



**CUMBERLAND SQUARE PARK SPECIAL EVENT RENTAL APPLICATION**

**Additional Items Required:**

Hold Harmless Indemnification Agreement, Certificate of Liability Insurance, and Payment of Rental Fee

**Contact Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Is the Event Organizer a Non-Profit Organization?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Title of Event:** \_\_\_\_\_

**Description of Event:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of Event:** \_\_\_\_\_ **Event Begin / End Time:** \_\_\_\_\_

**Time Setup Begins:** \_\_\_\_\_ **Time Event will be out of Park:** \_\_\_\_\_

**SERVICES REQUESTED TO BE PROVIDED BY THE CITY (CHECK ALL THAT APPLY)**

Power to Stage (Outlets)

Power to Gazebo (Outlets)

Lights on At Stage

Lights on At Gazebo

Parking Lot Will be Used for Vehicles

Parking Lot Will be Used for Vendors

**EVENT AMENITIES – PROVIDED BY EVENT ORGANIZER (CHECK ALL THAT APPLY)**

Portable Toilets (Porta-Potties)

Tent(s), Table(s), Chair(s)

Food Served and/or Sold (Pre-Packaged Meals, Snacks) **[Other documents may be required]**

Food Trucks **[Must Have Current Bristol, VA. Business License and Health Inspection]**

Vendors **[Must Have Current Bristol, VA. Business License]**

Beverage Garden (Beer/Wine/Liquor) **[Special Beverage Service Application Required]**

**RESERVATION FEE:**

- \$70 For Community Events / Nonprofit Organizations
- \$120 For Ticketed Event

**I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS CORRECT. I HEREBY RELEASE THE CITY OF BRISTOL, VIRGINIA, AND ITS AGENTS AND EMPLOYEES, FROM ANY AND ALL LIABILITY, CLAIMS, OR DEMANDS WHICH IN ANY WAY ARISE OUT OF THE USE OF THE FACILITY. THIS RELEASE AND WAIVER EXTENDS TO ALL CLAIMS OF EVERY KIND OR NATURE WHATSOEVER, FORESEEN OR UNFORESEEN, KNOWN OR UNKNOWN. I FURTHER STATE THAT I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW ITS CONTENTS, AND I SIGN AS MY OWN FREE ACT. ANY VIOLATION OF GUIDELINES WILL BE SUBJECT TO PENALTIES.**

**APPLICANT SIGNATURE:** \_\_\_\_\_

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

**Email Completed Form To:** [debi.denney@bristolva.org](mailto:debi.denney@bristolva.org)

**Mail To:**

**CITY OF BRISTOL, VIRGINIA, ATTN: Debi Denney  
300 LEE STREET, BRISTOL, VA 24201**

**QUESTIONS? CALL (276) 967-1287 OR EMAIL [debi.denney@bristolva.org](mailto:debi.denney@bristolva.org)**

**STAFF USE ONLY**

Fee Paid      Amount Paid: \_\_\_\_\_      Date Paid: \_\_\_\_\_

Hold Harmless Indemnification Agreement       Certificate of Liability Insurance

Fencing Requested       Street Closure Requested