

SPECIAL EVENT PERMIT APPLICATION

Please review the Event Policy Ordinance, Chapter 7 of the Town Code, to determine if your event requires a Special Event Permit. The Permit Application must be received 60 days in advance of the event.

Name of Event:	Art Walk (www.LastFrid	days.org)			
Event Location Address: Hillsboro	ugh, NC				
Date(s) of event:					
Event Set Up Time: 5 PM	Event Hours:	Event Brea	k Down: 9 PM		
Date(s) of event:					
Event Set Up Time: 5 PM	Event Hours: <u>4</u>	Event Brea	k Down: 9 PM		
Event Organizer & Contact Informatio	<u>N</u>				
Name of Organization/Company: Hills	porough Arts Council				
Organization/Company mailing address	; 102 N Churton S	t, Hillsborou	igh, NC 27278		
Organization Status: 🗌 Formal	Informal	For-profit	✓ Not-for-profit		
Event Organizer Name: Ivana Beveri	dge				
Event Organizer Phone: (828) 337-55	511 Event Organizer	Email:programs	@hillsborougharts		
On-Site Contact(s) During the Day-of Ev	vent				
Name: Mollie Thomas		ne: (859) 338-44	447		
Name: Kim Pierce		Cell Phone: (336) 212-4069			
GENERAL EVENT INFORMATION Type of Event: Private Event on Private Property Private Event on Public Property Street or Greenway Event (Parades)	Public Event	on Public Propert on Private Proper ke Races)	-		
General Event Description (Narrative of shows, races, vendors, etc): (March-November) Rotating gallery reception	ns, poetry performances, and	live music at partici	pating Art Walk venues.		
(March-November) Living Arts Collective	drum circles, family activitie	es/crafts, and dan	cewaves in River Park.		
(May-October) Makers Markets on the Old Courthouse la					
(Occasional) Pop-up performance	es or performance artie	sts roaming dov	wntown sidewalks.		

Estimated total number of people that will attend the event: $\frac{2,000}{2}$	mo.
Estimated peak time(s) of attendance: 6:30-8 PM	
Maximum capacity of event location (number of persons, if applicabl	_{e):} <u>Varies by venu</u>
If the event is annual, the estimated attendance of the last event of t	his kind: 2,000/mo.
GENERAL EVENT QUESTIONNAIRE Will tickets be sold or admission/fees be charged as part of the eve Will there be alcohol sold or provided as a part of this event? If yes, please indicate the vendor(s) and/or ABC permit holder(s) resp sales/distribution and attach a copy of the ABC permit(s) for each ver	VES NO ponsible for the alcohol
Please note: Alcohol may only be sold by vendors with an off-premise a special one-time ABC sales permit. Alcohol sales may be subject to a	
Will vendors be on-site selling goods/crafts/wares during the event	? 🖌 YES 🗌 NO
Will vendors be on-site selling food/beverages during the event? <i>Please note: All vendors without a physical location in town and/or fo</i> <i>that do not have Town of Hillsborough Food Truck Permits that are se</i> <i>food/beverage will need to prepay the Food & Beverage Tax</i> with the <i>Finance Department. Please list the name(s) of</i> (May-October) Looking to host (1-3) food vendors on Court Street during	elling prepared the food/beverage vendors:
Makers Markets will also include 20-25 sale-of-good artist/co	ommunity vendors each month.
Will you be soliciting donations as part of the event?	
If yes, for what cause or organization? Hillsborough	Arts Council
Will you bring additional equipment, stages, microphones, amplific	ation, etc? 🖌 YES 🗌 NO
Please Explain: PA system, mics, amps, and lighting, as needed for musical/educational provided and the system of	rogramming on Courthouse Lawn or in River Park.
Will any items be left at the event site overnight?	YES INO
Please Explain:	
Will signs or banners be displayed on site or around Town? <i>Please note: <u>Special event signage</u> must be applied for and permitted separately BEFORE signage is placed around town.</i>	YES NO
Will tents be erected for the event?	
If yes, how many and what size? 30 max - 10'x10' pop-up	o tents, map attached.

101 East Orange Street · P.O. Box 429 · Hillsborough, North Carolina 27278 919-732-1270· Fax 919-644-2390 Please note: Tents may require a permit and inspection by the Orange County Fire Marshal's office depending on size and number. Tents should be shown with location and dimensions on event map/layout.

Will you provide (portable) restroom facilities? <i>Please note: Restroom facilities are required to be provided by</i> <i>Special Event organizers depending on attendance numbers and duratic</i> <i>Local Business, Town, and County facility restrooms may compliment, b</i> <i>become a substitute for, providing adequate restrooms for the event.</i>						
Will you provide (portable) handwashing facilities? Please note: Handwashing facilities are required for events that include on site food preparation and/or sales without direct or immediate sink access.	YES NO					
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 (i.e. Police Coverage, Road Closures, Traffic VES NO Control, Trash and Recycling Rollouts)? Please note: Events requesting Town Sponsorship of events						

must apply at least 90 days in advance of the event to be considered. Event organizers who are able should make every necessary attempt to provide and pay for services at their events as the Town has limited staff and resources to cover the costs of event services.

