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: Cycle North Carolina Mountains to Coast Ride

Event location address: River Park, 228 S Churton St, Hillsborough, NC 27278

Date(s) of event: 10/4-10/6, 2026

Event setup time: 1pm Event hours: 10am Mon-10am Tues Event breakdown: _____

Date(s) of event: _____

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

EVENT ORGANIZER AND CONTACT INFORMATION

Name of organization/company: [redacted]

Organization/company mailing address: [redacted]

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

Event organizer name: [redacted]

Event organizer phone: [redacted] Event organizer email: [redacted]

On-site contact(s) during the event:

Name: [redacted] Cell phone: [redacted]

Name: [redacted] Cell phone: [redacted]

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.

River Park will serve as an overnight stop on the Mountains to Coast Ride for 800-900 cyclists. Some will be tent camping while others will stay in hotels or RVs. We will use the Farmer's Market Pavilion for food trucks, beer vendor, catered meals for some. Other folks will need to eat downtown. We will provide shuttles to the hotels and will as the town for additional shuttles as needed.

Estimated number of people who will attend the event: 900

Estimated peak time(s) of attendance: 4pm 10/5

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

For annual events, the estimated attendance of the last event of this kind: 900

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:

Still TBD

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:

Still TBD

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: _____

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

Please explain: This is an overnight camping event, so tents will be there overnight 10/4-10/5 and tents and all other equipment will be on-site from 10/5-10/6. Staff will remain on-site with the equipment at all times.

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? Only 4-5 10x10 pop up tents, plus the ones for tent campers

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 15

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:

[redacted]

Contact information for broker/agent providing coverage:

[redacted]

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 | 5-1-2026 Date

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: _____ Fee paid: _____

Date information emailed out: _____

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): 04/02/2026

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 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
RPS Bollinger Sports and Leisure
PO Box 4162
Clinton IA 52733

CONTACT NAME: Cathy Fonseca
PHONE (A/C, No, Ext): 973-921-8124 **FAX (A/C, No):**
E-MAIL ADDRESS: Cathy_Fonseca@rpsins.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
North Carolina Amateur Sports
406 Blackwell Street, #120
Durham NC 27701

COVERAGES **CERTIFICATE NUMBER:** **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	☑ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☑ OCCUR ☑ Includes Participant Liability ☐ GEN'L AGGREGATE LIMIT APPLIES PER: ☑ POLICY ☐ PRO-JECT ☐ LOC OTHER:			8502AH010276-9	02/22/2026	02/22/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 1,000,000 $
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☑ HIRED AUTOS ☑ NON-OWNED AUTOS ☐ ☐			8502AH010276-9	02/22/2026	02/22/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	☐ UMBRELLA LIAB ☑ OCCUR ☑ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $			4602AH010277-9	02/22/2026	02/22/2027	EACH OCCURRENCE AGGREGATE $	$ 1,000,000 $ 1,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: N 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	 $ $ $
A	Accident Insurance Full Excess			4102AH010275-8	02/22/2026	02/22/2027	Medical Max: $25,000 Ded: $500	

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

Coverage is provided under this policy only for sponsored and supervised activities of the named insured for which a premium has been paid.

[redacted]

