



TOWN OF BELVILLE

63 River Road
Belville, NC 28451

(910) 371-2456 Telephone
(910) 371-2474 Fax

SPECIAL EVENTS PERMIT APPLICATION

Date _____

1. Special Event Name: _____

2. Contact Information: Name: _____

Address: _____

Telephone: _____

Email: _____

3. Brief Description of Event: _____

4. Application Authorization:

Attach a written communication from the organization or organizations in whose name the event will be advertised which authorizes you, the applicant, to apply for the special events permit on its or their behalf.

Applicant's Name: _____

Title: _____

Address: _____

Affiliation: _____

Telephone: _____

(Daytime) (Evening) (Cell)

5. Event Principals:

Please list names, addresses, and telephone numbers of all the principals involved in any way in the proposed event. Include professional event organizers, event promoters, financial underwriters, commercial sponsors, charitable agencies for whose benefit the event is being produced, the organization or organizations in whose name the event is being advertised, and all others administratively, financially, and organizationally involved as principals in the production of the proposed special event. Make additional copies of this section as needed to include all of the principals involved in the special event.

Name: _____

Organization/Business/Agency/
Affiliation: _____

Address: _____

Telephone: _____
(Daytime) (Evening) (Cell)

Title/Functional Responsibility
with Regard to the Event: _____

Will this person have authority to
cancel or greatly modify event plans? Yes No

Will this person be present at the
event area or areas and in charge
of the event at all times? Yes No

6. Requested Event Components:

Requested day and date: _____

Alternate days and date: _____

Requested hours of operation:
Set up date and time: _____ from _____ AM/PM to _____ AM/PM
Event time: from _____ AM/PM to _____ AM/PM
Departure date and time: _____ from _____ AM/PM to _____ AM/PM

Description of type of animals
and number to be used in event: _____

Anticipated number of participants: _____ and spectators: _____

7. Insurance:

Attach to this application either an insurance policy or a certificate of insurance including the policy number, amount and the provision that the Town is included as an additional insured. (Please note that insurance requirements depend upon the risk level of the event. Also, if your event can be classified as First Amendment expressive activity, insurance requirements can be waived by the Town Council under certain circumstances.)

8. Sanitation:

Attach your “Plan for Clean/up Material Preservation.” Include number, type and location of trash containers to be provided for the event. Indicate who and how many will be responsible for emptying and cleaning up around containers during the event. Indicate who and how many will be responsible for cleaning up the event area after the event. Describe the number, type and location of portable toilets to be provided for the event area after the event. Describe the number, type and location of portable toilets to be provided for the event (or permanent toilets to be used for the event). Include any other plan you have for ensuring post-event cleanliness and material preservation of city facilities, equipment, premises and streets.

9. Location Map:

Check off below items that apply to your event. Indicate these items on attached maps. Use, where necessary, a to-scale drawing.

- _____ If a route is involved, the beginning area, the route (indicate directions with arrows), and the finish area
- _____ If a route is involved, the places where buses, trolleys, or trains need to be considered
- _____ If a relay is involved, indicate hand-off points
- _____ Entertainment or stage locations (grandstand operators should provide you with a to-scale drawing)
- _____ Alcoholic beverage concession area
- _____ Non-alcoholic concession areas
- _____ Food concession areas
- _____ General merchandise concession areas
- _____ Portable toilet facilities (indicate number)
- _____ First-aid facilities
- _____ Event participant and/or spectator parking areas
- _____ Event organizer’s command post
- _____ Fireworks or pyrotechnics site
- _____ Vehicle fuel-handling site
- _____ Cooking areas
- _____ Tables, enclosures, etc.
- _____ Temporary or permanent structures constructed for the event
- _____ Site of electrical wiring to be installed for the event

_____ Trash containers (indicate number): _____

_____ Other. Please describe: _____

10. Availability of Food, Beverages and/or Entertainment:

If there will be music, sound amplification or any other noise impact, please describe, including the intended hours, the music, sound or noise:

Alcoholic beverages to be served? Yes No

If yes, describe what system will be used to ensure that alcoholic beverages will be consumed only by those persons 21 years and older.

