

## 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](mailto:townclerk@townofsylva.org)

### BRIDGE PARK PAVILION/OUTDOOR SPECIAL EVENT PERMIT APPLICATION

EVENT Date May 17, 2025 Today's Date Feb. 14, 2025

Name of Organization The Summit Church Phone# 828-356-5545

Primary Organizer Contact:

Name Jim Pressley/Rence Corbin Event Day Phone# 828-507-2152 <sup>Jim</sup>

Address PO Box 603 Sylva, NC 28779 / 89 Oakwood Lane Sylva, NC 28779

Email Address thesummitsylva@gmail.com

Primary Event Category:

**\*\*Note\*\* 60-Day Advance Notice is Required for Events that will need a Road Closure!!**

☐ Assembly/Rally ☐ Race/Run/Walk ☐ Festival  
☒ Concert ☐ Block Party ☐ Performance  
☐ Educational ☐ Filming/Photography ☐ Other: \_\_\_\_\_

Name of Event Evening on The Summit

Mission/Purpose of Event Church Outreach Estimated # Attending \_\_\_\_\_  
(determines if police presence will be required at the applicant's expense)

Event Time(s) Opening 6 AM/PM - Closing 8:30 AM/PM

Set-up Date(s) 5/17 Set-up Time(s) 5:00-6:00 AM/PM -- 8:30-9:15 AM/PM

Primary On-Site Contact Jim Pressley Mobile Phone# 828 507-2152

Describe Event Musical performance by The Summit Church band

List quantity of structures & equipment on-site (Ex. Tents; Stakes; Generators; Inflatables, etc.)

One pop-up tent for information & merchandise distribution

Will streets/sidewalks need to be closed?

Yes \_\_\_ No X

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 X No \_\_\_

Will sound amplification be used?

Yes X No \_\_\_

Will there be any cooking with grease?

Yes \_\_\_ No X

Will private grills be in use for food preparation?

Yes \_\_\_ No X

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? beer

By Whom? Vendor TBD

(If YES, attach a copy of the permit holder's NC Off-Premise license to sell alcohol and certificate of liability insurance coverage at a level of \$1,000,000, listing the Town of Sylva for the day of the event.)

**\*\*ALCOHOL USE IS STRICTLY PROHIBITED ON PROPERTY OWNED OR OCCUPIED BY THE TOWN OF SYLVA\*\* - ORDINANCE: ARTICLE I SEC 4-2 UNLESS APPROVED BY THE TOWN BOARD. DO NOT publicize your event until you have been granted approval.**

INITIAL FOR ACKNOWLEDGEMENT [Signature]

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 must be paid before the reservation is approved.****Park Reservation Fees**

- ☐ \$30.00 for two hours (Town Residents)
- ☐ \$50.00 for two hours (non-Town Residents)
- ☒ \$50.00 for four hours (Town Residents)
- ☐ \$75.00 for four hours (non-Town Residents)
- ☐ \$100.00 for eight hours (Town Residents)
- ☐ \$125.00 for eight hours (non-Town Residents)

**Vendor Fees**

- ☐ \$100 for up to 30 tent/table vendors
- ☒ \$75 for up to six food vendors. Please List:

TBD

☒ \$25 for each alcohol vendor, Qty: 1 (maybe)

\$ 150 TOTAL for BOTH Columns

Everything that I have stated on this application is correct to the best of my knowledge. I have read, understand, and agree to abide by the policies, rules, and regulations. The permit, if granted, is not transferable and is revocable at any time at the absolute discretion of the Sylva Town Manager.

Name of Applicant The Summit Church (Renee Corbin)

Signature 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: \_\_\_\_\_

**Food Vendors - Limited to a Total of 6**

- **Available Electricity:** 2 50-amp connections, 2 30-amp connections, 4 double 120v receptacles.
- **Trucks/trailers:** must be parked in the left paved lot as you face the stage, along Scott's Creek. A maximum of 6 can be staged there. All tow vehicles must be disconnected and moved to a parking space.
- **Tent and cart food vendors** not requiring electricity may set up along Scott's Creek in the grass on the back side of the right paved lot as you face the stage. A maximum of 4 can be staged there.
- **All food vendors must have an active "Itinerant Merchant Permit"** with the Town of Sylva.

**Parking**

- 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)

**Restrooms:** 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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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).

<b>PRODUCER</b> Stanberry Insurance Agency, Inc. 715 E. Main St PO Box 577 Sylva NC 28779	<b>CONTACT NAME:</b> Mike Yow <b>PHONE (A/C, No, Ext):</b> (828) 586-8926 <b>FAX (A/C, No):</b> (828) 586-8929 <b>E-MAIL ADDRESS:</b> certrequest@stanberry-ins.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Erie Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> The Summit Church of Jackson County, Inc 486 Fairview Road Sylva NC 28779	<b>NAIC #</b> 26263

**COVERAGES****CERTIFICATE NUMBER:** 25-26**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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		Q61-0357372	02/09/2025	02/09/2026	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000						
	MED EXP (Any one person) \$ 10,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	<b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 \$						

**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**

Town of Sylva 83 Allen St Sylva NC 28779	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b> <b>AUTHORIZED REPRESENTATIVE</b> Carolyn Jordan
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**ABC**  
COMMISSION  
NORTH CAROLINA

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  
CONDUCT TASTINGS AND SALES AT MALT BEVERAGE SPECIAL EVENTS  
on the above named premises as set forth in Chapter 18B of the General Statutes and the related rules promulgated by the  
Alcoholic Beverage Control Commission. This permit is subject to revocation, suspension or annulment.

