TOWN OF SYLVA

Parks and Recreation Department 83 Allen Street Sylva, N.C. 28779

Phone: (828) 586-2719 Fax: (828) 586-8134 E-mail: townclerk@townofsylva.org

BRIDGE PARK PAVILION/OUTDOOR SPECIAL EVENT PERMIT APPLICATION

| EVENT Date May 17, 2025 | Today's Date <u>Feb. 14, 2025</u> |
|---|-----------------------------------|
| Name of Organization The Summit Church Phone#_ | 828-356-5545 |
| Primary Organizer Contact: | Tim |
| Name Jim Pressley/Hence Carbin Event Day Ph | one# <u>828-507-2152</u> |
| Name Jim Pressley/Rence Curbin Event Day Ph Address POBOX 603 SylvaNC 28779 / 89 | DokumsLane Sylvank 2077 |
| Email Address the Summitsylva @ gmail. com | |
| Primary Event Category: | |
| **Note** 60-Day Advance Notice is Required for Events that wil | I need a Road Closure!! |
| Assembly/Rally Race/Run/Walk Festival Concert Block Party Perform Educational Filming/Photography Other: | |
| Name of Event <u>Evening</u> on The Summit | |
| Mission/Purpose of Event <u>Church Dytreach</u> (determines if police presence will be required at the applicant's exp | |
| Event Time(s) Opening 6 AMPM - Closing 8. | :30 AMPM |
| Set-up Date(s) 5/17 Set-up Time(s) 5:00-6:00 Al | |
| Primary On-Site Contact Jim Pressley Mob | ile Phone# <u>828</u> 507-2152 |
| Describe Event Musical performance by To | he Summit Church band |
| List quantity of structures & equipment on-site (Ex. Tents; Stakes; | |
| One pop-up tent for information & M | erchandise distribution |
| | |

| Will streets/sidewalks need to be closed? | Yes No 🔏 |
|---|--|
| Will any vehicles/trailers be located in non-parking areas? | Yes No X_ |
| Are sales by private vendors being planned? | Yes X No IF YES, how many? 2-5 |
| Will tents or canopies be used at the event? | Yes 1 No |
| Will banners or signs be used outside the event area? | Yes No X |
| Does your event require electricity? | Yes <u>X</u> No |
| Will sound amplification be used? | Yes <u>X</u> No |
| Will there be any cooking with grease? | Yes No _X |
| Will private grills be in use for food preparation? | Yes No <u>X</u> |
| Will additional trash receptacles be used? | Yes No X |
| Will the event be publicized? | Yes X No |
| Do you want to request town approval to serve alcohol? | Yes X No |
| What type of alcohol do you intend to serve? <u>beer</u> (If YES, attach a copy of the permit holder's NC Off-Preminsurance coverage at a level of \$1,000,000, listing the Tow | ise license to sell alcohol and certificate of liability |
| **ALCOHOL USE IS STRICTLY PROHIBITED ON PROPER SYLVA** - ORDINANCE: ARTICLE I SEC 4-2 UNLESS APP | RTY OWNED OR OCCUPIED BY THE TOWN OF PROVED BY THE TOWN BOARD. DO NOT publicize |

your event until you have been granted approval.

INITIAL FOR ACKNOWLEDGEMENT_

If the date and/or location requested is not available, or if the requested location is not an appropriate site to conduct your proposed event, the department will contact you and an alternate location will suggested if available. Your confirmation will be in the form of a permit, issued to the organization and/or person responsible for planning the event. Do not publicize your event until preliminary approval has been confirmed by the Town of Sylva. The submission of an Outdoor Special Event Permit Application is NOT approval to hold an event.

Confetti is strictly prohibited.

| List of Fees: *NOTE: All fees Park Reservation Fees | must be paid before the reservation is approved. <u>Vendor Fees</u> |
|--|--|
| \$30.00 for two hours (Town Residents) | \$100 for up to 30 tent/table vendors |
| \$50.00 for two hours (non-Town Residents) | X \$75 for up to six food vendors. Please List: |
| χ \$50.00 for four hours (Town Residents) | TBD |
| \$75.00 for four hours (non-Town Residents) | |
| \$100.00 for eight hours (Town Residents) | * \$25 for each alcohol vendor, Qty:/ (maybe |
| \$125.00 for eight hours (non-Town Residents) | \$ 150 TOTAL for BOTH Columns |
| Everything that I have stated on this application is correct and agree to abide by the policies, rules, and regulations. revocable at any time at the absolute discretion of the Syname of Applicant The Summit Church | The permit, if granted, is not transferable and is /Iva Town Manager. |
| Signature Rence Corbin | (Renee Corbin) Date 2-14-2025 |
| Town Official Approval | Date |
| Official Use Only ☐ Certificate of Liability Insurance Coverage ☐ Copy of NC License to Sell Alcohol | Resolution Approval Date: |
| maximum of 6 can be staged there. All tow vehic | I lot as you face the stage, along Scott's Creek. A <u>cles must be disconnected and moved to a parking space,</u> icity may set up along Scott's Creek in the grass on the tage. A maximum of 4 can be staged there. |

