TOWN OF HILLSBOROUGH

APPLICATION
Special Event Permit

Planning and Economic Development Division
101 E. Orange St., PO Box 429, Hillsborough, NC 27278
919-296-9470 | Fax: 919-644-2390
planning@hillsboroughnc.gov
www.hillsboroughnc.gov

Please review Chapter 7, Article 3 of the Hillsborough Code of Ordinances to determine if your event requires a special event permit. **The application must be received 60 days in advance of the event.**

Name of event: PHenomenal Hope Run/Walk

Event location address: 140 E Margaret Ln, Hillsborough, NC 27278

Date(s) of event: November 2nd, 2025

Event setup time: 6:30 a.m. Event hours: 8:30 a.m.-11:30 a.m Event breakdown: 12pm

Date(s) of event: _____

Event setup time: _____ Event hours: _____ Event breakdown: _____

EVENT ORGANIZER AND CONTACT INFORMATION

Name of organization/company: Team PHenomenal Hope

Organization/company mailing address: 2206 N Main St, #141, Wheaton, IL 60187

Organization status: ☐ Formal ☐ Informal ☐ For-profit ☑ Not-for-profit

Event organizer name: Maggie Jervey

Event organizer phone: 703-587-524 Event organizer email: maggie.jervey@teamphenomenalhope.org

On-site contact(s) during the event:

Name: Maggie Jervey Cell phone: 703-587-2524

Name: _____ Cell phone: _____

GENERAL EVENT INFORMATION

Type of event:

- ☐ Private event on private property
- ☑ Public event on public property
- ☐ Private event on public property
- ☐ Public event on private property
- ☐ Street or greenway event (includes parades, marches, rallies, and foot and bike races)

General event description:

Please outline the event purpose and elements, including items such as food trucks, car shows, races and vendors.

We will be gathering for a 5K charity walk at River Park and along the River Walk trail to raise money and awareness for pulmonary hyperten
We will have corn hole and 2 balloon columns along with tables for our corporate sponsors under the pavilion.
We will have a stage with a short program with a few speakers, and a DJ who will play light background music in the beginning and end.

Estimated number of people who will attend the event: 150

Estimated peak time(s) of attendance: 9 a.m.-12 p.m.

Maximum capacity of event location (number of persons, if applicable): _____

For annual events, the estimated attendance of the last event of this kind: 100

GENERAL EVENT QUESTIONNAIRE

Will tickets be sold or admission or fees charged as part of the event? ☐ Yes ☑ No

Will alcohol be sold or provided as a part of this event? ☐ Yes ☑ No

If yes regarding alcohol:
Indicate the vendor(s) and/or ABC permit holder(s) responsible for the alcohol sales or distribution and attach a copy of the ABC permit(s) for each vendor:

_____

_____

Note: *Alcohol may only be sold by vendors with an off-premise permit or by event organizers with a special one-time ABC sales permit. Alcohol sales may be subject to the prepared food and beverage tax.*

Will vendors be on site selling goods, crafts or wares during the event? ☐ Yes ☑ No

Will vendors be on site selling food or beverages during the event? ☐ Yes ☑ No

Note: *Vendors without a physical location in town and food trucks without Town of Hillsborough Food Truck Permits must pay the food and beverage tax in advance of selling prepared food or beverage. For the tax application, see the Financial Services Department page on the town website, hillsboroughnc.gov.*

List name(s) of the vendors:

_____

_____

_____

_____

Will you solicit donations as part of the event? ☑ Yes ☐ No

If yes, for what cause or organization? Team PHenomenal Hope

Will you bring additional equipment, such as stages, microphones and amplification? ☑ Yes ☐ No

Please explain: We will have a 8x16ft stage and one wireless microphone for speaking with 2 speakers for sound am

Will any items be left at the event site overnight? ☐ Yes ☑ No

Please explain: _____

Will signs or banners be displayed on site or around town? ☑ Yes ☐ No

Note: Special event signage *must be applied for and permitted separately BEFORE signage is placed around town. See the Reservations page on the town website, hillsboroughnc.gov.*

Will tents be erected for the event? ☑ Yes ☐ No

If yes, how many and what size? 2 10x10 tents

Note: *Tents may require a permit and inspection by the Orange County Fire and Life Safety Division depending on size and number. Tents should be shown with location and dimensions on the event map or layout.*

Will you provide (portable) restroom facilities? ☐ Yes ☑ No

Note: *Depending on attendance numbers and duration, restroom facilities must be provided by special event organizers. Restrooms of local businesses and town and county facilities may complement but not be a substitute for providing adequate restrooms for the event.*

Will you provide (portable) handwashing facilities? ☐ Yes ☑ No

Note: *Handwashing facilities are required for events that include on-site food preparation and/or sales without direct or immediate sink access.*

