



## 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: Orange County Senior Games Arhcery

Event location address: Cates Creek Park

Date(s) of event: April 21, 2026

Event setup time: 12pm - 2pm Event hours: 2pm - 4pm Event breakdown: 4pm -5pm

Date(s) of event: \_\_\_\_\_

Event setup time: \_\_\_\_\_ Event hours: \_\_\_\_\_ Event breakdown: \_\_\_\_\_

### EVENT ORGANIZER AND CONTACT INFORMATION

Name of organization/company: Orange County Senior Games

Organization/company mailing address: PO Box 8181, Hillsborough, NC 27278

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

Event organizer name: Ardra Webster

Event organizer phone: \_\_\_\_\_ Event organizer email: \_\_\_\_\_

On-site contact(s) during the event:

Name: Ardra Webster Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### GENERAL EVENT INFORMATION

Type of event:

<input type="checkbox"/> Private event on private property	<input checked="" type="checkbox"/> Public event on public property
<input type="checkbox"/> Private event on public property	<input type="checkbox"/> Public event on private property
<input type="checkbox"/> 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.*  
This is the annual archery competition for Orange County Senior Games. We bring in our own targets and shoot from 3 distances and would mark the grass with chalk paint.

Estimated number of people who will attend the event: 20-25

Estimated peak time(s) of attendance: 12:30pm - 4pm

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

For annual events, the estimated attendance of the last event of this kind: 20-25

#### **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:

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**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](http://hillsboroughnc.gov).

List name(s) of the vendors:

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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: Archery targets, tables and chairs

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](http://hillsboroughnc.gov).

Will tents be erected for the event?  Yes  No

If yes, how many and what size? \_\_\_\_\_

**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 \_\_\_\_\_

## 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:

Alliant Insurance Services, Inc.

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Contact information for broker/agent providing coverage:

619-238-1828

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**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.*

Andrea Webster

\_\_\_\_\_  
Applicant signature

1-16-26

\_\_\_\_\_  
Date

**SUBMITTAL DIRECTIONS:**

The following methods may be used:

- Submit electronically to Planning Technician Dakotah Kimbrough at [dakotah.kimbrough@hillsboroughnc.gov](mailto: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 KimbroughDate: 1/6/2026 Fee paid: NoDate information emailed out: 1/8/2026**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

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 Alliant Insurance Services, Inc. 227 W. Trade Street, Suite 1930 Charlotte, NC 28202	CONTACT NAME: PHONE (A/C, No, Ext): (619) 238-1828	FAX (A/C, No):
	E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Charter Oak Fire Insurance Company	NAIC # 25615
INSURED Orange County, NC 300 West Tryon Street Hillsborough, NC 27278	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**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 <input checked="" type="checkbox"/> OCCUR			ZLP91N5373025PA	7/1/2025	7/1/2026	EACH OCCURRENCE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	OTHER:						MED EXP (Any one person)	\$ Excluded
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						PERSONAL & ADV INJURY	\$ 2,000,000
	Hired AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						GENERAL AGGREGATE	\$ 2,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						PRODUCTS - COMP/OP AGG	\$ 2,000,000
DED <input type="checkbox"/> RETENTION \$			COMBINED SINGLE LIMIT (Ea accident)	\$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NC)	Y/N N / A		BODILY INJURY (Per person)	\$				
If yes, describe under DESCRIPTION OF OPERATIONS below			BODILY INJURY (Per accident)	\$				
			PROPERTY DAMAGE (Per accident)	\$				
			EACH OCCURRENCE	\$				
			AGGREGATE	\$				
	PER STATUTE	OTHE- 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)  
Town of Hillsborough is included as additional insured.

## 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

