SPECIAL EVENT PERMIT APPLICATION COVER PAGE AND CHECKLIST

An application for a permit to conduct a special event pursuant to City of Greenville Code of Ordinances. Please reference the City's Special Event Policy for additional information about the application process.

Note: The person responsible for the special event, or his/her designee, must be present for the duration of the event.

Name of Special Event:		
Applicant Name:	Phone	e #:
Applicant Address:		
Authorized Event Coordinator:		
Cell Phone #:	Email:	
Type of Event (please check all that ap	oply)	
□ Run/Walk/Bike □ Free Concert □ Rally/Protest □ Exhibit		□ Festival
If Other, Please Explain:		
Proposed Location of Special Event:	☐ Town Common ☐ Other Location	□ Five Points Plaza
If Other Location, Please Specify:		
Requested Event Date(s):	Requested Event H	ours:
Estimated Past Attendance:	Predicted Attendan	ce:
Past Vendor Participation:	Predicted Vendor Atte	ndance:

SPECIAL EVENT PERMIT APPLICATION COVER PAGE AND CHECKLIST

"Hold Harmless Agreement"

By signing this agreement, the Sponsor/Applicant will hold harmless the City of Greenville, its officers, employees and agents free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional and attorney's fee, or other expenses or liabilities of every kind and charter arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings, or causes of action of every kind and charter in connection with or arising directly or indirectly out of this event and/or the performance hereof and caused by negligence of the Sponsor. The Sponsor will take full responsibility. The City of Greenville will not be responsible for any personal property used as part of the event.

By signature, I hereby certify that I have read and understand the City's Special Events Policy and agree to all rules and regulations as outlined in the policy. I also certify that I understand that I am responsible for all clean-up / additional expenses and that the City's cost for such expenses will be deducted from the refundable deposit. If the City's cost for clean-up/additional expenses exceeds the amount of the refundable deposit, I understand I will be billed by the City of Greenville for the difference:

Applicant Signature:	
Date:	
For Office Use Only:	
This Application was Submitted On: Received by: Description of Application For Application	
Deposit and Application Fee Amount: Method of Payment:	

CITY OF GREENVILLE APPLICANTION CHECKLIST

Please reference the City of Greenville's Special Event Policy for additional information about the requirements listed in the checklist below.

Event Description, Statement of Public Benefit, and City Services Required - (Attachment 1)
Event Site Plan (REQUIRED) – (Attachment 2)
Event Marketing Plan (REQUIRED) – (Attachment 3)
Promoter and Performing Acts Identification Form (REQUIRED FOR OUTDOOR CONCERTS AND OUTDOOR FESTIVALS) – (Attachment 4)
Vendor Permits & Electrical Requirements (Complete as needed)–(Attachment 5)
Street Closure/Sidewalk Impact Notification & Petition (Complete as needed) (Attachment 6)
Event Insurance (REQUIRED)
Outdoor Amplified Sound (Complete as needed) (Attachment 7)
Alcoholic Beverages at Town Common Authorization Form Including Policy and Procedures for the Conditional Sale, Service, Possession and Consumption of Alcoholic Beverages at the Town Common (Refer to as Needed) (Attachment 8)
Application for Parade Permit (Complete as needed) (Attachment 9)
Verification of the Hiring of Security Officers (Attachment 10)

SUBMIT APPLICATIONS & SUPPORTING DOCUMENTATION TO:

Margot Clark- Special Events Coordinator Phone #:252-329-4433

E-mail: mclark@greenvillenc.gov

Address: 200 W. Fifth Street Greenville, North Carolina 27834

EVENT DESCRIPTION, STATEMENT OF PUBLIC BENEFIT, AND CITY SERVICES REQUIRED

Please provide a detailed "Event Description" along with the "Statement of Public Benefit" and "Public Services Required" for review. Reference the City's Special Event Policy for additional information about this application requirement.

Name of Special Event:
Proposed Location of Special Event:
Event Description:
Statement of Public Benefit:
Public Services Required:

CITY OF GREENVILLE SPECIAL EVENT PERMIT ATTACHMENT 2: EVENT SITE PLAN

Please provide a detailed "Event Site Plan." Reference the City's Special Event Policy for additional information about this application requirement. The Site Plan must be attached with this sheet.

Name of Special Event:
Proposed Location of Special Event:
Event Site Plan:
Evolt Otto Fight.
Event Parking Plan:

EVENT MARKETING PLAN

Please provide a detailed "Event Marketing Plan." The plan should describe the methods that will be used to advertise and market the event and the sources used (i.e. social media, newspaper, magazines, television). Attach fliers / promotional materials to be distributed in relation to the event. Please reference the City's Special Event Policy for additional information about this application.