Will the event require any street closures or change in traffic flow? ☐ Yes ☑ No

Will the event require additional trash and recycling facilities? ☐ Yes ☑ No

Will you request that the town board sponsor specific services in conjunction with this event? ☐ Yes ☑ No

☐ Road closures
☐ Traffic control
☐ Police coverage
☐ Trash and recycling rollouts
Number of rollouts _____

EVENT MAP AND LAYOUT REQUIREMENTS

With this application, you must attach a map of the area that the event is to take place and indicate the following:

- Traffic flow — Include any streets requested to be closed or obstructed (law enforcement will determine locations of barriers and officers).
- Event route — Clearly show route if the event includes an event such as a parade or greenway closure.
- Parking areas — Note areas where event attendees will be directed that are adequate for the event attendance. The Eno River Parking Deck has 400 parking spaces.
- Pedestrian access and flow.
- Location of —
  - Any concession stand, food truck(s), booth, or other temporary structures, tents, stages or facilities.
  - Proposed fences, stands, platforms, benches, or bleachers.
  - Restroom and handwashing facilities.

Note: *A street map and Gold Park map are available on the town's website. Google Maps is another resource and can be easily marked up. Contact staff if you need assistance with providing an event layout or route map.*

EVENT LIABILITY INSURANCE

Event organizers and/or property owners need to insure themselves from liability in case event attendees injure themselves during the course of the event. Events occurring on public property (town or county) are required to carry event liability insurance with the public property owner listed as "additionally insured."

Copy of event liability Certificate of Insurance is attached: ☑ Yes ☐ No

Name of insurance company providing liability coverage for the event:

American Specialty Insurance and Risk Services, Inc.

Contact information for broker/agent providing coverage:

Jake Britt: jake.britt@mcgriff.com

EVENT PROPERTY USE PERMISSION

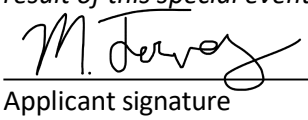
If the event will be on property not owned or managed by the event organizer, then the property owner must indicate consent below for the use of the property:

Name of property owner _____ Phone _____

Signature of property owner _____ Date _____

TOWN LIABILITY AGREEMENT

I, the applicant, agree to indemnify and hold harmless the Town of Hillsborough, its employees, and its agents from and against any and all liability for any injury that may be suffered in connection with this special event approval or park reservation. I also hold harmless the Town of Hillsborough, its employees, and its agents from and against any liability for any equipment or supplies lost, damaged, or stolen that are stored or otherwise as a result of this special event.



Applicant signature _____ Date 10/2/25

SUBMITTAL DIRECTIONS:

The following methods may be used:

- Submit electronically to Planning Technician Dakotah Kimbrough at dakotah.kimbrough@hillsboroughnc.gov
- Submit paper copy to:
  Hillsborough Planning Department
  ATTN: Planning Technician Dakotah Kimbrough
  PO Box 429
  101 E. Orange St.
  Hillsborough, NC 27278

FOR OFFICE USE ONLY

Application received by: Dakotah Kimbrough

Date: 10/2/2025 Fee paid: _____

Date information emailed out: 10/3/2025

Permit Status

Approved: ☐ Yes ☐ No

Explanation: _____

Date permit issued: _____

Approved with any conditions: _____

_____

By: _____ _____

Name of town staff member Date

Forwarded to:

☑ Hillsborough Communications Division

☐ Hillsborough Financial Services Department (Food and Beverage Tax)

☑ Hillsborough Police Department

☑ Hillsborough Public Space Manager

☐ Hillsborough Public Works Division

☐ North Carolina Department of Transportation (DOT road closures)

☐ Orange County Asset Management Services (Visitors Center, library, courthouses)

☑ Orange County Department of Environment, Agriculture and Parks and Recreation (River Park)

☑ Orange County Fire and Life Safety Division

☑ Orange County Sheriff's Office

☐ Orange Rural Fire Department

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/02/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
American Specialty Insurance & Risk Services, Inc. 7609 W. Jefferson Blvd., Suite 100 Fort Wayne IN 46804	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Arch Insurance Company	11150
INSURED Team Phenomenal Hope 2206 N Main St #141 Wheaton IL 60187	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1002402789 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y		SBCGL6279200	10/28/2025	11/08/2025	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 5,000,000
							PRODUCTS - COMP/OP AGG	$ 5,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

- The Certificate Holder shall be an Additional Insured, but only with respect to the operations of the Named Insured, and subject to the provisions and limitations of Form CG 2011 Additional Insured - Managers or Lessors of Premises, but only with respect to PHENOMENAL HOPE RUN/WALK on November 02, 2025.

