



CITY OF COVINGTON, VIRGINIA
333 W. LOCUST STREET
COVINGTON, VA 24426
Phone: (540) 965-6300
Fax: (540) 965-6303

CITY OF COVINGTON EVENT PERMIT APPLICATION FORM

1. Name of Applicant: _____
2. Group (Organization): _____
3. Address: _____
3. Email Address: _____
4. Phone Number: _____
5. Date of Event: _____
6. Time of Event: _____
7. Location of Event: _____

8. Event Contact(s): _____

9. Description of Event: _____

10. Insurance Provider: _____
(Please attach to this form a Proof of Insurance)

Applicant Signature Date

City Manager Approval Date

NOTE: THE CITY MANAGER APPROVAL ON THIS FORM AUTHORIZES THE EVENT TO BE HELD IN THE CITY OF COVINGTON. THIS PERMIT CAN BE MODIFIED, AS NEEDED, BY THE CHIEF OF POLICE.

CCS: COVINGTON POLICE DEPARTMENT
FILE