<u>Parking</u>

- Vendor tents must be staked into the grass or weighted.
- No vendor tents may be staged in the right-paved parking lot as you face the stage without approval.
- Applicants who are expecting large crowds should consider providing a shuttle service as parking is limited.
- We recommend you avoid parking on Main and Mill Streets to allow merchant customers to park there.
- Public Parking Suggestions: Poteet Park, Mark Watson Park, Jackson County Library, Bicentennial Park (Keener Street) or request private lots by permission (Pinnacle Relief on Grindstaff Cove Road, First United Methodist Church on Jackson Street)

<u>Restrooms</u>: Public restrooms are available from dawn until dusk at Poteet Park or at the corner of Allen Street and Mill Street & Railroad Avenue. Depending on your crowd size, you may want to consider renting porta-potties. Please let Town Staff know if you intend to do that in order to coordinate the location.



4

17

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE 02/06/2025 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 ESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. RTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. Ti. 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). CONTACT NAME: Mike Yow (828) 586-8926 FAX (A/C, No): (828) 586-8929 Stanberry Insurance Agency, Inc. (A/C, No, Ext): E-MAIL 715 E. Main St certrequest@stanberry-ins.com ADDRESS: PO Box 577 INSURER(S) AFFORDING COVERAGE NAIC # Sylva NC 28779 Erie Insurance Company 26263 INSURER A: INSURED INSURER B: The Summit Church of Jackson County, Inc INSURER C : 486 Fairview Road INSURER D : INSURER E Svlva NC 28779 INSURER F 25-26 **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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE LIMITS POLICY NUMBER COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 CLAIMS-MADE | COCUR 10,000 MED EXP (Any one person) Υ Q61-0357372 02/09/2025 02/09/2026 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT 2,000,000 > POLICY PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) ANY AUTO BODILY INJURY (Per person) \$ OWNED SCHEDULED. BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY HIRED PROPERTY DAMAGE **AUTOS ONLY** (Per accident) \$ UMBRELLA LIAB OCCUR **EACH OCCURRENCE EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 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 Sylva is included as Additional Insured with respect to General Liability. **CERTIFICATE HOLDER** 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. Town of Sylva 83 Allen St **AUTHORIZED REPRESENTATIVE** Sylva NC 28779 anolyn Jordan



00225841CM - 999 Malt Beverage Special Event Macon

LLC Manager Managed

00225841DG

THIS CERTIFIES THAT Lazy Hiker LLC

Lazy Hiker Brewing Company

188 West Main Street

Franklin, NC 28734

IS AUTHORIZED BY THIS PERMIT TO

THIS PERMIT IS NOT TRANSFERABLE.

CONDUCT TASTINGS AND SALES AT MALT BEVERAGE SPECIAL EVENTS

on the above named premises as set forth in Chapter 18B of the General Statues and the related rules promulgated by the Alcoholic Beverage Control Commission. This permit is subject to revocation, suspension or annulment.

Chairman



00225841CM - 999 Brewery

Macon

LLC Manager Managed

00225841BM

THIS CERTIFIES THAT Lazy Hiker LLC

Lazy Hiker Brewing Company 188 West Main Street

Franklin, NC 28734

IS AUTHORIZED BY THIS PERMIT TO MANUFACTURE MALT BEVERAGES

THIS PERMIT IS NOT TRANSFERABLE.

on the above named premises as set forth in Chapter 18B of the General Statues and the related rules promulgated by the Alcoholic Beverage Control Commission. This permit is subject to revocation, suspension or annulment.



00225841CM - 999 Malt Beverage Wholesaler Macon LLC Manager Managed

00225841BW

THIS CERTIFIES THAT Lazy Hiker LLC

Lazy Hiker Brewing Company 188 West Main Street

Franklin, NC

IS AUTHORIZED BY THIS PERMIT TO

THIS PERMIT IS NOT TRANSFERABLE.

