Riverfront Event Rental Application





200 South Third Street Richmond, VA 23219

EVENT SUMMARY INFORMATION

YOUR EVENT MUST BE AT LEAST <u>90 DAYS</u> FROM THE DAY YOU SUBMIT THE APPLICATION FOR PROCESSING. COMPLETION OF APPLICATION DOES NOT GUARANTEE APPROVAL.

Name of Event			
Event(s) Date Reque	ested		
Event Category	Concert/Performance	Dance	Walk/Run/Athletic
	Festival/Celebration	Exhibits	Special Attraction
	Other (please explain)
Estimated Attendan	ce		
DATE/TIME			
Event Start Time		Event End Time	
Event Load In Date		Event Load-in Start Time	
Will you need the ne	ext day to complete dismantling yo	our event?	
Vaa ladditiaaa	l fees will be applied)	No	
163 (ddditiond		_110	
	APPLICANT CONTACT	INFORMATION - Please P	rint
Primary Event Prod	ducer Contact		
Name			
	mber		
Email Address _			
Mailing Addres	S		
Mailing AddresCity/State/Zip _	S		
Mailing AddresCity/State/Zip _Have you been	convicted of a crime? Yes		
Mailing AddresCity/State/Zip _	convicted of a crime? Yes		
 Mailing Addres City/State/Zip _ Have you been If yes, please ex 	convicted of a crime? Yes		
 Mailing Addres City/State/Zip _ Have you been If yes, please ex Secondary Event Property Secondary Event	convicted of a crime? Yes xplain roducer Contact (Required)	No	
 Mailing Addres City/State/Zip _ Have you been If yes, please ex Gecondary Event Property P	convicted of a crime? Yes xplain roducer Contact (Required)	No	
 Mailing Addres City/State/Zip _ Have you been If yes, please expected Secondary Event Plane Name Mobile/Cell Nu 	convicted of a crime? Yes xplain roducer Contact (Required) mber	No	
 Mailing Addres City/State/Zip _ Have you been If yes, please ex Secondary Event Plants Name Mobile/Cell Nu Email Address _ 	convicted of a crime? Yes xplain roducer Contact (Required) mber	No	
 Mailing Addres City/State/Zip _ Have you been If yes, please ex Secondary Event Poly Name Mobile/Cell Nu Email Address _ Mailing Address 	convicted of a crime? Yes xplain roducer Contact (Required) mber s	No	
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Mailing Addres City/State/Zip Have you been If yes, please ex Secondary Event Pl Name Mobile/Cell Nu Email Address Mailing Address City/State/Zip City/State/Zip	convicted of a crime? Yes xplain roducer Contact (Required) mber s convicted of a crime? Yes	No	

Name of organization(s) sponsoring this event	
Organization Executive Director/President/ CEO	
Event Website (required)	
Please list any professional event organizer or event service provider his behalf to plan, produce and/or manage your event.	red by you that is authorized to work on your
Name	
Company Name	
Address	_ City/State/Zip
Telephone (Mobile)	_ Office/Work
Company Website (required)	
DESCRIPTION OF EVENT – Pl	ease Print
Please provide a narrative/details of your event.	

RELATED EVENT ACTIVITIES

ALCOHOL
Does your event involve the use of alcoholic beverages? Yes No
If yes, please check all that apply:
Sell Alcohol (VA Alcoholic Beverage Control <u>and</u> City of Richmond Alcoholic Beverage Control Licenses are required)
Give Alcohol Away (VA Alcoholic Beverage Control <u>and</u> City of Richmond Alcoholic Beverage Control Licenses are required)
Venture Richmond must have copies of both licenses <u>prior</u> to your event. (Required)
FOOD VENDORS
Does your event include food vendors? Yes No
ALL food vendors must have a current City of Richmond business license and current certificate of insurance specifically for this event. Venture Richmond must have copies on file prior to your event. This is a requirement.
Food vendors are required to pay a Meal Tax to the City of Richmond
MERCHANDISE VENDORS
Does your event include merchandise vendors? Yes No
ALL merchandise vendors must have a current City of Richmond business license and current certificate of insurance specifically for this event. Venture Richmond must have copies of file prior to your event. This is a requirement.
TICKETED EVENT/ADMISSIONS
Is this a ticketed event? Yes No
Will tickets be sold in advance?YesNo Will tickets be sold at the gate/day of event?YesNo
The City of Richmond requires event producers to pay an Admissions Tax if you're having a ticketed event or if you are charging patrons to attend your event.
AMPLIFIED SOUND
Are there any musical entertainment related to your event?YesNo
If yes, name of performer/band and music type
Will sound amplification be used? Yes No
If yes, name of sound company
Will any Airborne Objects be used/distributed at your event?YesNo
If yes, please describe the type of items and reason for use

