Title:	
Employer ID #:				Signature:			

## TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION PACKET

A **Temporary Food Establishment** as defined in the Virginia Food Regulations 12 VACS 5-421-10 is a food establishment that operates for a period of no more than 14 consecutive days in conjunction with a single event or celebration.

To apply for a temporary food establishment permit:

1. Complete and submit an application form (Pages 5 - 7) for each event and for each booth at each event at least 10 calendar days prior to the event. Applications must be submitted to the health department in which the event is located.
2. A \$40.00 application fee is required for the first application submitted during the calendar year (January 1 - December 31). No additional fees are required for the remainder of the calendar year. The annual application fee may be paid at any Health Department in the state. It is the responsibility of the vendor to keep the payment receipt and to provide copies of the receipt as proof of payment with each application submitted. If an applicant cannot produce a receipt, a \$40.00 fee will be charged. Organizations that are exempt under the *Code of Virginia* §35.1-25 and §35.1-26 are exempt from temporary permit fees even if they are participating in a non-exempt temporary event.
3. If you are using a permitted mobile food unit, submit a copy of that permit. The fee is not required.

Applications and fees must be received by the Health Department at least (10) business days prior to the temporary event. Please send the completed application(s) and fee(s) to the appropriate Health Department below.

- » Use the self-inspection form, page 3, to ensure that you are prepared and have met the requirements of the Regulations.
- » Please keep pages 1 through 4 for your use and return pages 5 through 7 (the application) to the Health Department.

An Environmental Health Specialist will review your application and will call to discuss your operation and obtain additional information if needed. If there are no additional questions, they will see you the day of the event. Permits for Temporary Events are issued by the Health Department on the day of the event, prior to the start of the food operations.

If you have any questions, please call us at the phone number(s) that are located on Page 2. We look forward to working with you!

Dinwiddie Health Department  
12318 Boydton Plank Road  
PO Box 185  
Dinwiddie, Virginia 23841  
(804) 469-3771  
(804) 469-9379 Fax

Greensville/Emporia Health Department  
140 Uriah Branch Way  
Emporia, Virginia 23847  
(434) 348-4210  
(434) 348-4281 Fax

Hopewell Health Department  
1501 West City Point Road  
Hopewell, Virginia 23860  
(804) 458-1297  
(804) 541-3023 Fax

Petersburg Health Department  
Attn: Candy Williams  
301 Halifax Street  
Petersburg, Virginia 23803  
(804) 862-8944  
(804) 862-7640 Fax

Prince George Health Department  
6450 Administration Drive  
Prince George, Virginia 23875  
(804) 733-2630  
(804) 862-6127 Fax

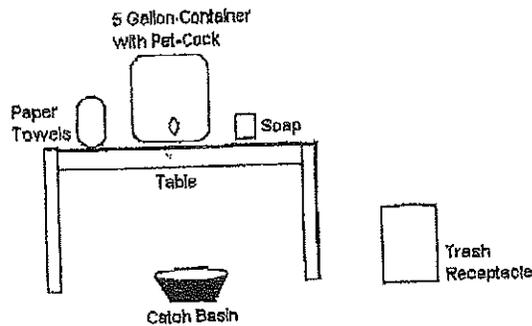
Surry Health Department  
474 Colonial Trail West  
Dendron, Virginia 23839  
(757) 294-3185  
(757) 294-3756 Fax

Sussex Health Department  
Sussex County Courthouse Complex  
20103 Princeton Road  
PO Box 1345  
Sussex, Virginia 23884  
(434) 246-8611  
(434) 834-3883 Fax

