

SPECIAL EVENT PERMIT

Date Received:	Per	mit No.			
permission by way of a partnerships, or corporat rallies, demonstrations, a that substantially hinder owned property, street,	Special Event Permit upon written apptions who apply for the right to conduct and other activities or public events that or prevent the normal flow of vehicular	ay, in its sole discretion, from time to time grant lication, duly filed, to such persons, associations, street fairs, festivals, carnivals, parades, marches, require the temporary closing or obstruction of or or pedestrian traffic on all or a portion of any city shall be issued in accordance with procedure			
	(No Non-City Sanctioned Event shall use NC Public Highway (176) and Public Parking Spaces along said Highway between Carolina Street and Cullipher Street for a Special Event Area or Reserved Space(s).)				
To the City of Salud	a:				
	ed, do hereby make application to and peti support of this application, the following	ition the Board of Commissioners to grant a information is provided:			
Applicant Name (Orga if applicable):	nnization Name				
Mailing Address:					
Telephone No.:	Fax No:	Email:			
Contact Person in Charge of event:		Telephone No.:			
Estimated Number of People Expected to Attend:					
Names of street Locations of ba Locations of to	where event is to take place ts to be closed or obstructed arriers or traffic control devices to b emp. structures (concession stand nces, stands, platforms, benches, b	ls, booths, etc.)			
Proof of Liability Ins	urance (\$1,000,000 single limits of g	general liability ins.)			
Location of Event/Description of Event:					

may require a	from the City (i.e. street closings, pol applicant to pay fees sufficient to rein	nburse the City for costs of extra	
Number of Es	timated Vehicles:		
Put on City Ca	lendar □ Yes □ No		
Event Date(s):		Event Times:	
	(If this is a reoccurring event, please l	ist all dates for which the permit is	sought.)
Specia	l Events are limited to 4 hours, unless	otherwise approved by the Board o	of Commissioners
If animals a	re included in the Event:		
Numbe	r:		
Type:			
initial busines Contact Perso	acknowledges that a good faith effort s s owners in the event area. On During Event (required) Other During Event (required)	shall be made to notify surrounding	
conditions. The u	states that he/she is of legal age and has randersigned further states that he/she und ions of this permit may result in immediant(s).	erstands that failure to comply with a	all applicable ordinances,
Applicant Sig	nature:	Date:	
Organization I	Representative:		
	For Offic	e Use Only	
	Application Approved □	Application Denied □	
	Approval Conditions:		_
			_

Special Event Permit Application

Autho	rizing	Signa	tures
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City Manager	Date
Chief of Police	Date
City Commissioner	Date