RECEIVE, TRANSPORT AND SELL AT WHOLESALE, APPROVED MALT BEVERAGE on the above named premises as set forth in Chapter 18B of the General Statues and the related rules promulgated by the Alcoholic Beverage Control Commission. This permit is subject to revocation, suspension or annulment.

Chairman

MLEDFORD

ACORD°

CERTIFICATE OF LIABILITY INSURANCE

1/6/2025

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).

| PROD | ouce ah l | :R nsura | nce Grou | | | o tne | ceru | ficate holder in fieu of su | CONTAC NAME: PHONE (A/C, No | , Ext): (828) 5 | | FAX (A/C, No):(| 828) (| 369-5917 |
|-------------|--------------|---------------------|--------------------------------------|--------------|---|--------------|----------------|---|--------------------------------------|----------------------------|----------------------------|--|----------|--------------------------|
| | | | 28744 | | | | | | E-MAIL ADDRES | SS: | | | | |
| | | | | | | | | | | | | RDING COVERAGE | | NAIC# |
| | | | | | *************************************** | | | | | | ers Mutual | Casualty Co | | 21415 |
| INSU | RED | | | | _ | | | | INSURE | | v-v. | | | |
| | | | Lazy Hike 188 West | | | | | | INSURE | | | | | |
| | | | Franklin, I | | | | | | INSURE | | | | | |
| | | | · | | | | | | INSURE | | | | | |
| CO | /FP | AGE | S | | CED | TIFIC | ·ΔTΕ | NUMBER: | INSURE | OC. | | REVISION NUMBER: | | 1 |
| TH | IIS I | IS TO | CERTIFY | THA | THE POLICIE | ES OF | INS | URANCE LISTED BELOW! | HAVE B | EEN ISSUED 1 | O THE INSU | RED NAMED ABOVE FOR T | HE PO | LICY PERIOD |
| CE | RTI | FICAT | E MAY BE | E ISS | UED OR MAY | PER' | TAIN, CIES. | ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE | DED BY | THE POLICI | ES DESCRIB PAID CLAIMS. | R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT TO | O ALL | WHICH THIS THE TERMS, |
| INSR LTR | | | TYPE OF IN | ISURA | NCE | ADDL INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | 3 | |
| Α | Х | COM | TERCIAL GE | NERAL | LIABILITY | | | | | | | | \$ | 1,000,000 |
| | | (| CLAIMS-MAD | E X | OCCUR | Х | | 6A34651 | | 6/17/2024 | 6/17/2025 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 1,000,000 |
| | | | | | | | | | | | | MED EXP (Any one person) | \$ | 10,000 |
| | | | | | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN | V'L AGG | REGATE LIN | | | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | | POLIC | | St [| LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 1,000,000 |
| Α | AUT | OTHE | R: ILE LIABILIT | Y | | | | | | | | COMBINED SINGLE LIMIT | \$ \$ | 1,000,000 |
| | Х | ANY A | | | | | | 6E34651 | | 6/17/2024 | 6/17/2025 | | \$ | |
| | | OWNE | D SONLY | 7 | SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | |
| | | | S ONLY | | NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | 1,,,,, | 0 0,12. | | | | | | | | | | \$ | |
| | | UMBF | ELLA LIAB | | OCCUR | | | | | | | EACH OCCURRENCE | \$ | |
| | | EXCE | SS LIAB | | CLAIMS-MADE | | | | | | | AGGREGATE | \$ | |
| | | DED | | NTION | \$ | | | | | | | L DED | \$ | |
| Α | WOF AND | RKERS | COMPENSAT DYERS' LIAB | ION ILITY | Y/N | | | 01104054 | | 014710004 | C/47/000F | PER OTH- STATUTE ER | | 500,000 |
| | ANY | PROPE | RIETOR/PART EMBER EXCL In NH) | NER/E | XECUTIVE | N/A | | 6H34651 | | 6/17/2024 | 6/17/2025 | E.L. EACH ACCIDENT | \$ | 500,000 500,000 |
| | (Mar | ndatory s. descr | in NH) ibe under | | | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 500,000 |
| | DÉS | CRIPTI | ON OF OPER | RATION | IS below | | | | | | | E,L. DISEASE - POLICY LIMIT | \$ | 300,000 |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| DESC | ימוםי | TION OF | ODEDATION | 10/11/2 | CATIONS I VELIC | LES // | COPT |) 101, Additional Remarks Schedu | ia may h | e attached if mor | e snace is requi | red) | | |
| DESC | JKIF I | IION OF | OPERATION | VO / LC | ORTIONAL VEHIC | LL3 (A | KOOKE | 7 TOT, Additional Remarks Schedu | ne, may b | e attached if mor | e space is requi | cu, | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| CEF | RTIF | ICAT | E HOLDE | ER_ | | | | | CANO | ELLATION | | | | |
| | | 1 | Town of S 83 Allen S Sylva, NC | treet | | | | | THE | EXPIRATION | N DATE TH | ESCRIBED POLICIES BE CA IEREOF, NOTICE WILL I CY PROVISIONS. | | |
| | | I | | Z011 | V | | | | AUTHO | RIZED REPRESE | NTATIVE | : | í | |



