

TOWN OF SYLVA

83 Allen Street
Sylva, N.C. 28779

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

OUTDOOR SPECIAL EVENT PERMIT APPLICATION
CONSUMPTION OF ALCOHOL

Today's Date 6/20/23

Name of Business Balsam Falls Brewing

NC alcohol license holder # 00256653CM-999

Primary Organizer Contact:

Name Laure Bryson

Phone# 828-226-1061

Address 506 W. Main Street Sylva NC 28779

Email Address laure@balsamfallsbrewing.com

Fax # _____

Primary Event Category:

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

Name of Event Concerts on the Creek

Date(s) of Actual Event 7/28, 8/4, 8/11, 8/25

Estimated Attendance _____ ***determines police presence at \$35/hr/officer***
minimum of 2 officers required

Event Time(s) Opening _____ AM/PM - Closing _____ AM/PM

Set-up Date(s) _____ Set-up Time(s) _____ AM/PM -- _____ AM/PM

Primary On-Site Contact Laure Bryson

Mobile Phone# 828-226-1061

Mission/Purpose of Event _____

Describe Event _____

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

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- Will streets/sidewalks need to be closed? Yes ___ No
- Will any vehicles/trailers be located in non-parking areas? Yes ___ No
- Are sales by private vendors being planned?
IF YES, how many? _____ Yes ___ No
- Will tents or canopies be used at the event? Yes No ___
- Will banners or signs be used outside the event area? Yes ___ No
- Does your event require electricity? Yes ___ No
- Will sound amplification be used? Yes ___ No
- Will there be any cooking with grease? Yes ___ No
- Will private grills be in use for food preparation? Yes ___ No
- Will additional trash receptacles be used? Yes ___ No
- Will the event be publicized? Yes ___ No
- Do you intend to serve alcohol? Yes ___ No
- Do you intend to sell the alcohol? Yes ___ No
(If yes, attach a copy of your NC license to sell alcohol)
- What type of alcohol do you intend to serve? Beer/Cider
(i.e. beer, unfortified wine, etc.)

A certificate of liability insurance coverage at a level of \$1,000,000 must be held by event organizer and must list the Town of Sylva for the day of the event. Please attach to this application a copy of certificate listing the Town of Sylva.

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 Town of Sylva 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 approval has been granted by the Town of Sylva Board of Commissioners. The submission of an Outdoor Special Event Permit Application—Alcohol Consumption is NOT approval to hold an event.**

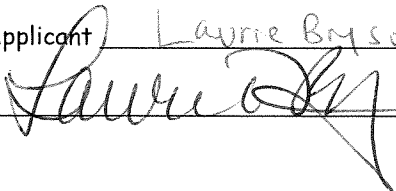
List of Fees:

*NOTE: All fees must be paid before reservation is approved.

- ___ \$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)
- ___ \$5.00 per vendor

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.

I also understand that I am responsible for scheduling with the Town of Sylva Police Department officers to be on duty during event, and that payment for officer presence is due at the time application is submitted.

Name of Applicant Lawrie Bryson
Signature  Date 6/20/23

Official Use Only: Officers Required _____ (\$35/hr/officer) Total Due _____ Certificate of Liability Insurance Coverage attached _____ Copy of NC license to sell alcohol attached _____ (if required) Resolution of Approval dated _____
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