



SPECIAL EVENT APPLICATION

I. General Information

EVENT NAME: _____

EVENT DATE(S): _____

LOCATION _____

IF THIS EVENT IS A PARADE See Page 2, Section IV.

SET-UP TIME (START/END): _____

EVENT HOURS: _____

DISMANTLE HOURS (START/END): _____

ESTIMATED ATTENDANCE: _____

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? _____

APPLICANT NAME: _____ TITLE: _____

ADDRESS: _____ CITY : _____ STATE: _____ ZIP _____

PHONE: _____

ON-SITE CONTACT: _____ TITLE: _____

ADDRESS: _____

PHONE #: _____

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:

V. Event Details

- d Yes No Does the Event involve the sale or use of alcohol?
- Yes No If yes, has the ABC permit been obtained?
- Yes No Does the event involve the sale of food?
- Yes No If yes, has the Health Department been notified?
- Yes No Does the event involve the sale of non-food items?
- Yes No If yes, have you applied for a privilege license?
- Yes No Will there be tents or canopies in the proposed event site?
If yes, please attach Tent Permit Application.
- Yes No Will you require electrical hookup for the event?
- Yes No Will there be amplified music at the event?
If yes, please attach Outdoor Entertainment Permit Application.
- Yes No Will signs and/or banners be displayed as part of the event?
- Yes No If yes, have you applied for a sign permit?

VI. Additional Information

VII. Special Information for Applicants

- The Applicant shall be responsible for hiring and paying off-duty law enforcement officers to appropriately police street closures.
- The Town reserves the right to charge the applicant for any expenses incurred by the Town associated with needed repairs to Town facilities, streets, sidewalks and parking lots and for additional cleanup of the area as a result of the event.

Applicant Signature

Date

This application should be submitted 30 days prior to the date of the event.

Return to:

**Michele Davis, Town Clerk
Town of Beaufort
PO Box 390, Beaufort, NC 28516
Telephone: (252) 728-2141
Fax No. : (252) 728-3982
Email Address: bftclerk@beaufortnc.org**

FOR INTERNAL USE ONLY:

Application and fee received:

Application approved:

Application denied:

Approvals

Building Inspector _____ Date _____

Fire Inspector _____ Date _____

Police Chief _____ Date _____

Town Clerk _____ Date _____