### SELF INSPECTION FORM

	AREA OF CONCERN
<input type="checkbox"/>	1. Review Temporary Food Establishment Application Packet.
<input type="checkbox"/>	2. Review proper food handling practices and employee hygiene requirements i.e., proper hand washing; proper use of gloves; no illness; proper hair restraints; clean clothing; no artificial nails; no jewelry, etc.
<input type="checkbox"/>	3. Hand washing facilities: hot water, soap, paper towels, catch basin, wastebasket.
<input type="checkbox"/>	4. Food Source: approved, in sound condition, no spoilage
<input type="checkbox"/>	5. Time/Temperature for safety foods kept at proper temperature during transportation, storage, preparation, cooking, display, and service
<input type="checkbox"/>	6. Food protected from contamination: wrapped, sneeze guards/shields, 6"+ off the ground. Food protected from insects, rodents, birds, and animals. Single service items stored and dispensed in plastic sleeve, utensils dispensed with handles up.
<input type="checkbox"/>	7. Facilities provided to maintain product temperatures (refrigerator, freezer, drained coolers w/ ice, etc.) Cold: 41°F or below. Hot: 135°F or above
<input type="checkbox"/>	8. Thermometers provided: dial probe or digital thermometer for taking product temps (0°F - 220°F), indicating thermometers for refrigeration units.
<input type="checkbox"/>	9. Ice storage adequate, 6"+ off the ground, self-draining with catch basin, scoop stored in ice with the handle extended
<input type="checkbox"/>	10. The floor may be concrete, asphalt, or dirt / gravel if it is covered with mats, removable platforms, duckboards, or other suitable approved materials that are effectively treated to control dust and mud.
<input type="checkbox"/>	11. Equipment cleaned thoroughly <u>PRIOR TO THE EVENT</u> , kept clean, stored properly
<input type="checkbox"/>	12. Proper facilities to wash, rinse, and sanitize equipment and utensils. <b>MUST HAVE HOT WATER.</b> Wash basins should be large enough to accommodate the biggest item to be washed.
<input type="checkbox"/>	13. Sanitizer with appropriate test strips, i.e., chlorine bleach and chlorine test strips.
<input type="checkbox"/>	14. Water source approved; Hot and cold water provided; food grade hoses used.
<input type="checkbox"/>	15. Approved and adequate disposal of sewage and all waste water
<input type="checkbox"/>	16. Adequate collection and disposal of grease and garbage.
<input type="checkbox"/>	17. Overhead protections (tent, pavilion, etc.); Lighting adequately shielded.
<input type="checkbox"/>	18. Wiping cloths: clean, stored in sanitizing solution, use restricted to employees only. Alternative to wiping cloths: paper towels and a spray bottle of sanitizing solution.
<input type="checkbox"/>	19. Toxic items labeled and stored separately from food and single service items. No pesticides stored or used on site.

## HAND WASHING FACILITY SET-UP

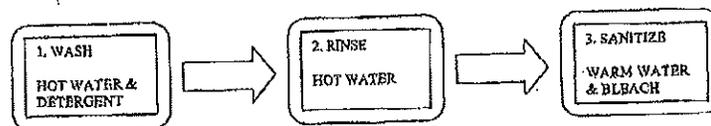


The most common cause of contamination during food preparation and serving is unclean hands. For this reason, hand washing facilities are a must. Facilities must be designed to provide unaided, easy hand washing under a continuous flow of running water. Water spigots of the push-button type will not be allowed.

## THE HOW-TO'S OF HANDWASHING

1. Wet hands
2. Apply soap
3. Briskly rub hands for twenty (20) seconds
4. Scrub fingertips and between fingers
5. Scrub forearm to just below elbow
6. Rinse forearms and hands
7. Dry hands and forearms with a disposable paper towel
8. Turn off water with paper towel
9. Discard paper towel

## KITCHENWARE WASHING PROCEDURE



After washing, rinsing, and sanitizing, items may be air dried or wiped dry with disposable towels and should then be stored in a clean place.

Provide appropriate sanitizer test strips and use them to monitor the concentration of the sanitizing solution. (If using bleach, maintain the chlorine concentration between 50 and 100 parts per million; this is approximately 1 T. bleach per 1 gallon water.)

Unscented chlorine bleach may be used to sanitize kitchenware. Other acceptable sanitizers include quaternary ammonia and iodine.

All wastewater must be disposed of properly, to either a sanitary sewer or a drainfield.

