

**TOWN OF TOPSAIL BEACH  
SPECIAL EVENTS PERMIT APPLICATION**

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**I. TITLE, PURPOSE AND BRIEF DESCRIPTION OF EVENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ New Application  
\_\_\_ Renewal of or Change in  
Application

Refer media or citizen inquiries to:

\_\_\_\_\_

Telephone \_\_\_\_\_ or \_\_\_\_\_

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**II. 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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Phones: \_\_\_\_\_

(Daytime)

(Evening)

(Emergency)

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**III. EVENT PRINCIPALS:**

On the next sheet, please list names, addresses, and telephone numbers of all the principals involved in any way in the proposed event. Include professional event organizations, 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 the next sheet as needed to include all of the principals involved in the proposed special event.

Name: \_\_\_\_\_

Organization/Business/Agency/Affiliation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phones: \_\_\_\_\_

(Daytime)

(Evening)

(Emergency)

Title and Functional Responsibility with Regard to the Event:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Will this person have authority to cancel or greatly modify event plans?

Yes       No

Will this person be present at the event areas and in charge of the event at all times?

Yes       No

Name: \_\_\_\_\_

Organization/Business/Agency/Affiliation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phones: \_\_\_\_\_

Title      (Daytime)      (Evening)      (Emergency)  
and      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 areas and in charge of the event at all times?

Yes       No

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#### IV. REQUESTED COMPONENTS:

A. Requested day and date (first choice): \_\_\_\_\_

B. Alternate days and dates: \_\_\_\_\_  
\_\_\_\_\_

C. Requested hours of operation, from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

D. Set up beginning day and date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM  
Dismantle by day and date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

E. Describe the number and type of animals to be used in the event: \_\_\_\_\_  
\_\_\_\_\_

F. Attach a draft of the entry form for participants/spectators.

G. Anticipated number of participants: \_\_\_\_\_ and spectators: \_\_\_\_\_

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#### V. INSURANCE:

Attached 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.)

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#### **VI. SANITATION:**

Attached 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. All trash, solid waste or other debris must be moved off Island by the organization or individual submitting the application. 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.

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#### **VII. 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: \_\_\_\_\_
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**VIII. AVAILABILITY OF FOOD, BEVERAGES AND/OR ENTERTAINMENT:**

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

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**B. Alcoholic beverages to be served?                       Yes                       No**

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

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

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**E. 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.**

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

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**G. Please describe all of the activities of your event for which a business license is required.**

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

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

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

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

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**IX. SECURITY AND SAFETY PROCEDURES:**

**A. Describe your proposed procedures for set up, operation, internal security and crowd control.**

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**B. 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.**

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**C. 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.**

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**D. Attach to this application a copy of your building permit application (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.**

**E. 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 fabric shelters.**

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

Name \_\_\_\_\_ of \_\_\_\_\_ Agency:

Name of Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

**Indicate medical services that will be provided for the event.**

<b>Medical Service</b>	<b>How Provided</b>
_____ Ambulance	_____
_____ Doctors	_____
_____ Nurses	_____

**X. VENDORS OR CONCESSIONAIRES:**

**A. Describe what vendor or concessionaires you will allow in conjunction with the event and the purpose or purposes of these concession.**

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

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**XI. 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."**

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**XI (A). STREET CLOSURE:**

**Submit map of streets that are to be closed or traffic restricted. If the street is a DOT street then a separate application must be filed with their appropriate office 90 days before the event.**

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**XII. 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 pick up 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.**

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**XIII. OTHER PERTINENT INFORMATION:**

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**XIV. 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.

**A. Estimate percentage of age groups for participants and spectators:**

	<b>PARTICIPANTS</b>	<b>SPECTATORS</b>
Age 15 years & under	_____ %	_____ %
16 to 25 years	_____ %	_____ %
26 to 45 years	_____ %	_____ %
46 years & older	_____ %	_____ %

**B. 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:**

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**DO NOT WRITE IN THIS SPACE**

**DATE RECEIVED:** \_\_\_\_\_ **BY:** \_\_\_\_\_

**DATE OF APPROVAL:** \_\_\_\_\_

**BY:** \_\_\_\_\_ **TOWN MANAGER**

\_\_\_\_\_ **POLICE CHIEF**

\_\_\_\_\_ **FIRE CHIEF**

\_\_\_\_\_ **PUBLIC WORKS DIRECTOR**

**APPLICATION #** \_\_\_\_\_