THIS PERMIT IS NOT TRANSFERABLE.

*James C. [Signature]*  
Chairman



**ABC**  
COMMISSION  
NORTH CAROLINA

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

THIS PERMIT IS NOT TRANSFERABLE.

*James C. [Signature]*  
Chairman



**ABC**  
COMMISSION  
NORTH CAROLINA

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 28734**

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

THIS PERMIT IS NOT TRANSFERABLE.

*James C. [Signature]*  
Chairman



LAZYHIK-01

MLEDFORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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.

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PRODUCER Wayah Insurance Group, Inc. PO Box 999 Franklin, NC 28744	CONTACT NAME:	
	PHONE (A/C, No, Ext): (828) 524-4442	FAX (A/C, No): (828) 369-5917
INSURED  Lazy Hiker LLC 188 West Main Street Franklin, NC 28734	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Employers Mutual Casualty Co	
	INSURER B :	
	INSURER C :	
INSURER D :		
INSURER E :		
INSURER F :		

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		6A34651	6/17/2024	6/17/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 LIQUOR LIABILIT \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" 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			6E34651	6/17/2024	6/17/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	6H34651	6/17/2024	6/17/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

## CERTIFICATE HOLDER

## CANCELLATION

Town of Sylva  
83 Allen Street  
Sylva, NC 28779

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



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

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

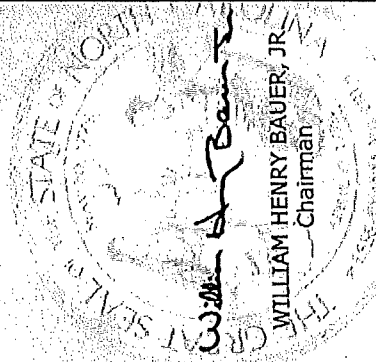
PERMIT NUMBER	ORIGINALLY ISSUED	DESCRIPTION
00340279BM	08/01/2024	Brewery
00340279BW	08/01/2024	Malt Beverage Wholesaler
00340279DG	08/01/2024	Malt Beverage Special Event



FILE NUMBER:

**00340279CM-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**.





# 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 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.

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PRODUCER Stanberry Insurance Agency, Inc. 715 E. Main St PO Box 577 Sylva NC 28779	CONTACT NAME: Vickie Oakes PHONE (A/C, No, Ext): (828) 586-8926 FAX (A/C, No): (828) 586-8929 E-MAIL ADDRESS: certrequest@stanberry-ins.com
INSURED Innovation Brewing, LLC 414 W Main St Sylva NC 28779	INSURER(S) AFFORDING COVERAGE INSURER A: Erie Insurance Company INSURER B: Erie Insurance Exchange INSURER C: INSURER D: INSURER E: INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 24-25

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		Q61-0411008	05/02/2024	05/02/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor Liability \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$			Q29-0270526	05/02/2024	05/02/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	Q88-1501644	04/15/2024	04/15/2025	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

The Town of Sylva  
83 Allen Street

Sylva

NC 28779

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

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# CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER Insurance Service of Asheville P.O. Box 530 Asheville NC 28802	CONTACT NAME: Grant Bowles
	PHONE (A/C, No, Ext): 828-253-1668 FAX (A/C, No): 828-258-8164
	E-MAIL ADDRESS: certificates@isa-avl.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: The Cincinnati Insurance Company
	INSURER B: Security National Insurance Company
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 1594900671

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	ADDITIONAL INSURED	SUBROGATION	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  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		ETD 0646715	3/1/2024	3/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor Liability \$ 1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ETD 0646715	3/1/2024	3/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ETD 0646715	3/1/2024	3/1/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	SWC1481409	3/1/2024	3/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
LLC Members Excluded From Workers Compensation: Laurie Bryson & Corey Bryson  
Town of Sylva is Additional Insured with respect to General Liability when required by contract or written agreement.

## CERTIFICATE HOLDER

## CANCELLATION

Town of Sylva 83 Allen Street Sylva NC 28779	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 

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LAZYHIK-01

MLEDFORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

PRODUCER Wayah Insurance Group, Inc. PO Box 999 Franklin, NC 28744	CONTACT NAME:	
	PHONE (A/C, No, Ext): (828) 524-4442	FAX (A/C, No): (828) 369-5917
INSURED  Lazy Hiker LLC 188 West Main Street Franklin, NC 28734	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Employers Mutual Casualty Co	
	NAIC # 21415	
	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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		6A34651	6/17/2024	6/17/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 LIQUOR LIABILITY \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			6E34651	6/17/2024	6/17/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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	6H34651	6/17/2024	6/17/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

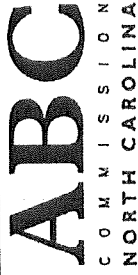
## CERTIFICATE HOLDER

## CANCELLATION

Town of Sylva  
83 Allen Street  
Sylva, NC 28779

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



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

ISSUED: 09/13/2022  
COUNTY: Jackson  
TYPE: LLC Manager Managed

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.

*William Henry Bauer, Jr.*

WILLIAM HENRY BAUER, JR.  
Chairman