



TOWN OF HILLSBOROUGH

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: RIVER PARK CONCERT
 Event Location Address: RIVER PARK
 Date(s) of event: 4/29/2023
 Event Set Up Time: 7am Event Hours: 8 Event Break Down: 8pm - Sunday
 Date(s) of event: _____
 Event Set Up Time: _____ Event Hours: _____ Event Break Down: _____

EVENT ORGANIZER & CONTACT INFORMATION

Hillsborough Community Media DBA
 Name of Organization/Company: ~~Triangle Music Alliance~~ WHUP FM
 Organization/Company mailing address: 111 1/2 N. Church St Hillsborough, NC 27278
 Organization Status: ☐ Formal ☐ Informal ☒ For-profit ☒ Not-for-profit
 Event Organizer Name: TRIANGLE MUSIC ALLIANCE
 Event Organizer Phone: 919 931 3977 Event Organizer Email: 27278 WHUP5TR@gmail.com

On-Site Contact(s) During the Day-of Event

Name: JOSH COLLINS Cell Phone: 919-594-9649
 Name: STEPHANIE DECKER Cell Phone: 919-605-0238

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 (Parades, Marches, Rallies, 5Ks, Bike Races)

General Event Description (Narrative outlining event purpose and elements including food trucks, car shows, races, vendors, etc):

THE RIVER PARK CONCERT IS A ONE DAY FREE CONCERT. THIS WILL BE THE SIXTH ANNUAL EVENT. THERE WILL BE AN "ART WALK" w/ up to 30 artists selling, NOT AS WELL AS 3-4 FOOD TRUCKS. WE WILL HAVE UP TO 100 VOLUNTEERS, A BEER GARDEN, AND A STAGE w/ Sound, Light & generator. THERE WILL BE 4 BARS - LOCAL 12:30pm -> 7pm. LAST CALL IS 7pm. THIS IS A FUNDRAISING EVENT FOR WHUP-FM, 501C.

Estimated total number of people that will attend the event: 1,250

Estimated peak time(s) of attendance: 3-5 pm

Maximum capacity of event location (number of persons, if applicable): 6,000

If the event is annual, the estimated attendance of the last event of this kind: 4,000 OVER THE DAY.

GENERAL EVENT QUESTIONNAIRE

Will tickets be sold or admission/fees be charged as part of the event? ☐ YES ☒ NO

Will there be alcohol sold or provided as a part of this event? ☒ YES ☐ NO

If yes, please indicate the vendor(s) and/or ABC permit holder(s) responsible for the alcohol sales/distribution and attach a copy of the ABC permit(s) for each vendor: WHUP-FM

Please 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 & beverage tax.

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? ☒ YES ☐ NO

Please note: All vendors without a physical location in town and/or food trucks

that do not have Town of Hillsborough Food Truck Permits that are selling prepared food/beverage will need to prepay the Food & Beverage Tax with the

Finance Department. Please list the name(s) of the food/beverage vendors:

4 Food Trucks + White Frozen Custard.

Will you be soliciting donations as part of the event? ☒ YES ☐ NO

If yes, for what cause or organization? WHUP-FM, non profit / HAC ART WALK.

Will you bring additional equipment, stages, microphones, amplification, etc? ☒ YES ☐ NO

Please Explain: MOBILE STAGE w/ silent generator, lights, sound.

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

Please note: Special event signage must be applied for and permitted separately **BEFORE** signage is placed around town.

Will tents be erected for the event? ☒ YES ☐ NO

If yes, how many and what size? 30-40 TENTS - 30 FOR ART WALK 10x10

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?

☒ YES ☐ NO

Please note: Restroom facilities are required to be provided by Special Event organizers depending on attendance numbers and duration. Local Business, Town, and County facility restrooms may compliment, but not become a substitute for, providing adequate restrooms for the event.

Will you provide (portable) handwashing facilities?

☒ YES ☐ NO

Please 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 (i.e. Police Coverage, Road Closures, Traffic Control, Trash and Recycling Rollouts)?

☐ YES ☒ NO

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:

LEE-MOORE INSURANCE

Contact information for broker/agent providing coverage:

ALEX. MAIOL

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:

ORANGE County, DE APR.
Name of Property Owner TRAVIS Bogel

224-500-6696.
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 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.

Applicant Signature

Date

SUBMITTAL DIRECTIONS:

Please submit electronically to: Evan.Punch@hillsboroughnc.gov

Please submit via paper copy here:

Hillsborough Planning Department
ATTN: Evan Punch
P.O. Box 429
101 E. Orange Street
Hillsborough, NC 27278

FOR OFFICE USE ONLY:Application received by: Evan PunchDate: 3/10/2023Fee Paid: YesDate information emailed out: 3/10/2023**Permit Status**Approved ☐ YES ☐ NO Explanation: _____

