



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: Carolina Tarwheels - 2024 Bikefest

Event location address: Superior Courthouse Hillsborough/Visitor Center

Date(s) of event: October 5, 2024

Event setup time: 5-7AM Event hours: 7AM to 4PM Event breakdown: 4-6PM

Date(s) of event: _____

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

EVENT ORGANIZER AND CONTACT INFORMATION

Name of organization/company: Carolina Tarwheels Bicycle Club

Organization/company mailing address: P.O. Box 111, Durham, NC 27702

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

Event organizer name: John Gotthardt

Event organizer phone: 917-209-6568 Event organizer email: johngotthardt14@gmail.com

On-site contact(s) during the event:

Name: Mark Olsen Cell phone: 708-203-9973

Name: John Gotthardt Cell phone: 917-209-6568

GENERAL EVENT INFORMATION

Type of event:

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

General event description:

Please outline the event purpose and elements, including items such as food trucks, car shows, races and vendors.
This event will be our 26th annual Bikefest event. All proceeds, net expenses, are donated to support cycling related activities in our community. Since 2006 we have donated more than \$125,000.

Estimated number of people who will attend the event: 850

Estimated peak time(s) of attendance: 850

Maximum capacity of event location (number of persons, if applicable): 850

For annual events, the estimated attendance of the last event of this kind: 850

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? _____

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

Please explain: Canopies, tables and chairs

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

Please explain: Two canopies, tables and chairs setup the night before the event.

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? Two canopies without sidewalls (set. sz 15'x15'&6'x20')

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

Police coverage

Traffic control

Trash and recycling rollouts

Number of rollouts ⁶ _____

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 & Risk Services, Inc

Contact information for broker/agent providing coverage:
Linda Charles (laccharles@outlook.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.

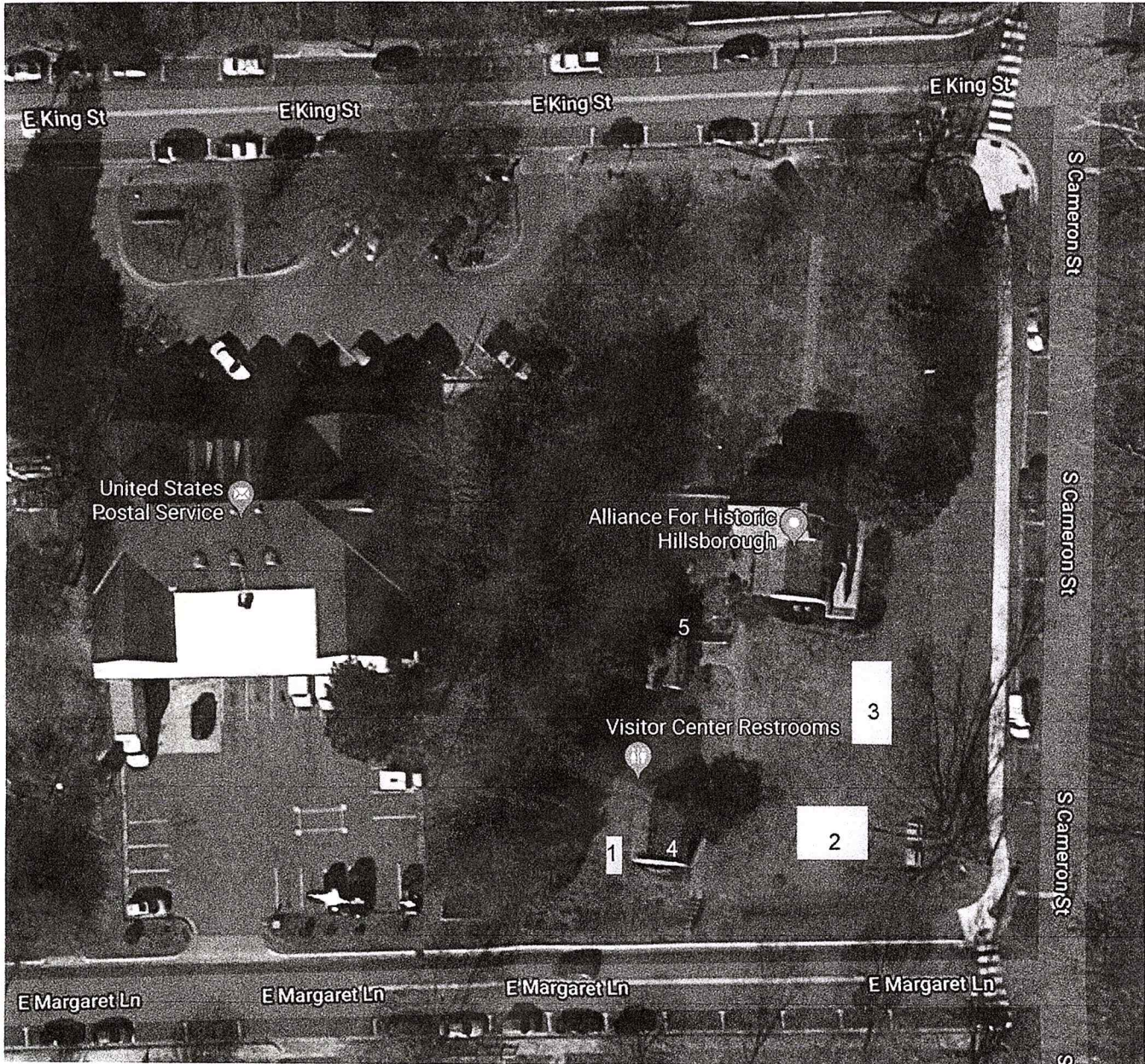
	<u>3/19/2024</u>
Applicant signature	Date

