



Application for Special Events Permit

I. General Information

EVENT NAME: _____

EVENT DATE(S): _____

Note: If event is more than three days in duration, and not in the public right-of-way, you will also need a temporary event permit. Contact Police Dept (878-3412) for more information.

LOCATION: _____

IF THIS EVENT IS A PARADE: Please complete Route Description form.

SET-UP TIME (START/END): _____

EVENT HOURS: _____

DISMANTLE HOURS
(START/END): _____

ESTIMATED ATTENDANCE: _____

BASIS ON WHICH THIS ESTIMATE IS
MADE: _____

COMPREHENSIVE GENERAL LIABILITY
INSURANCE REQUIRED: \$1,000,000.

Please attach proof of insurance (or applicable rider).

II. Applicant and Sponsoring Organization Information

SPONSORING ORGANIZATION
NAME: _____

ARE YOU A NON PROFIT CORPORATION?	No	Yes	If yes, are you	501c(3)	501c(6)	Place of Worship
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APPLICANT
NAME: _____ TITLE: _____

ADDRESS: _____ CITY : _____ STATE: _____ ZIP: _____

PHONE: _____ FAX#: _____ EMAIL: _____

ON-SITE
CONTACT: _____ TITLE: _____

ADDRESS: _____ CITY : _____ STATE: _____ ZIP: _____

PHONE #: _____ CELL PHONE #: _____ EMAIL: _____

III. Brief Description of Event
IV. Street Closure Request (Attach map if necessary)

List any street(s) (or lanes of streets) requiring temporary street closure as a result of this event.

Include street name(s) indicating beginning and endpoints of the closing, day, date and time of closing and reopening:

1. _____
2. _____
3. _____

V. Event Details

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the event involve the sale or use of alcoholic beverages ?
If yes, has the ABC permit been obtained? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the event involve the sale of food ? _____
If "YES", has the health department been notified? _____ Have you applied for a business license? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the event involve the sale of non-food items ? If "YES" have you applied for a privilege license? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Will there be musical entertainment at your event? IF "YES" provide the following information:
Number of Stages: _____ Number of Band(s): _____ Amplification? _____
Note: If amplification is used, you will be required to perform a pretest for compliance with the noise ordinance. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you plan to use an existing occupied building ? Address _____
Do you plan to use an existing vacant building ? Address _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Will there be any tents or canopies in the proposed event site? Please provide the following information:
Approx. Number of Tents: _____ Will any tent exceed 400 sq. feet in area? <input type="checkbox"/> NO <input type="checkbox"/> YES |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the event involve the use of pyrotechnics ? Explain _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you provide portable toilets for the general public attending your event? IF SO, how many? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you require electrical hookup for the event? Generators? <input type="checkbox"/> NO <input type="checkbox"/> YES |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you require access to water for the event? Explain _____ Food vendors need access to water _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Will admission fees be charged to attend this event? If "YES", provide the amount(s) of all tickets. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Will fees be charged to vendors to participate in this event? If "YES", please provide the amount(s). _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Will signs and/or banners be displayed as part of the event? If "YES" have you applied for a sign permit? _____
If "YES" to above, have you notified the fire department? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Will inflatable parade balloons be used for the event? Provide details if necessary. |

VI. Additional Questions

How will **parking** be accommodated for this event? _____

Notes:

1. Parking and buildings involved may be examined for ADA compliance.
2. You may be required to provide a shuttle if the event places undue demands on surrounding parking areas.

How will **trash** be contained and removed during and after the event? _____

Apply for this permit at least 60 days prior to your special event. (30 days for a neighborhood street closing).

Return to:

April Nesbit, Public Information Officer

City of Statesville

227 S. Center Street, PO Box 1111, Statesville, NC 28687

Telephone: (704) 878-3583

Fax No. : (704) 878-3514

Email Address: anesbit@statesvillenc.net

VIII. Special Information for Applicants

- * Do not announce, advertise or promote your event until you have a signed permit.
- * You will be required to notify property owners affected by the event before a special events permit is issued.
- * No permanent alterations to the street will be permitted.
- * The Applicant shall be responsible for hiring and paying off-duty law enforcement officers, or reimbursing the City for the costs of providing on-duty law enforcement officers, to appropriately police street closures. For festivals, the Applicant shall be additionally responsible for hiring and paying off-duty law enforcement officers, or reimbursing the City for the costs of providing city staff, including but not limited to: on-duty law enforcement officers, to provide internal festival security and for hiring and paying necessary emergency medical technicians.
- * The Permit Official, in consultation with the Statesville Police Department, shall determine the number of officers needed to appropriately police street closures and for internal security, and the number of emergency medical technicians needed, and the time when such services shall commence and end.

FOR INTERNAL USE ONLY:

Application and fee received: _____

Approved by:

Police _____ Date: _____

Risk Manager _____ Date: _____

City Manager: _____ Date: _____

Application denied: _____