



## Event Rental Application

***Your event must be at least 90 days from the day you submit the application in order for it to be processed.***

**All information on the application must be completed**

**Event venue preferred:**

- Brown's Island
- Canal Turning Basin

Primary event contact: \_\_\_\_\_

Primary event contact e-mail address: \_\_\_\_\_

Primary contact mailing address: \_\_\_\_\_

Primary contact phone number: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of event: \_\_\_\_\_

Organization(s) sponsoring/putting on event: \_\_\_\_\_

Event Web site: \_\_\_\_\_

Event date requested: \_\_\_\_\_

Event time: \_\_\_\_\_

Will you need to set up the day before your event?  Yes  No

*Additional fees apply for use of the venue the day before your event.*

Will you need to break down the day after your event?  Yes  No

*Additional fees apply for use of the venue the day after your event.*

Secondary event contact name: \_\_\_\_\_

*You must provide a primary and secondary event contact for your event.*

Secondary event contact e-mail address: \_\_\_\_\_

Secondary contact mailing address: \_\_\_\_\_

Secondary contact phone number: \_\_\_\_\_ Cell: \_\_\_\_\_

Projected event attendance: \_\_\_\_\_

Will you?  Sell alcohol  Give alcohol away  No alcohol involved

Will you sell merchandise?  Yes  No

Will you have airborne objects at your event?  Yes  No

Will you have amplified music at your event?  Yes  No

Have you ever been convicted of a crime?  Yes  No

*If yes, please explain.*



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Description of event:

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Parking and traffic plan:

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**First time event holders on either Brown's Island or the Canal Walk will need to provide three references that will be checked in order to process your application.**

### **INSURANCE INFORMATION**

Insurance carrier: \_\_\_\_\_

Insurance representative's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Insurance contact e-mail address: \_\_\_\_\_

**Please attach a \$200 non-refundable check to the application for processing and send to.**

**Venture Richmond  
Attention: Sharon Bassard  
200 South Third Street  
Richmond, Virginia 23219**

**Thank you. We will be in contact with you within seven days of receiving your rental application.**

**TERMINATION:** Venture Richmond may terminate this agreement immediately upon serving written notice to the Sponsor/Organization if there is default by the Sponsor/Organization under any provision of the agreement, and the Sponsor/Organization shall have failed to completely resolve 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.

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.

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Primary event contact signature

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Date

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Primary contact date of birth (MM/DD/YYYY)

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Social Security Number

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Secondary event contact signature

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Date

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Secondary contact date of birth (MM/DD/YYYY)

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Social Security Number

**Venture Richmond will issue an Event Permit to the sponsor/organization when all requirements are satisfied and event arrangements are complete.**