

TOWN OF GARNER

APPLICATION FOR SPECIAL EVENT PERMIT

Complete the following application, provide event layout, and return to the Special Events Coordinator for the Town of Garner, 900 Seventh Avenue/PO Box 446, Garner, NC 27529. See Section III of the Special Events Policy for application deadline dates. Please submit a processing fee of **\$25.00** (with the exception of Class D Events) with this application. **All events require proof of insurance.** For more information, call 919-772-4688. Additional requirements will be distributed prior to event approval.

Name of Proposed Event: _____

Location of Proposed Event: _____

Event Type: (Check All that Apply) Road Race _____ Walk _____ Festival _____ Performance _____ Parade _____

Concert: _____ Neighborhood: _____ Sporting: _____ Other: (Specify) _____

Beginning Date of Proposed Event: _____ Time _____ AM PM

Ending Date of Proposed Event: _____ Time _____ AM PM

Set-Up Time: _____ AM PM Date: _____ Tear-Down Time: _____ AM PM Date: _____

The above times are used to estimate Town services that must be dedicated to the proposed event. Please be as accurate as possible. Please notify the Special Events Coordinator immediately if changes occur.

Starting Location of Event: _____

Ending Location of Event: _____

Estimated Number of Attendees: _____ Estimated Number of Vendors: _____

Estimated Number of Performers: _____ Estimated Number of Vehicles: _____

Name of Organization: _____

Non-Profit? Yes ___ No ___ IRS Organization Type: (e.g. 501(c)(3)) _____ Federal Tax ID: _____

Name of Applicant: _____ Primary Phone: _____

Address: _____ Secondary Phone: _____

E-Mail Address: _____ Fax: _____

Is the Proposed Event Held on Behalf of any Other Organization or Individual? Yes ___ No ___

Name of Other Organization or Individual: _____

Describe the Event and State Purpose of Event (Attach Additional Sheets if Necessary): _____

Proposed Route or Layout for Event (Attach Map or Drawing): _____

Describe the Event Equipment Included in Layout (Town Does Not Provide Equipment): _____

What Street Closures are Requested? (CLOSURE OF STATE-MAINTAINED ROADS REQUIRE APPROVAL OF NCDOT): _____

Electricity Required? Yes _____ No _____ Do You Plan to use Amplified Sound? Yes _____ No _____

Please Detail Electrical & Sound System Requirements: _____

Alcohol Served (Requires Town Council Approval)? Yes _____ No _____

Final Clean-Up By: Town _____ Organizer _____

Organizer Will Provide: Sanitation _____ Can Liners _____ Trash Haul Off _____ Other: _____

Other Requirements: _____

I have carefully read and will abide by the Special Events Support Policy of the Town of Garner and swear or attest that statements I made herein are true and correct to the best of my knowledge and belief. **(Signature is required before application is processed.)**

Signature _____

Date _____

**FOLLOWING FOR OFFICIAL TOWN USE ONLY
Endorsements and Conditions - All Signatures Required for Approval**

Special Events Coordinator: _____ Signature: _____	Date Received: _____ Date Approved: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Conditional Approval
Conditions: _____ _____ _____		
Estimate of Costs: Fire Services: Manpower _____ Equipment _____ Consumables _____ Total _____ Emergency Medical Services: Manpower _____ Equipment _____ Consumables _____ Total _____ Sanitation Deposit _____ Other: _____ Total Costs for this Section _____		

Chief of Police: _____ Signature: _____	Date Received: _____ Date Approved: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Conditional Approval
Conditions: _____ _____ _____		
Estimate of Costs: Manpower _____ Equipment _____ Consumables _____ Total Costs for this Section _____		

Director of Planning: _____ Signature: _____	Date Received: _____ Date Approved: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Conditional Approval
Conditions: _____ _____ _____		
Estimate of Costs: _____ Total Costs for this Section _____		

Town Engineer: _____ Signature: _____	Date Received: _____ Date Approved: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Conditional Approval
Conditions: _____ _____ _____		
Estimate of Costs: _____ Total Costs for this Section _____		

Director of Inspections: _____ Signature: _____	Date Received: _____ Date Approved: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Conditional Approval
Conditions: _____ _____ _____		
Estimate of Costs: Manpower _____ Equipment _____ Consumables _____ Total Costs for this Section _____		

Town Manager: _____ Signature: _____	Date Received: _____ Date Approved: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Conditional Approval
Conditions: _____ _____ _____		
Total Estimate of Costs for Special Event: _____		