EVENT MAP/LAYOUT REQUIREMENTS

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

- Traffic flow; including any streets requested to be closed or obstructed (locations of barriers and officers will be determined by Law Enforcement).
- If the event includes a parade, greenway closure, etc. then the route of the event should be clearly shown.
- Parking areas where event attendees will be directed that are adequate for event attendance. Please note: The Eno River deck has only 400 parking spaces.
- Pedestrian access and flow.
- The location of any concession stand, food truck(s), booth, or other temporary structures, tents, stages or facilities; and the location of proposed fences, stands, platforms, benches, or bleachers.
- The location of restroom and/or handwashing facilities.

A street map and a map of Gold Park are available on the Town's website. Google Maps is also an excellent 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 an event attendee injures 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:

Philadelphia Indemnity Insurance Company

Contact information for broker/agent providing coverage: The Ballard Agency - Lee Hammond; 919-732-2158; lee@ballardagencyinc.com

EVENT PROPERTY USE PERMISSION

If the event will be located on property that is not owned/managed by the event organizer then the property owner must indicate consent for the use of their property below:

Name of Property Owner

Signature of Property Owner

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 which 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.

Ivana Beveridge	Feb
Applicant Signature	Date

SUBMITTAL DIRECTIONS:						
Please submit electronically to:	Evan.Punch@hillsboroughnc.gov					
Please submit via paper copy he	re:					
Hillsborough Planning Department						
ATTN: Evan Punch						
P.O. Box 429						
101 E. Orange Street						
Hillsborough, NC 27278						

Feb. 1, 2023

Date

Phone

FOR OFFICE USE ONLY: Application received by: Evan Punch Date: 3/1/2023 Fee Paid: Date information emailed out: 2/21/2023	
Permit Status Approved YES NO Explanation:	
Date Permit Issued:	
Approved with any conditions:	
By: Town Staff Member	Date:
Forwarded to others for review/information:	
✓ OC Fire Marshal:	
Hillsborough Police Department:	
OC Sheriff's Department:	
OC Fire Department:	
✓ Hillsborough Public Works:	
✔ Hillsborough Public Space Manager:	
✓ OC DEAPR (River Park):	
✓ OC AMS (Visitors Center, Library, Old or New Courthouse):	
NCDOT (DOT Road Closures):	
Hillsborough Finance (Food & Beverage Tax 1 Day):	
Hillsborough Public Information Office:	





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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

									02	/01/2023
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).										
PRC	DUCER				CONTA NAME:	^{ст} Lee Ham	mond			
The	e Ballard Agency					o, Ext): 919-73	2-2158	FAX (A/C, No):		
105	5 W King St.						ardagencyind	c.com		
						INS	URER(S) AFFOR	DING COVERAGE		NAIC #
Hill	sborough, NC			NC 27278	INSURE	RA: Philade	lphia Indemni	ty Insurance Company		18058
INS	JRED				INSURE	в: Erie Ins	urance Excha	ange		18457
	Hillsborough Arts Council				INSURE	RC:				
	102 N Churton St				INSURE	RD:				
				INSURER E :						
	Hillsborough			NC 27278-2534	INSURE	RF:				
				ENUMBER:				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		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	00,000
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$ 5,00	00
A		Y		PHPK2454024		8/10/2022	08/10/2023	PERSONAL & ADV INJURY	\$ 1,00	00,000
								GENERAL AGGREGATE	. ,	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG		00,000
┝──			+					COMBINED SINGLE LIMIT	\$ \$	
								(Ea accident) BODILY INJURY (Per person)	» Տ	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$ \$	
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	UMBRELLA LIAB OCCUR		-					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X WC STATU- TORY LIMITS OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		/A Q851800607		01/18/2023	01/18/2024	E.L. EACH ACCIDENT	\$ 500,000		
$ ^{\sim}$	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	1	Q05100007			01/10/2023	01/10/2024	E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below		<u> </u>					E.L. DISEASE - POLICY LIMIT	\$ 500,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC vn of Hillsborough is an additional insu									
10	vn of Hillsborough is an additional insu	red a	s resp	sects general hability ansi	ng Iron	i the insured	s operations.			
CF	CERTIFICATE HOLDER CANCELLATION									
Town of Hillsborough				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
PO Box 429			AUTHORIZED REPRESENTATIVE							
	Hillsborough			NC 27278	\bigcirc	Lee to	ammon	rok		

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