Innovation Brewing LLC 414-A West Main Street Innovation Brewing Sylva, NC 28779

ISSUED: 08/01/2024
COUNTY: Jackson
TYPE: LLC Member Managed

| | 08/01/2024 Brewery | 08/01/2024 Malt Beverage Wholesaler | 08/01/2024 Malt Beverage Special Event | |
|-----|----------------------|-------------------------------------|--|--|
| 100 | | | | |

FILE NUMBER:

00340279CM-999

WILLIAM HENRY BAUER, JR.

Pursuant to G.S. 18B-903, these permit(s) are valid only for the business listed at this address, are not transferable, and will automatically expire with an ownership change. See authorization(s) on the **back**.

CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) 05/08/2024 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS ERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES ELOW. 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(les) 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 CONTACT NAME: Vickie Oakes Stanberry Insurance Agency, Inc. PHONE (A/C, No, Ext): (828) 586-8926
E-MAIL ADDRESS: certrequest@stant FAX (A/C, No): (828) 586-8929 715 E. Main St certrequest@stanberry-ins.com PO Box 577 INSURER(S) AFFORDING COVERAGE Sylva NAIC # NC 28779 INSURER A: Erie Insurance Company 26263 INSURED INSURER B: Erie Insurance Exchange 26271 Innovation Brewing, LLC INSURER C: 414 W Main St INSURER D: INSURER E : Sviva NC 28779 INSURER F: COVERAGES CERTIFICATE NUMBER: 24-25 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. ADDL SUBR INSD WVD TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 1,000,000 5,000 MED EXP (Any one person) Υ Q61-0411008 05/02/2024 05/02/2025 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE POLICY PRO-JECT 2,000,000 PRODUCTS - COMP/OP AGG OTHER: Liquor Liability 1,000,000 \$ AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per person) OWNED AUTOS ONLY BODILY INJURY (Per accident) HIRED AUTOS ONLY PROPERTY DAMAGE (Per accident) UMBRELLA LIAB OCCUR \$ 2,000,000 В EXCESS LIAB EACH OCCURRENCE Q29-0270526 CLAIMS-MADE 05/02/2024 05/02/2025 2,000,000 AGGREGATE DED | RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ➤ PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Q88-1501644 500,000 04/15/2024 E.L. EACH ACCIDENT 04/15/2025 500,000 f yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE 500,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Event: Concerts on the Creek 05/24/24 - 08/30/24 Certificate holder is added as additional insured with respect to General Liability coverage CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN The Town of Sylva ACCORDANCE WITH THE POLICY PROVISIONS. 83 Allen Street **AUTHORIZED REPRESENTATIVE** Sviva NC 28779

CORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/15/2025

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| PRODUCER | | , | | NAME: | Grant DOW | ~~~~~~~~~~~~ | THAV | | |
|---|----------|--------------|---|-------------------|------------------------|-------------------------|---|-----------------|--------------------------|
| Insurance Service of Asheville P.O. Box 530 | | | | PHONE (A/C, No | Ext): 828-253 | 3-1668 | FAX (A/C, No); | 828-258 | 3-8164 |
| Asheville NC 28802 | | | | E-MAIL ADDRES | s: certificate | s@isa-avi.co | m | | |
| ,, | | | | | | | DING COVERAGE | | NAIC# |
| | | | | INSURF | | | nce Company | | 10677 |
| INSURED | | | BALSFAL-01 | | | | rance Company | | 19879 |
| Balsam Falls Brewing Company | | | | | | Madonai Insu | natice company | | 100/0 |
| 506 W Main Street | | | | INSURE | | | | | |
| Sylva NC 28779 | ` | | | INSURE | | | | | |
| | | | | INSURE | RE: | | | | |
| | | | | INSURE | RF: | | | | |
| | | | NUMBER: 1594900671 | | | | REVISION NUMBER: | | |
| THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RICCERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | QUIRE | MEN IN. T | IT, TERM OR CONDITION THE INSURANCE AFFORD | OF ANY ED BY | CONTRACT THE POLICIES | OR OTHER I DESCRIBEI | DOCUMENT WITH RESPEC | CT TO I | MHICH THIS |
| | ADDLS | | | BEEN | POLICY EFF | POLICY EXP | 1 1017 | <u> </u> | |
| INSR TYPE OF INSURANCE | INSD V | MVD | POLICY NUMBER | | | (MM/DD/YYYY) | LIMIT | | |
| A X COMMERCIAL GENERAL LIABILITY | Y | | ETD 0646715 | | 3/1/2024 | 3/1/2025 | EACH OCCURRENCE | \$ 1,000 | |
| CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500,0 | 00 |
| | | | | | | | MED EXP (Any one person) | \$ 5,000 | |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000 | ,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | - | | 1 | | | GENERAL AGGREGATE | \$ 2,000 | ,000 |
| X POLICY PRO- LOC | | } | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000 | ,000 |
| OTHER: | | - 1 | | | | | Liquor Liability | \$ 1,000 | ,000 |
| A AUTOMOBILE LIABILITY | | | ETD 0646715 | | 3/1/2024 | 3/1/2025 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000 | ,000 |
| ANY AUTO | | | L(B 0040710 | | 0,1,2021 | 0/ 1/222 | BODILY INJURY (Per person) | \$ | |
| OWNED SCHEDULED | | | | | | | BODILY INJURY (Per accident) | \$ | |
| AUTOS ONLY AUTOS | | | | | | | PROPERTY DAMAGE | \$ | |
| X HIRED X NON-OWNED AUTOS ONLY | | | | Ī | | | (Per accident) | | |
| | | | | | | | | \$ | |
| A X UMBRELLA LIAB X OCCUR | | 1 | ETD 0646715 | | 3/1/2024 | 3/1/2025 | EACH OCCURRENCE | \$ 1,000 | ,000 |
| EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$1,000 | ,000 |
| DED RETENTION \$ | | ĺ | | | | | | \$ | |
| B WORKERS COMPENSATION | | | SWC1481409 | | 3/1/2024 | 3/1/2025 | X PER OTH- | | |
| AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | | | | | : | | E.L. EACH ACCIDENT | \$ 500,0 | 00 |
| ANYPROPRIETOR/PARTNER/EXECUTIVE Y OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 500,0 | oò |
| If yes, describe under | | | | | | · | E.L. DISEASE - POLICY LIMIT | \$ 500,0 | |
| DÉSCRIPTION OF OPERATIONS below | \vdash | | | | | | L,L, DIOLAGE - I OLIGIT LIMIT | 4 00010 | |
| | | | | | | | | | |
| | | | | | | | | L | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC LLC Members Excluded From Workers Co Town of Sylva is Additional Insured with re | mpensa | ation | ı: Laurie Bryson & Corey | Bryson | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| CERTIFICATE HOLDER | | | | CANC | ELLATION | | | | |
| A DESCRIPTION OF STREET AND ADDRESS OF STREET | | | | T | | | ······································ | | |
| Town of Sylva | | | | THE | EXPIRATION | N DATE THE | ESCRIBED POLICIES BE C EREOF, NOTICE WILL I CYPROVISIONS. | ANCELI BE DE | LED BEFORE LIVERED IN |
| 83 Allen Street | | | | AUTHO | RIZED REPRESE | NTATIVE | | | |
| Sylva NC 28779 | | | | 1 | Dut? | | 工 | | |

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MLEDFORD

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

1/6/2025

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(les) 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

