



Philip J. Kellam
Commissioner

Commissioner of the Revenue

City Hall
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cor.virginiabeach.gov

COMMUNITY EVENT APPLICATION

(All sections must be completed by applicant and returned to our office prior to the event)

Event Date _____, 20__ ☐ SSN ☐ Federal ID (This is a required field) _____

Applicant Name: _____

Indicate Applicant Type: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Non-Profit

Event Name: _____

Event Address: _____

(Physical Location of Event)

Mailing Address: _____

Telephone: _____ Fax: _____ E-mail Address: _____

Please answer the following questions as accurately as possible:

- Have you ever had a community/special event in the City of Virginia Beach? Y ☐ N ☐
If yes, explain: _____
- Will the event have an admission charge? Y ☐ N ☐
- Is the sponsor of the event seeking an exemption from the admission tax? Y ☐ N ☐
- Is the sponsor of the event seeking an exemption from food tax? Y ☐ N ☐
- If you are applying for admission or food tax exemption, please fill out the area on the back designated as list of 501(c)3 organization that will receive the net proceeds. (All gross receipts or net proceeds must go to a 501(c)3 organization)
A copy of the IRS Determination Letter required with application.
- Is your organization registered with VA Department of Agriculture & Consumer Services? Y ☐ N ☐
- Will the event have food vendors? Y ☐ N ☐
- Will the event have alcohol sales? Y ☐ N ☐ (If yes, see #4 to seek exemption)
If yes, please provide a copy of the ABC License Certificate with application.
- Anticipated number of vendors (**ALL** - Food, Retail, Display, Activities, Sponsor)? _____
- Please provide a list of all vendors using the back of this application or attached a list to the application
- Will the event have amusement rides? Y ☐ N ☐

List of 501(c)3 Organization(s) receiving proceeds, include name and IRS status of organization(s) receiving any of the proceeds. (Use additional attachments when necessary)

List of ALL Vendors

VENDOR INFORMATION NEEDED: Type of Vendor, Name, T/A, Address, Phone Number, Email Address, Contact Name (Use additional attachments when necessary)

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This section must be completed by applicant

Please read and sign below:

I, the undersigned, do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge.

Print Name	Sign Name	Title	Date
Signature of Deputy		Date	