

pd alcohol fee \$25 7/8/25

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 9/21/2025

Today's Date 5-27-25

Name of Organization N/A Phone# 828-460-2573

Primary Organizer Contact:

Name Heather Foster Event Day Phone# 828-460-2573

Address 83 Bull Frog Cove Road, Sylva, NC 28779

Email Address fosterheather1@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: Reception

Name of Event Wedding Reception

Mission/Purpose of Event Reception Estimated # Attending 100
(determines if police presence will be required at the applicant's expense)

Event Time(s) Opening 1:00 3:00 AM/PM - Closing 9:00 8:00 AM/PM

Set-up Date(s) 9-21-25 Set-up Time(s) 3:00 AM/PM -- 8:00 9:00 AM/PM

Primary On-Site Contact Heather Foster Mobile Phone# 828-460-2573

Describe Event Wedding Reception

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

Couple Tents w food underneath on tables

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? _____

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 ☒ *Private event*

Do you want to request town approval to serve alcohol? Yes ☒ No ☐

What type of alcohol do you intend to serve? Beer / Wine By Whom? N/A
 (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.)
Free to guest over 21 years of age

****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 JL

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:
- _____
- _____

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

\$125 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 Heather Foster

Signature Heather Foster

Date 5-27-25

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.



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)

6/16/2025

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		NAIC #
	INSURER A: Employers Mutual Casualty Co		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 OTHER:	X		6A34651	6/17/2025	6/17/2026	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
							LIQUOR LIABILITY	\$ 1,000,000
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident)	\$
							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						EACH OCCURRENCE	\$
	DED <input type="checkbox"/> RETENTION \$						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	6/17/2025	6/17/2026	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 is covered as add'l insured in reagrds to General Liability

CERTIFICATE HOLDER

CANCELLATION

Heather Foster 83 Bullfrog Cove Rd. 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



LAZYHIK-01

MLEDFORD

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	AUTHORIZED REPRESENTATIVE <i>Janice Sedford</i>