SUBMITTAL DIRECTIONS:

The following methods may be used:

- Submit electronically to Planning Technician Kelsey Carson at kelsey.carson@hillsboroughnc.gov.
- Submit paper copy to:
Hillsborough Planning Department
ATTN: Planning Technician Kelsey Carson
PO Box 429
101 E. Orange St.
Hillsborough, NC 27278

BikeFest



I. E. Margaret Lane will be closed for a brief time at the start of the ride (~10-15 minutes). Police assist with traffic at start of ride between 7:30-8:30am at intersection of Margaret Lane and Churton St.

II. Additional port-a-potties will be rented and delivered the afternoon before the event and removed the evening of the event. They will be located between the site restrooms and E. Margaret Lane. Hand washing facilities at the site restrooms.

III. A participant check-in tent will be set up about 50' to the right of the site restrooms. This will also house safety and radio control for the event checking in with and tracking safety vehicles and the number rest stop along the route.

IV. A food tent will be set up in the park in the area beneath S. Cameron St and E. Margaret Lane.

V. Water hose facilities available nearby for cleaning purposes.

VI. Parking locations:

- a. Eno River Parking Deck
- b. Cameron Park School lots
- c. Board of Education Lot
- d. Government Annex Parking lots on Cameron St.

- 1 – Porta-potties
- 2 – Rental Tent
- 3 – Tarwheels Food tents
- 4 – Restrooms
- 5 – Hose bib



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/19/2024

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 American Specialty Insurance & Risk Services, Inc. 7609 W. Jefferson Blvd., Suite 100 Fort Wayne IN 46804	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL: ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED League of American Wheelmen dba League of American Bicyclists 1612 K Street NW, Suite 1102 Washington DC 20006	INSURER A: Arch Insurance Company	NAIC # 11150
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1002222137 **REVISION NUMBER:**

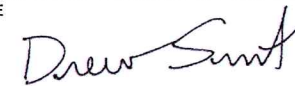
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		SBCGL0054507	02/01/2024	02/01/2025	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: OTHER						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	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)

- Coverage applies to CAROLINA TARWHEELS, 213 GREENWAY LNDG, CHAPEL HILL, NC 27516.

- 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 2026 Additional Insured - Designated Person or Organization, but only with respect to BIKEFEST on October 05, 2024.

CERTIFICATE HOLDER Town of Hillsborough 101 East Orange Street 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 
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Application received by: Kelsey Carson

Date: 3/20/2024 Fee paid: Paid \$55 #060284

Date information emailed out: 6/17/2024

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