Name of Special Event:
Proposed Location of Special Event:
Marketing Plan:

PROMOTER AND PERFORMING ACTS IDENTIFICATION FORM

Identify below the name(s) and requested information for the promoter and performing acts at the event:

<u>PR</u> (<u>DMOTER</u> :			
Pro	moter Name:			
Las	Three Events Promoted:			
#	Name of Event	Location	Date	Point of Contact
1.				
2.				
3.				
<u>PEF</u>	RFORMING ACTS:			
Act	Name:			
Last Three Events at Which Act Performed:				

Location

Date

Name of Event

#

1.

2.

3.

Point of Contact

STREET CLOSURE / SIDEWALK IMPACT NOTIFICATION & PETITION (FOR COMMERCIAL AREA)

NOTIFICATION: I hereby certify that all property owners, managers or lessees adjacent to the proposed closure area have been notified of the event and notified of the event's proposed date, time, location and purpose. I also certify that I understand that the sale and/or consumption of alcohol is prohibited in the street.

Signature (Applicant)	Date(s) of Notification		
Applications will not be processed without attachments with signatures.	a completed petition form inclusive or		
The Event Applicant for (Event Name):			
is requesting the closure of	between		
and Projected	l Attendance:		
The closure would occur between the hours of	: (am/pm) and		
(am/pm) on//20 through			

The closure, if granted, will be for the exclusion of vehicles only. A 20' emergency lane shall be provided on all streets within the said closure at all times. The undersigned persons, being owners, managers, or lessees of property immediately adjacent to the area to be closed as described above, hereby convey their approval of the above-noted request.

Each notification should include the following:

- 1. Name of the Event and Sponsoring Organization
- 2. Date and timeframe of event
- 3. Description of road closures (locations and times)
- 4. Information and timeframe for noise impacts (such as music)
- 5. Organizer's name, phone number and email
- 6. Website associated with event

STREET CLOSURE / SIDEWALK IMPACT NOTIFICATION & PETITION (FOR COMMERCIAL AREA)

By signature, I hereby certify that I am a property owner, manager, or lessee adjacent to the proposed closure area and have been notified of the event and the following:

- The event's proposed date, time, location, purpose, and projected attendance
- The site plan detailing road closures and designated parking areas
- Information and timeframe of noise impacts
- Name of sponsoring organization

Contact Name (Printed)	Business Name or Property Address & Phone
Signature	Date
2. Contact Name (Printed)	Business Name or Property Address & Phone
Signature	Date
3. Contact Name (Printed)	Business Name or Property Address & Phone
Signature	Date
4. Contact Name (Printed)	Business Name or Property Address & Phone
Signature	Date

STREET CLOSURE / SIDEWALK IMPACT NOTIFICATION & PETITION (FOR COMMERCIAL AREA)

By signature, I hereby certify that I am a property owner, manager, or lessee adjacent to the proposed closure area and have been notified of the event and the following:

- The event's proposed date, time, location, purpose, and projected attendance
- The site plan detailing road closures and designated parking areas
- Information and timeframe of noise impacts
- Name of sponsoring organization

5. Contact Name (Printed)	Business Name or Property Address & Phone
Signature	Date
6. Contact Name (Printed)	Business Name or Property Address & Phone
Signature	Date
7. Contact Name (Printed)	Business Name or Property Address & Phone
Signature	Date
8. Contact Name (Printed)	Business Name or Property Address & Phone
Signature	 Date

STREET CLOSURE / SIDEWALK IMPACT NOTIFICATION & PETITION (FOR COMMERCIAL AREA)

The following adjoining property owners either could not be contacted or refused to sign the notification:

1.	Property Owner:	Could Not Be Reached		
	_	Refused To Sign The Notification		
	Name of Property Owner:			
	Address of Property Own	er:		
	Dates and Times Applicar	Dates and Times Applicant Attempted to Notify:		
2.	Property Owner:	Could Not Be Reached		
		Refused To Sign The Notification		
	Name of Property Owner:			
	Address of Property Own	er:		
	Dates and Times Applicant Attempted to Notify:			
3.	Property Owner:	Could Not Be Reached		
	<u>-</u>	Refused To Sign The Notification		
	Name of Property Owner:			
	Address of Property Own	er:		
		nt Attempted to Notify:		
	11	, ,		

STREET CLOSURE / SIDEWALK IMPACT NOTIFICATION & PETITION (FOR COMMERCIAL AREA)

The following adjoining property owners either could not be contacted or refused to sign the notification:

4.	Property Owner:	Could Not Be Reached	
		Refused To Sign The Notification	
	Name of Property Owner:		
	Address of Property Owner:		
	Dates and Times Applicant Attempted to Notify:		
5.	Property Owner:	Could Not Be Reached	
		Refused To Sign The Notification	
	Name of Property Owner:		
	Address of Property Owner:		
	Dates and Times Applicant Attempted to Notify:		
6.	Property Owner:	Could Not Be Reached	
		Refused To Sign The Notification	
	Name of Property Owner:		
	Address of Property Owner:		
	Dates and Times Applicant Attempted to Notify:		