INSURANCE INFORMATION				
Name of Insurance Agency/Carrier				
Address				
City/State/Zip				
Insurance Agent Name	Email Address			
Telephone: Day	Cell			
	TERMINATION			
Organization if there is default by the Sponsor/O	It immediately upon serving written notice to the Sponsor/ rganization under any provision of the agreement, and the Sponsor/ lve the default within five days after being given notice by Venture			

Richmond. If notice is served less than six days prior to the event, the Agreement will terminate prior to the rental period, unless the default is completely resolved prior to the rental period. The sponsor/organization agrees to indemnify, save and hold harmless the city of Richmond, Venture Richmond, including their employees, agents and volunteers, from and against any and all costs, losses, diminutions in value, damages, liabilities, or expenses, without duplication, including, without limitation, reasonable attorneys' fees and all amounts paid for investigation, defense or settlement of any of the foregoing to the extent such costs, losses, diminutions in value, damages, liabilities or expenses are arising out of or resulting from Sponsor/Organization's actions or the event put on by the Sponsor/Organization. The sponsor/organization agrees to indemnify, save and hold harmless the city of Richmond, Venture Richmond, including their employees, agents and volunteers, from and against any and all costs, losses, diminutions in value, damages, liabilities, or expenses, without duplication, including, without limitation, reasonable attorneys' fees and all amounts paid for investigation, defense or settlement of any of the foregoing to the extent such costs, losses, diminutions in value, damages, liabilities or expenses are arising out of or resulting from Sponsor/Organization's actions or the event put on by the Sponsor/Organization. All revisions, changes, additions to any terms of this agreement must be in writing and approved in writing and dated by all parties. The signature below indicates that the sponsor/organization has reviewed and agrees to the conditions and restrictions in this agreement. I/We certify that all information given is correct and I hereby grant permission to Venture Richmond to conduct a criminal background check. Venture Richmond reserves the right to cancel any event if application information is found to be false.

Two Signatures are REQUIRED				
Primary Event Contact Signature				
Primary Event Contact Signature		-		
Primary Contact Date of Birth	(MM/DD/YYYY)			
Social Security #				
Secondary Event Contact Signature				
Secondary Contact Dater of Birth	(MM/DD/YYYY)			
Social Security #				

APPLICATION FEE (REQUIRED)

This application must be accompanied with a \$200 application fee.

Make checks payable to **Venture Richmond**.

Applications will not be considered if incomplete and/or fee is not included.

Mail to:

Venture Richmond c/o Brown's Island Rentals 200 South Third Street Richmond, VA 23219 venturerichmond.com

THANK YOU!

The event producer will be contacted within ten (10) business days once your completed application and fee is received in our office.

IMPORTANT NEXT STEP

THE EVENT PRODUCER MUST IMMEDIATELY CONTACT THE CITY OF RICHMOND FINANCE DEPARTMENT TO OBTAIN A CITY OF RICHMOND BUSINESS LICENSE. THE CITY REQUIRES ALL EVENT PRODUCERS HOLDING AN EVENT IN THE CITY, OBTAIN THIS LICENSE. CONTACT ALIDA ROGERS AT ALIDA.ROGERS@RICHMONDGOV.COM.

BUSINESS LICENSE APPROVAL FROM THE CITY OF RICHMOND IS NOT AUTOMATIC APPROVAL FOR AN EVENT ON BROWN'S ISLAND/ RIVERFRONT PROPERTIES. VENTURE RICHMOND IS RESPONSIBLE FOR FINAL EVENT APPROVAL.