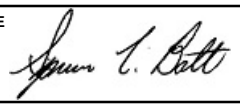
CERTIFICATE HOLDER

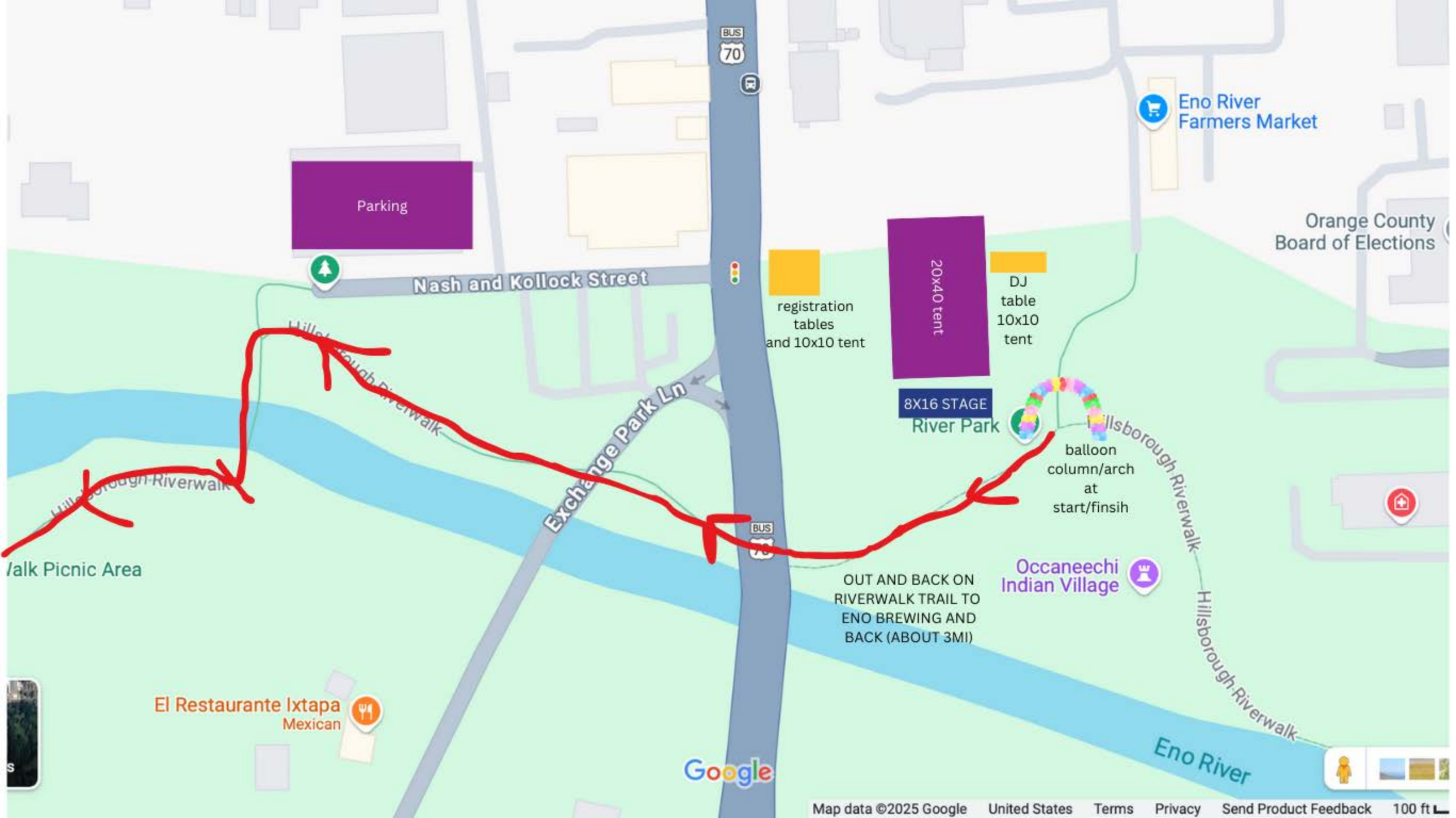
Town of Hillsborough
101 E. Orange St.
Hillsborough NC 27278

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE




Parking
Nash and Kollock Street
registration tables and 10x10 tent
20x40 tent
DJ table 10x10 tent
8X16 STAGE
River Park
balloon column/arch at start/finsih
Eno River Farmers Market
Orange County Board of Elections
Exchange Park Ln
Hillsborough Riverwalk
Hillsborough Riverwalk
Hillsborough Riverwalk
Walk Picnic Area
OUT AND BACK ON RIVERWALK TRAIL TO ENO BREWING AND BACK (ABOUT 3MI)
Occaneechi Indian Village
El Restaurante Ixtapa
Mexican
Eno River
BUS 70
BUS 70
Google
Map data ©2025 Google
United States
Terms
Privacy
Send Product Feedback
100 ft


Patch Park
W Margaret Ln
Weaver Street Market
River Park
River Walk
Picnic Area
Hillsborough
Community Garde
Gold Park
Tuscar