

CK#1244
Pd. 7/31/24

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 7/29/2024

Name of Business Innovation Brewing Company

NC alcohol license holder # T00340279

Primary Organizer Contact:

Name Malia Parris

Phone# 828-474-8887

Address 414 W Main St, Sylva, NC 28779

Email Address manager@innovationbrewing.com

Fax # _____

Primary Event Category:

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

Name of Event Jackson County Farmers Market Fundraiser

Date(s) of Actual Event 9/7/24

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

Event Time(s) Opening 4PM AM/PM - Closing 7PM AM/PM

Set-up Date(s) 9/7/24 Set-up Time(s) 3PM AM/PM -- 7PM AM/PM

Primary On-Site Contact Malia Parris

Mobile Phone# 828-474-8887

Mission/Purpose of Event Fundraiser

Describe Event To raise funds for the Jackson County Farmers Market

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

Tent, tables, jockey box, coolers

- 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? 1
- Will tents or canopies be used at the event? Yes X No ___
- Will banners or signs be used outside the event area? Yes ___ No X
- Does your event require electricity? Yes ___ No X
- Will sound amplification be used? Yes ___ No X
- 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 intend to serve alcohol? Yes X No ___
- Do you intend to sell the alcohol? Yes X No ___
(If yes, attach a copy of your NC license to sell alcohol)
- What type of alcohol do you intend to serve? Beer, unfortified wine, 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 Malia Parris

Signature Malia Parris Date 7/29/24

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 _____