

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 8/14/24

Name of Business Uncomplicated Kitchen/Innovation Brewing

NC alcohol license holder # 00340279 BM/BW/D6

Primary Organizer Contact:

Name Jenna Kranz/Chelsea Borton

Phone# 386-795-2469/828-586-9678

Address 414 W. Main Street Sylva NC 28779

Email Address Jenna@uncomplicatedkitchen.org
Chelsea@innovationbrewing.com

Fax # _____

Primary Event Category:

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

Name of Event 4th Annual Croquet Tournament & Carnival

Date(s) of Actual Event 10/5/24

Estimated Attendance 150 is *determines police presence at \$35/hr/officer*
minimum of 2 officers required

Event Time(s) Opening 9 AM/PM - Closing 5 AM/PM

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

Primary On-Site Contact Jenna Kranz

Mobile Phone# 386-795-2469

Mission/Purpose of Event Fundraiser

Describe Event Croquet games, Carnival games

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

-
-
- 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? Yes No ___
IF YES, how many? 2
- 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
(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 _____

Signature _____ Date _____

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 _____

ABC

COMMISSION
NORTH CAROLINA

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.

William Henry Bauer, Jr.
WILLIAM HENRY BAUER, JR.
Chairman



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/06/2024

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.

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 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 Street Sylva NC 28779	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	Erie Insurance Exchange	26271
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

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	Y		Q401551969	04/15/2024	04/15/2025	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
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
	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) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			Q281570808	04/15/2024	04/15/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	DED RETENTION \$						
A	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	Q881501644	04/15/2024	04/15/2025	<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)

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 <i>Vickie Oakes</i>
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