



RESTON
TOWN CENTER

RESTON TOWN CENTER APPLICATION FOR PERMIT
2015 RESERVATION REQUEST FORM

Email to: marketing@restontowncenter.com Mail to: Reston Town Center,
Fax to: 703.709.6908 11921 Freedom Drive, Suite 100, Reston, VA 20190

Name of Organization or Group: _____
(for legal documents and agreements)

Type of entity and state of organization: _____

Address *(no post office box numbers please)*: _____

Name of Responsible Party (Coordinator): _____

Telephone: _____ Fax: _____

Cell phone: _____ Alt Contact Cell _____

E-mail: _____

Event Title: _____

Proposed Event day/date(s): _____ Event Time: _____

Proposed time for Set up: _____ - _____ Tear down: _____ - _____

Proposed timeline for logistics/activities: _____

Event Description, website, contact information. **If applicable, will to be used on Reston Town Center promotional materials and website.** *(please attach separate sheet if necessary):*

Description: _____

Amount of people expected to attend: _____

Beneficiary of proceeds *(if appropriate)*: _____

1. What area/street(s) are you requesting usage of?

- | | |
|---|--|
| <input type="checkbox"/> Reston Town Center Pavilion | <input type="checkbox"/> Presidents Park |
| <input type="checkbox"/> Fountain Square (area around the Mercury Fountain) | |
| <input type="checkbox"/> Market St. between Presidents & Library | <input type="checkbox"/> Presidents Street |
| <input type="checkbox"/> Market St. between Library & Explorer | <input type="checkbox"/> Freedom Drive |
| <input type="checkbox"/> Library Street | <input type="checkbox"/> Fountain Drive |
| <input type="checkbox"/> Explorer Street | <input type="checkbox"/> Democracy Drive |

- a. You are responsible for providing (renting), installing and removing barricades to close the streets. Reston Town Center has barricades available; information available upon request.
- b. You will provide the appropriate staff to monitor the street closings.
- c. At least one garage entrance and exit must remain open if streets are closed.
- d. In addition, you will need to get a Temporary Special Event Permit from Fairfax County to close any public streets. Information attached.
- e. If for any reason vehicles need to be towed from the street during your event timeframe, the cost will be \$45 per vehicle.

2. Do you wish to distribute handbills, leaflets or other printed material? Yes No

- a. If yes, please attach a copy or sample.
- b. Such materials will **only** be distributed if **expressly requested** by consumer **without solicitation**.

3. No alcoholic beverages are permitted unless approved by management. Would you like permission for alcoholic beverages? Yes No

- a. If your event will include alcohol, you will be responsible for obtaining a permit to serve alcohol from the state of Virginia. You will also be required to have a liquor insurance policy and list the property owner and management as additionally insured on this insurance (specific language is available upon request). Copies of both the alcohol permit and insurance policy must be given to property management at least **two days prior** to your event date.

Emergency contact:

Name: _____ Telephone: _____

Additional Information: _____

RESTON TOWN CENTER EVENT CHECKLIST/ DEADLINES

COMPLETE TOP PORTION – FILL IN REMAINDER AS EVENT DEVELOPS

Event Title: _____

Event Day/Date: _____ Event Time: _____

Event Coordinator/Contact: _____

Telephone: _____ Cell Phone: _____

E-mail: _____ Fax: _____

REQUIREMENTS

PAPERWORK

- | | |
|---|-------------------|
| <input type="checkbox"/> Application for Permit , due 1 month prior to event | Date Sent: _____ |
| <input type="checkbox"/> Review Rules & Regulations | |
| <input type="checkbox"/> RTC Approval , received 1-4 weeks after request rec'd | Date Rec'd: _____ |
| <input type="checkbox"/> Agreements & Invoice received from RTC | Date Rec'd: _____ |
| <input type="checkbox"/> Agreements Signed and Returned | Date Sent: _____ |
| <input type="checkbox"/> Payment Sent , due to secure date | Date Sent: _____ |
| <input type="checkbox"/> TSP Permit filed with Fairfax County, as appropriate | Date filed: _____ |
| <input type="checkbox"/> Fire Department coordination for tents, cooking | Date: _____ |
| <input type="checkbox"/> Health Department coordination for food | Date: _____ |
| <input type="checkbox"/> ABC coordination for alcohol | Date: _____ |

DEADLINES

- | | |
|---|---|
| <input type="checkbox"/> Initial meeting with RTC to discuss event & determine needs | Date: _____ |
| <input type="checkbox"/> Final verbiage for RTC collateral provided | Date: _____ |
| <input type="checkbox"/> Mid-way production meeting , as needed | Date: _____ |
| <input type="checkbox"/> Banner layout submitted for approval | Date: _____ |
| <input type="checkbox"/> Banner across Market Street, due 3 weeks prior to event
<i>(based on space available)</i> | Due: _____
Install on: _____
Pick Up: _____ |
| <input type="checkbox"/> Elevators Signs , if space available, due 1.5 weeks prior to event
8 ½ x 11 signs, 1" border, Qty 15 | Due: _____
Install on: _____ |
| <input type="checkbox"/> Final Production Meeting , 2 weeks prior to event | Date: _____ |
| <input type="checkbox"/> Final Production Schedule/Layout , due 1.5 weeks prior to event | Due: _____ |
| <input type="checkbox"/> Street Closing Signs , as need - 15 laminated, due 1.5 week prior | Due: _____ |
| <input type="checkbox"/> Certificate of Insurance with RTC verbiage, due 2 days prior | Date Sent: _____ |
| <input type="checkbox"/> Final Attendance: _____ | Sent RTC: _____ |
| <input type="checkbox"/> Funds Raised , as appropriate _____ | Sent RTC: _____ |

RTC Administrative Only

- | | |
|--|--------------|
| <input type="checkbox"/> Pavilion Schedule updated and distributed | |
| <input type="checkbox"/> Production Schedule & Layout distributed | |
| <input type="checkbox"/> Tents, cooking trailers on site? Notify Fire Marshall | |
| <input type="checkbox"/> Street Closing Memo distributed to tenants/retail with signature confirmation | |
| <input type="checkbox"/> Fairfax Connector (Buses) notified if necessary. | |
| <input type="checkbox"/> Pavilion curtains <input type="checkbox"/> One end flap <input type="checkbox"/> Both end flaps <input type="checkbox"/> One Side <input type="checkbox"/> Both Sides | |
| Fountain <input type="checkbox"/> On <input type="checkbox"/> Off Time Off: _____ | |
| <input type="checkbox"/> Security Guards, Qty _____ | Hours: _____ |
| <input type="checkbox"/> ABM Schedule: Supervisor (\$28/hr) | Hours: _____ |
| Porter(s) (\$18/hr), Qty _____ | Hours: _____ |
| <input type="checkbox"/> RTC Sound Tech | Hours: _____ |