



Town Of Mineral
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Walton Park Long Application

Date of application: _____

Name of Applicant(s) and/or
Organization _____

Address: _____

Contact Person and
Phone number: _____

Type of Festival: _____

Reason for Festival: _____

Date(s) and Time of Festival: _____

Dates when access to Park is required: _____

(specify dates when access is required for preparation and clean up, and when concessions, campers, entertainers, etc. will be on site.)

Number of tickets to be sold _____ . Number of Persons expected to attend: _____ not to exceed _____ .

Copy of Ticket or Admission Badge (containing date and time of festival) must be attached to application.

Location of proposed festival is understood to be Walton Park, located in the town of Mineral, unless stated otherwise: _____

Name of Festival Promoters: _____

Address: _____

Financial Backing (if different) _____

The information provided above is true to the best of my knowledge.

Signature of Applicant: _____

Names of all groups or persons who will perform at festival: check here () if list is attached, otherwise, list below: _____

Nature and interest of applicant, if different from promoter: _____

Plan for adequate sanitation facilities and garbage, trash and sewage disposal.

Note: this plan shall meet the requirements of all state and local statutes, ordinances, and regulations, and shall be approved by the health officer. (Attach appropriate documentation.)

Toilet facilities:

Type: _____ Number of Facilities: _____

Provided by: _____

Frequency of disposal: _____

Trash/Garbage collection:

Type: _____ Maintained by: _____

_____ Frequency of disposal: _____

Plan for food, water, and lodging of persons at the festival. Note: This plan shall meet the requirements of all state and local statutes, ordinances, and regulations, and shall be approved by the health officer (attach appropriate documentation).

Food prepared by: _____

Type: _____

Note: Each vendor is required to have health department permit for operation. Applicant or health officer must have copy of vendor's permit available on request.

R.V. hook-ups with electricity and water: Total number of hook-ups available _____

Earliest and latest dates that campers will be allowed:

From _____ to _____

Note: Festival applicant **must** have liability insurance in effect to cover above dates.

The information provided above is true to the best of my knowledge.

Signature of Applicant(s): _____

Plan for **Adequate Medical Facilities** for persons at the festival: Note: this plan shall Meet the approval of the health officer. (Attach appropriate documentation). Medical coverage will be provided by: _____

Type: _____

Plan for **Adequate Parking Facilities, Crowd Control and Traffic Control** in and around the festival area:

Parking where: _____

By whom: _____

Note: **Parking of Buses in Designated Areas only.** _____

Crowd Control by: _____

Traffic Control by: _____

Approval by: _____

Law Enforcement Officer

Plan for **Adequate Fire Protection:** (This plan shall meet the requirements of all state and local statutes, ordinances, and regulations, and shall be approved by the Town Fire Chief.)

Plan: _____

Approval by: _____

Mineral Fire Chief

Outdoor Lighting Requirements:

State whether any outdoor lights or lighting **other than** those permanently in place at Walton Park shall be used, and if so, the location of such lights, and shielding devices or other equipment to prevent unreasonable glow beyond the boundaries of Walton Park.

Sound Control:

No music shall be played, either by mechanical device or live performance in such a manner that the sound emanating therefrom shall be unreasonably audible beyond the property on which the festival is located. Applicant acknowledges such by signature below.

Applicant agrees to provide adequate liability insurance coverage from _____ to _____, The Town of Mineral **and** Mineral Volunteer Fire Department **must** be listed as Certificate Holders. (**Dates must be the same as those listed for RV hookups – page 2, bottom paragraph**), or provide evidence of an existing policy in place.

I further attest that said applicants and promoters will make no changes or improvements

to said facility without the written consent of Town Council.

Signature of Applicant(s): _____

Check here if attachments to contract (). Number of attachments _____.

Approved / Not Approved by Council: _____ (clerk)
Date: _____

If application is not approved, state reason: _____