| | is certificate does not confer rights to | , the | cert | meate noider in lieu of su | CONTAC NAME: | T | | | | | |
|--------------|--|---------------------|------------------------|---|-------------------|---------------------------------------|--|--|--------------------|--------|---------------------------------------|
| Way | ah Insurance Group, Inc. | | | | PHONE (A/C, No | , Ext): (828) 5 | 24-4442 | | FAX (A/C, No): | (828) | 369-5917 |
| | Box 999 nklin, NC 28744 | | | | E-MAIL ADDRES | SS: | | |) , , , | | |
| | · | | | | | | URER(S) AFFOR | RDING COVERAGE | | | NAIC# |
| | | | | | INSURE | RA: Employ | ers Mutual | Casualty Co | | | 21415 |
| INSU | RED | | | | INSURE | RB: | | | | | |
| | Lazy Hiker LLC | | | | INSURE | RC: | | | | | |
| | 188 West Main Street | | | | INSURE | RD: | | | | | |
| | Franklin, NC 28734 | | | | INSURE | RE: | | | | | |
| | | | | | INSURE | RF: | | | | | |
| | | | | NUMBER: | | | | REVISION NUM | | | |
| IN C E | HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | EQUI PER POLI | REMI TAIN, CIES. | ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE | N OF A DED BY | NY CONTRAC THE POLICI EDUCED BY | CT OR OTHER ES DESCRIB PAID CLAIMS | R DOCUMENT WITED HEREIN IS S | TH RESPE | ECT TO | WHICH THIS |
| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMIT | s | |
| Α | X COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURREN | | \$ | 1,000,000 |
| | CLAIMS-MADE X OCCUR | Х | | 6A34651 | | 6/17/2024 | 6/17/2025 | DAMAGE TO RENT PREMISES (Ea occ | ⊢D ⊔rrence) | \$ | 1,000,000 |
| | | | | | | | | MED EXP (Any one | person) | \$ | 10,000 |
| | | | | | | | | PERSONAL & ADV | INJURY | \$ | 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | ı | GENERAL AGGRE | BATE | \$ | 2,000,000 |
| | POLICY PRO- LOC | | | | | | | PRODUCTS - COM | | \$ | 2,000,000 1,000,000 |
| _ | OTHER: | | | | | | | | | \$ | 1,000,000 |
| Α | AUTOMOBILE LIABILITY | | | 2524254 | | 014710004 | 0/47/0005 | COMBINED SINGLE (Ea accident) | | \$ | 1,000,000 |
| | X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS | , | | 6E34651 | | 6/17/2024 | 6/17/2025 | BODILY INJURY (P. | | \$ | |
| | | | | | | | | BODILY INJURY (P PROPERTY DAMAG (Per accident) | er accident) 3E | \$ | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | (Per accident) | | \$ | · · · · · · · · · · · · · · · · · · · |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURREN | | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | <u></u> | s | |
| | DED RETENTION\$ | | | | | | | ACCILEATE | | s | |
| Α | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | PER STATUTE | OTH- ER | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | | | 6H34651 | | 6/17/2024 | 6/17/2025 | E.L. EACH ACCIDE | NT | \$ | 500,000 |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. DISEASE - EA | EMPLOYEE | \$ | 500,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - PO | LICY LIMIT | \$ | 500,000 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | <u> </u> | | | | | | | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (| ACORI | O 101, Additional Remarks Sched | ule, may b | e attached if mo | re space is requi | red) | | | |
| | | | | | | | | | | | |
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| CE | RTIFICATE HOLDER | | | | CANO | ELLATION | | | | | |
| | | | | | | 411 D ANY C= | THE ABOVE S | SESCRIPED DOLL | nice pr o | A NOT! | I ED DEFORE |
| | Town of Sylva | | | | THE | EXPIRATIO | N DATE TH | DESCRIBED POLIC HEREOF, NOTIC CY PROVISIONS. | | | |
| | 83 Allen Street Sylva, NC 28779 | | | | | | | | | | |
| | Sylva, NG 20119 | | | | AUTHO | RIZED REPRESE | NTATIVE | - | | | |
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| L | | | | | T | / - | | ODD CODDOD | | | |

ACORD



Balsam Falls Brewing Company LLC Balsam Falls Brewing Company 506 West Main Street Sylva, NC 28779

09/13/2022 ISSUED:

Jackson LLC Manager Managed COUNTY: TYPE:

| PERMIT NUMBER | ORIGINALLY ISSUED | DESCRIPTION |
|---------------|-------------------|-----------------------------|
| 00256653BM | 09/24/2018 | Brewery |
| 00256653UW | 09/11/2022 | Unfortified Winery |
| 00256653BW | 09/24/2018 | Malt Beverage Wholesaler |
| 00256653WW | 09/11/2022 | Wine Wholesaler |
| 00256653WE | 09/11/2022 | Winery Special Event |
| 00256653DG | 09/24/2018 | Malt Beverage Special Event |
| | | |



FILE NUMBER:

00256653CM-999

Pursuant to G.S. 18B-903, these permit(s) are valid only for the business listed at this address, are not transferable, and will automatically expire with an ownership change. See authorization(s) on the **back**.



Chairman