Date Permit Issued: _____

Approved with any conditions: _____

By: _____

Town Staff Member

Date: _____

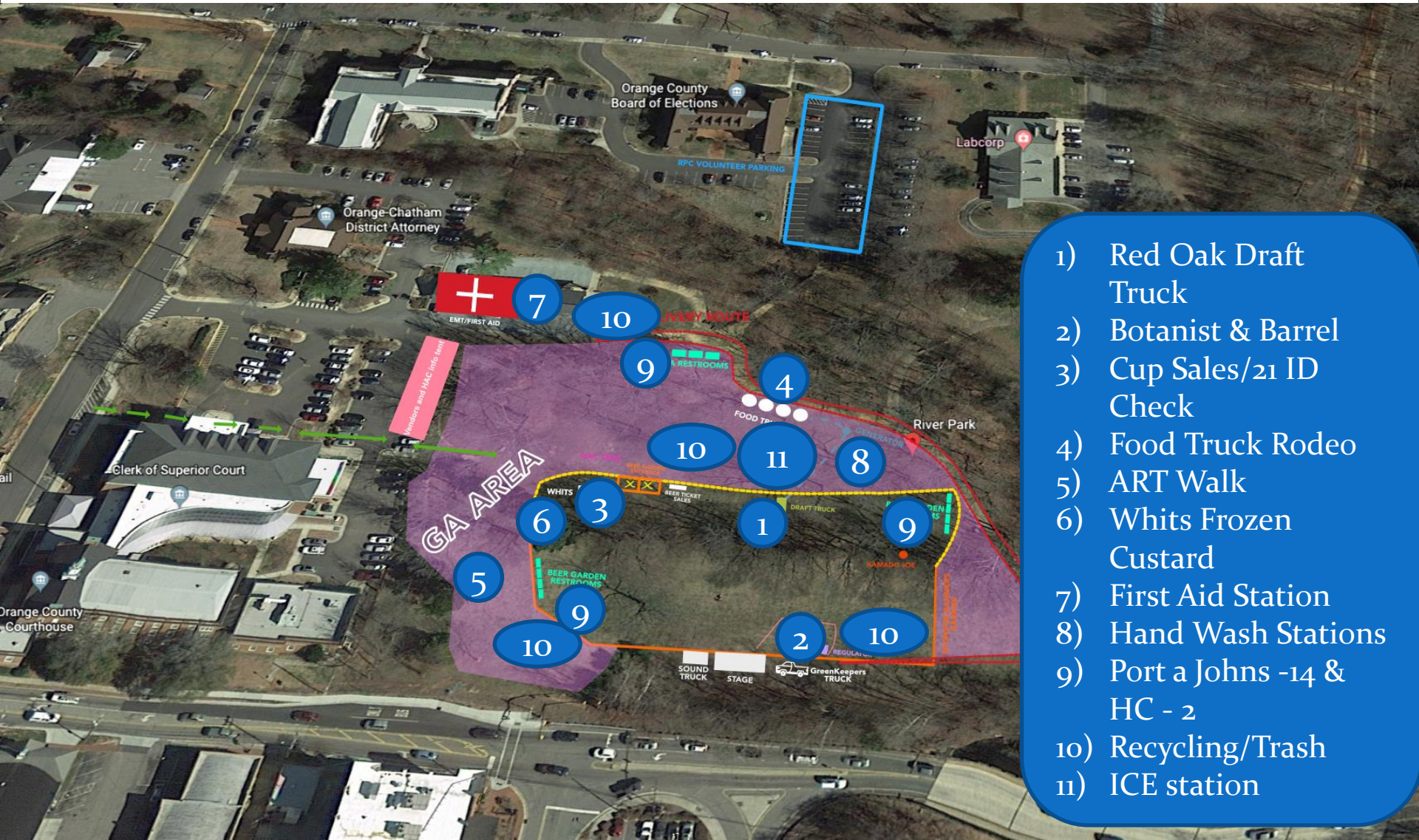
Forwarded to others for review/information:☒ OC Fire Marshal: _____☒ Hillsborough Police Department: _____☐ OC Sheriff's Department: _____☐ OC Fire Department: _____☒ Hillsborough Public Works: _____☐ Hillsborough Public Space Manager: _____☐ OC DEAPR (River Park): _____☐ OC AMS (Visitors Center, Library, Old or New Courthouse): _____☐ NCDOT (DOT Road Closures): _____☐ Hillsborough Finance (Food & Beverage Tax 1 Day): _____☒ Hillsborough Public Information Office: _____

River Park Concert 2019 Site MAP



RPC 2019
Site Map
DT Hillsborough,
NC

River Park Concert 2023 Site MAP





TRIAN-4

OP ID: MC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/17/2023

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 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 Lee-Moore Insurance Agency Inc P.O. Box 667 West End, NC 27376 Alex Maiolo		910-673-4771		CONTACT NAME: Alex Maiolo PHONE (A/C, No, Ext): 910-673-4771 FAX (A/C, No): E-MAIL ADDRESS:	
INSURED Triangle Music Alliance, LLC 111 1/2 N Churton St Hillsborough, NC 27278				INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
				NAIC # 10677	

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		00032067	04/28/2023	04/30/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
X	Liquor Liability	X		00032067	04/28/2023	04/30/2023	Each Occu \$ 1,000,000 G Aggrega \$ 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Orange County North Carolina PO Box 8181 Hillsborough, NC 27278	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 Alex Maiolo