If yes, describe how, where, when and by whom the alcoholic beverages will be served:

If yes, attach to the application a copy of your permit from the State Alcoholic Beverage Control Board. **Alcohol may not be served without a permit.**

If a casino party, a dance, or live entertainment is part of your event, please describe:

Please describe all the activities of your event for which a business license is required:

Food and/or non-alcoholic beverages to be served? Yes No

If yes, describe sanitation measures, food handling procedures, and the nature of the food (such as pre-packaged foods, hot dogs, pre-mixed sodas, unpeeled fruit, raw meats, vegetables, fish or peeled and cut fruit).

If yes, you may need to have a health permit from the County Department of Health Services. Attach a copy of your health permit to this application.

If you intend to cook food in the event area, describe your area layout, including fuel or electrical source to be used:

11. Security and Safety Procedures:

Describe your proposed procedures for set up, operation, internal security and crowd control:

If the event is to occur at night, describe how you are going to light the event in order to increase the safety of participants and spectators coming to and leaving the event:

If your event includes vehicles or animals, describe the minimum and maximum speeds of the event and the minimum and maximum intervals of space to be maintained between units:

Attach to this application a copy of your building permit or permits if you are installing any electrical wiring on a temporary or permanent basis and/or if you are building any temporary or permanent structures such as bleachers, scaffolding, a grandstand, reviewing stands, stages or platforms.

Attach a copy of your fire department permit or permits to this application if you will use parade floats; an open flame; fireworks or pyrotechnics; vehicle fuel; cooking facilities; enclosures (and tables within those enclosures); tents, air-supported structures, canopies, or any other fabric shelters.

Give name, address and telephone numbers of the agency or agencies which will provide first-aid staff and equipment. Attach additional sheets if necessary.

Agency Name: _____

Representative: _____

Address: _____

Telephone: _____

Indicate medical services that will be provided for the event:

HOW PROVIDED

___Ambulances _____

___Doctors _____

___Nurses _____

___Paramedics _____

12. Vendors or Concessionaires:

Describe what vendors/concessionaires you will allow in conjunction with the event and the purpose or purposes of these concessions:

Describe how you intend to regulate, monitor and control the type, number and quality of vendors/concessionaries whom you may permit to operate in conjunction with the event:

13. Mitigation of the Impact on Others:

Describe how you intend to mitigate the impact of the special events on businesses, churches, neighbors, motorists, mass transit users and others. Attach additional sheets, if necessary, entitled "Mitigation of the Impact on Others:

14. Town Services/Equipment:

Describe town services and/or equipment requested for this event. Town barricades, cones, and no-parking signs may be borrowed on an as-available basis. You should plan to pick up and return this equipment. If you or your volunteers cannot pickup and return this equipment, please attach a letter requesting these services and explaining why your organization cannot perform them. This will be reviewed and approved or denied by the special events coordinator.

15. Optional Information:

The following information is not required for permit approval. It is requested so that the Town will have data, in the future, of the dollars raised for charities, the estimated age groups of participants and spectators, the fees charged or donations required and the specific public benefits derived from each event.

Estimate percentage of age groups for participants and spectators:

| | PARTICIPANTS | SPECTATORS |
|---------------------------------|------------------------------|------------------------------|
| Age 15 years & under | <u> %</u> | <u> %</u> |
| 16 to 25 years | <u> %</u> | <u> %</u> |
| 26 to 45 years | <u> %</u> | <u> %</u> |
| 46 years & older | <u> %</u> | <u> %</u> |

If there is a fee or donation required as a condition of attendance or participation in this event, please describe the amounts to be collected from various categories or participants or spectators:

Date Received: _____

By: _____

Date Approved: _____

By: _____

Town Administrator