|  |  |  |  |
| --- | --- | --- | --- |
|  |  | | |
|  | (applicant's first name, last name or legal entity name) | | |
|  |  | | |
|  | *(personal ID number or registration number)* | | |
|  |  | | |
|  | *(address, legal address)* | | |
|  |  | / |  |
|  | *(phone)* |  | *(email address)* |
|  |  | | |
|  | (p*osition, first name and last name of the representative of the legal entity*) | | |

**Application**

*for the receipt of a permit for the organisation of public events*

**To Valmiera County Municipality**

Lāčplēša iela 2, Valmiera, Valmieras novads

Please issue a permit to organize an event

|  |
| --- |
|  |

*(type / title of the event)*

in Valmiera County on the \_\_ day of \_\_\_\_\_\_\_\_, 202\_, with the aim of

|  |
| --- |
|  |
|  |

**Information about the event:**

|  |  |  |
| --- | --- | --- |
| Title of the event |  | |
| Location of the event |  | |
| Time |  |  |
|  | *From .* | *to.* |
| Event organizer | *first name, last name / legal entity name* | |
| *personal ID number / registration number* | |
| *residential address / legal address* | |
| *phone, email* | |
| Person responsible for public order and safety | *first name, last name / legal entity name* | |
| *personal ID number / registration number* | |
| *residential address / legal address* | |
| *phone, email* | |
| Person responsible for technical safety | *first name, last name / legal entity name* | |
| *personal ID number / registration number* | |
| *residential address / legal address* | |
| *phone, email* | |
| Stewards | *first name, last name / legal entity name* | |
|  | *personal ID number / registration number* | |
| *residential address / legal address* | |
| *phone, email* | |
| Number of participants |  | |
| Number of visitors |  | |

**Traffic management \*:** *(please mark the relevant box with an 'X')*

|  |
| --- |
| The public event is scheduled to take place  with traffic restrictions bez without traffic restrictions |

\*Traffic management changes are reviewed by the Valmiera County Municipality Traffic Safety Commission, taking into account this application and the traffic management scheme prepared by the applicant, which is attached as an annex to the application.

**Annex:** *(please mark the relevant with an 'X')*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Document title** | **Attached** | **Not attached** | **Not necessary** |
| 1. | Technical safety agreement copy |  |  |  |
| 2. | Copy of the agreement regarding public order and safety |  |  |  |
| 3. | Detailed event plan |  |  |  |
| 4. | Written consent from the owner of the event venue |  |  |  |
| 5. | Traffic management scheme |  |  |  |
| 6. | Medical support arrangements |  |  |  |
| 7. | Provision by the State Fire and Rescue Service |  |  |  |
| 8. | Copy of the civil liability insurance document |  |  |  |
| 9. | Permits for the use of hazardous equipment |  |  |  |
| 10. | Safety plan for a high-risk public event |  |  |  |

On the \_\_ day of \_\_\_\_\_\_, 20\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(signature of the applicant)\**

\* The document attributes 'signature' and 'date' are not filled in if the electronic document is prepared in accordance with the regulatory enactments governing the formatting of electronic documents..