**Temporary Food Establishment Application**

	<p align="center">A COMPLETED APPLICATION AND ANY FEE(S) MUST BE RECEIVED BY THE HEALTH DEPARTMENT AT LEAST TEN (10) CALENDAR DAYS PRIOR TO THE EVENT</p>	
<input type="checkbox"/> \$40.00	Temporary Food Establishment Application Fee	
<input type="checkbox"/> \$ 0.00	Temporary Food Establishment Application Fee for churches, fraternal, school and social organizations, and volunteer fire departments and rescue squads that are exempt under §35.1-25 and §35.1-26 of the <i>Code of Virginia</i> .	
<input type="checkbox"/> \$ 0.00	Applicant with documentation of paying a Temporary Food Establishment Fee in the current calendar year.	
<input type="checkbox"/> \$ 0.00	Individual who is only participating in one (1) temporary event this calendar year in the locality in which they reside. Locality: _____	
<b>Event Information</b>		
Event Name:		
Event Coordinator Name:		
Event Coordinator Phone # and Email Address:		
Event Location Address:		
Event Location Phone #:		
Dates and Times of Event:	Start Date:	Start Time:           AM PM
	End Date:	End Time:           AM PM
Rain Dates:	Start Date:	
	End Date:	
<b>Vendor Information</b>		
Vendor Business Name:		
Name of Owner or Corporation:		
Booth Name (if different from vendor name:		
Complete Vendor Address:		
Vendor Phone # and Email Address:		
Onsite PIC for the Event:		
Onsite PIC Phone # and Email Address:		
Set-up Time and Date:		
Dates of Operation:	Start Date:	
	End Date:	



Temporary Food Establishment Construction				
Overhead Covering:	<input type="checkbox"/> Canvas	<input type="checkbox"/> Wood	<input type="checkbox"/> Plastic	<input type="checkbox"/> Other:
Floor:	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Other:
Walls (if applicable):	<input type="checkbox"/> Screens	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Other:
Water Source: <input type="checkbox"/> Permitted Waterworks/Municipal Supply <input type="checkbox"/> Private Well		Wastewater Disposal (provided by): <input type="checkbox"/> Event Coordinator <input type="checkbox"/> TFE Operator		
Food Grade Hose Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		Disposal Method:		
Utensils and Equipment (check all that apply): <input type="checkbox"/> Single-Serve eating and drinking utensils <input type="checkbox"/> Multi use kitchen utensils		Handwashing Facilities (provided by): <input type="checkbox"/> Event Coordinator <input type="checkbox"/> TFE Operator		
Type of Utensil Washing Setup: <input type="checkbox"/> Three basin setup <input type="checkbox"/> Shared three compartment sink (if pre-approved) <input type="checkbox"/> Three compartment sink within a food establishment		Type of Handwashing Facilities: <input type="checkbox"/> Self-contained portable unit (with potable water and wastewater holding tanks) <input type="checkbox"/> Plumbed with hot and cold water under pressure <input type="checkbox"/> Gravity-fed water with spigot/bucket <i>Hand soap, single-use towels, and trash receptacle shall be provided at all handwashing sinks.</i>		
Utensil sanitizer to be used: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Other: _____				
Food Storage or Display Equipment: Identify all holding equipment (hot/cold) that will be used:		Cooking Equipment: Identify all cooking equipment that will be used:		
Toilet Facilities for Food Employees: <input type="checkbox"/> Event Coordinator <input type="checkbox"/> TFE Operator Method (if not provided by the event):		Electrical Supply: <input type="checkbox"/> Refrigeration or Freezer available <input type="checkbox"/> Lighting available		
Food Transportation: Identify how food will be transported to events:		Refuse Removal (provided by): <input type="checkbox"/> Event Coordinator <input type="checkbox"/> TFE Operator Method (if not provided by the event):		

I understand that a temporary food establishment permit will not be issued until it is verified that the application and information contained herein meets the Board of Health Food Regulations under 12 VAC5-421 et seq., any other pertinent local laws or ordinances, and has been signed and approved by the local health department. I attest to the accuracy of the information provided and agree to comply with the Food Regulations as it pertains to the operation of a temporary food establishment. I agree to allow access to the establishment during hours of operation and other reasonable times.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Date



By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part 1 of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if Item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLÉ accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.