

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 6/28/25

Today's Date 6/5/25

Name of Organization SMHS Class of 2005 Phone# 828-399-9149

Primary Organizer Contact:

Name Emily Buchanan Event Day Phone# 828-399-9149

Address 250 Big Sky Drive Sylva, NC 28779

Email Address ebuchanan@jcpsmail.org

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: Class Reunion

Name of Event SMHS Class of 2005 20th Reunion

Mission/Purpose of Event 20th Year Class Reunion Estimated # Attending _____
(determines if police presence will be required at the applicant's expense)

Event Time(s) Opening 5:00 AM/PM PM - Closing 8:00 AM/PM PM

Set-up Date(s) 6/28/25 Set-up Time(s) 3:00 AM/PM PM -- 5:00 AM/PM PM

Primary On-Site Contact Emily Buchanan Mobile Phone# 828-399-9149

Describe Event 20th year class reunion. We plan on having food and a DJ.

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

Tables for food, DJ setup, people will bring their own chairs

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 ☒ ~~Partially~~

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 want to request town approval to serve alcohol?

Yes ☒ No ___

What type of alcohol do you intend to serve? Beer, wine, cider By Whom? Balsam Falls

(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

EB

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 Emily Buchanan

Signature Emily Buchanan

Date 6/5/25

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.



BALSAL-01

HWRIGHT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/5/2025

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 Chappell, Smith & Associates 1006 Meryllinger Court PO Box 681209 Franklin, TN 37067	CONTACT NAME: Hope Wright		
	PHONE (A/C, No, Ext): (615) 786-9442	FAX (A/C, No): (615) 435-8330	
	E-MAIL ADDRESS: hwright@chappellsmith.com		
INSURED Balsam Falls Brewing Company, LLC 506 W Main Street Sylva, NC 28779	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Harford Mutual Insurance Co.		14141
	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			MP11280118	3/1/2025	3/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MP11280118	3/1/2025	3/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 100,000 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 \$			CU112811610	3/1/2025	3/1/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
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	WC11281177	3/1/2025	3/1/2026	<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
A	Property			MP11280118	3/1/2025	3/1/2026	Ded \$1,000 900,000

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.
Chairman

North Carolina Alcoholic Beverage Control Commission

400 East Tryon Road, Raleigh, NC 27610 • p: (919) 779-0700 • f: (919) 662-3583 • <https://abc.nc.gov>

FILE NUMBER:

00256653CM-999

Permit Authorization

The named entity is authorized by this permit to

- MANUFACTURE MALT BEVERAGES
- MANUFACTURE UNFORTIFIED WINE
- RECEIVE, TRANSPORT AND SELL AT WHOLESALE, APPROVED MALT BEVERAGE
- RECEIVE, TRANSPORT AND SELL AT WHOLESALE, APPROVED UNFORTIFIED AND FORTIFIED WINE
- CONDUCT TASTINGS AND SALES AT WINERY SPECIAL EVENTS
- CONDUCT TASTINGS AND SALES AT MALT BEVERAGE SPECIAL EVENTS

on the 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 cancellation.

Permit Instructions

- If cancelling a single permit please notify the ABC Commission via the contact information above.
- If the business has closed please return this permit to the ABC Commission at the address above.
- KEEP THE OTHER SIDE OF THIS PERMIT PROMINENTLY POSTED AT ALL TIMES. THIS PERMIT WILL REPLACE ANY/ALL PREVIOUSLY ISSUED PERMITS.