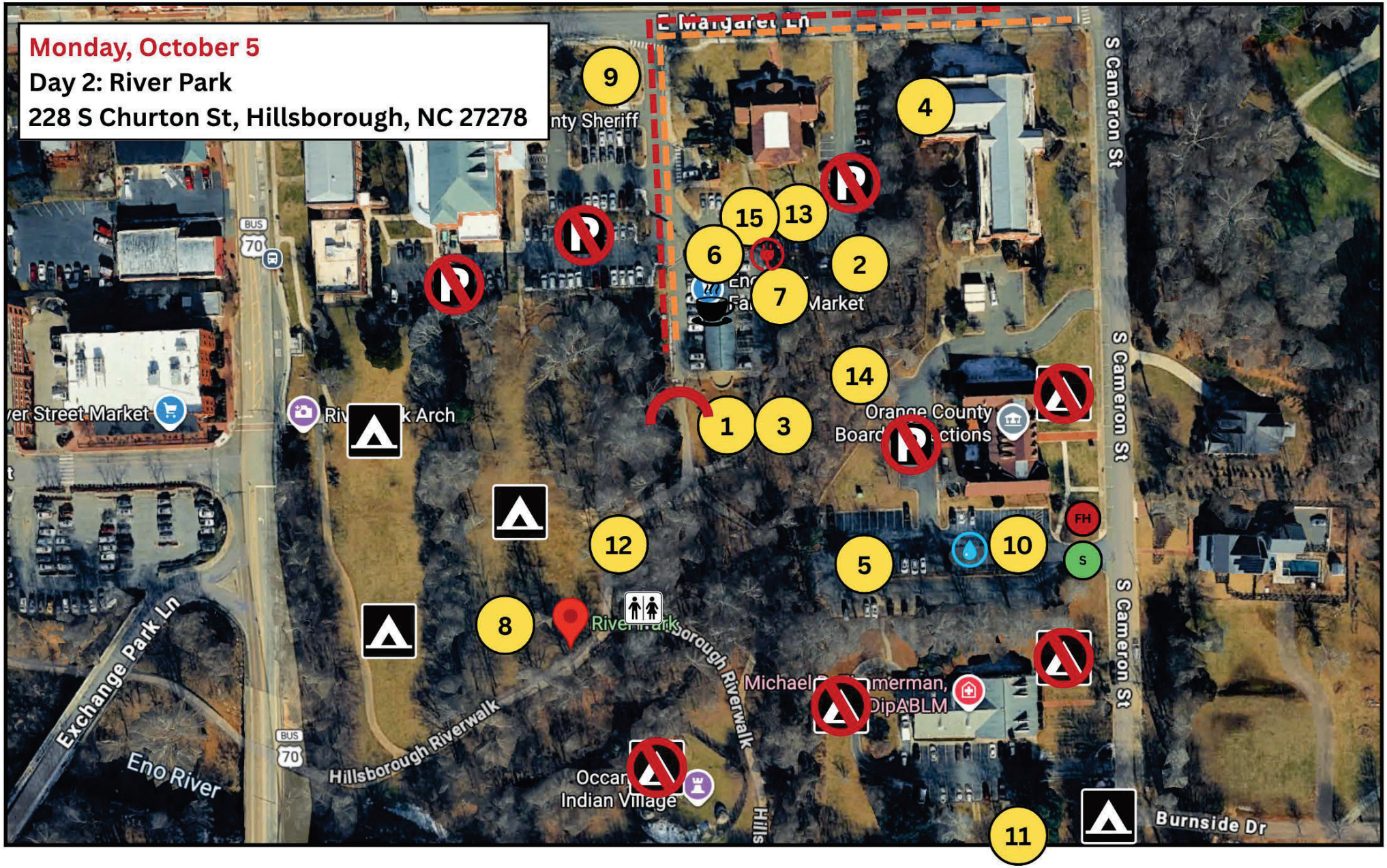
CERTIFICATE HOLDER

Proof of Insurance

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



MAP LEGEND

1. CNC Rider Services
2. Bike Mechanics
3. Local Welcome Tent
4. Safe Shelter
5. RV & Overnight Parking
6. Local Vendors
7. Breakfast & Dinner Location
8. Yoga
9. Shuttle Pick Up/Drop Off
10. Shower Trucks
11. Summit Cycling Solutions
12. Campsite Luggage Drop Off/Pick Up
13. Cycle NC Happy Hour
14. Massage Therapists
15. Charging Station

Route Into Camp
Route Out of Camp

Camping
No Camping
Bathrooms
Parking
Coffee Vendor
Sewer
Fire Hydrant
Power
Water Station
Start/Finish