

TOWN OF SYLVA

83 Allen Street, Sylva, N.C. 28779

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

This form is for sponsored events at Bridge Park Only. Other events with alcohol sales will require the "Consumption of Alcohol Outdoor Special Event" Application.

BRIDGE PARK PAVILION FOOD & ALCOHOL VENDOR PERMIT APPLICATION

Today's Date 1/7/26 Name of Organization or Business Balsam Falls Brewing Co

NC Sales Tax I.D. # 601109463 Tax Employee I.D. # (EID) 81-5218634

NC Alcohol License Holder # (if applicable) 254653 BN|UW/Bw|WW|NE|DG

**Please attach a copy of your alcohol license and certificate of liability insurance coverage for \$1,000,000 naming the Town of Sylva for the dates selected.

Primary Organizer Contact:

Name Brats Lawrie Bryson

Cell Phone# 828-226-1061 Email Address: Lawrie@balsamfallsbrewing.com

Address 506 W Main St, Sylva, NC 28779

Primary On-Site Contact:

Name Lawrie Bryson Cell Phone# 828-226-1061

Date(s) Requested:

May 22, 2026

June 26, 2026

July 31, 2026

May 29, 2026

July 3, 2026

August 7, 2026

June 5, 2026

July 4, 2026

August 14, 2026

June 12, 2026

July 10, 2026

August 21, 2026

June 19, 2026

July 17, 2026

August 28, 2026

July 24, 2026

September 4, 2026

Food OR Alcohol Type/Category: Brewery / Winery

Provide Menu: Beer, Wine, Cider, Seltzer

Vendor Fees: AFTER YOUR APPLICATION IS APPROVED, fees may be paid either by:
1) check to the "Town of Sylva" OR 2) cash at Town Hall OR 3) via our online payment portal at
<https://townofsylvanc.us/#/> (choose event from Type drop-down field). Fee schedule is below.

\$30.00 per concert for Concerts on the Creek
(25.00 if you have an active Sylva Itinerant Merchant Permit) \$30.00 per date for Alcohol Sales

\$85.00 for July 4th Food Vendor
(75.00 if you have an active Sylva Itinerant Merchant Permit) \$25.00 for Other Private
Bridge Park Events

\$55.00 for Snack Vendor for July 4th Festival
(50.00 if you have an active Sylva Itinerant Merchant Permit)

Note: Due to space, electricity, and size of the crowd, Concerts on the Creek is limited to one primary (meal) food truck per concert and a few snack vendors. July 4th is limited to four food trucks. Preference is given to Jackson County food vendors. Pepsi is an event sponsor therefore, Pepsi branded products are preferred.

Health Department Certification: All food vendors must be permitted by the Jackson County Health Department

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

Signature Laurie Bryson

Date 1/7/26

**Alcohol Sales Applications must be approved by Sylva Town Board at the Next Scheduled Meeting after receipt of application.

Official Use Only:

Town Official Approval _____ Date _____

Approved Location _____ Alcohol Resolution Approval Date _____

Certificate of Liability Insurance Coverage attached _____

Copy of NC license to sell alcohol attached _____ (if required)



CERTIFICATE OF LIABILITY INSURANCE

BALSFAL-01

HWRIGHT

DATE (MM/DD/YYYY)

1/19/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 Merylinger 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	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Firstline Insurance Co.	40100
	INSURER B: Harford Mutual Insurance Co.	14141
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGE

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MP11280118	3/1/2025	3/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ex occurrence) \$ 300,000 5,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ LIQUOR LIABILIT \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					
	OTHER:					
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS X HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		MP11280118	3/1/2025	3/1/2026	COMBINED SINGLE LIMIT (Ex accident) \$ 100,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		CU112811610	3/1/2025	3/1/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WC11281177	3/1/2025	3/1/2026	X PER STATUTE <input type="checkbox"/> OTH- ER <input type="checkbox"/> E.I. EACH ACCIDENT \$ 500,000 E.I. DISEASE - EA EMPLOYEE \$ 500,000 E.I. 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

TOWN OF SYLVA

83 Allen Street, Sylva, N.C. 28779

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

This form is for sponsored events at Bridge Park Only. Other events with alcohol sales will require the "Consumption of Alcohol Outdoor Special Event" Application.

BRIDGE PARK PAVILION FOOD & ALCOHOL VENDOR PERMIT APPLICATION

Today's Date 1/12/24. Name of Organization or Business Innovation Brewing

NC Sales Tax I.D. # 600929374 Tax Employee I.D. # (EID) 46-0582052

NC Alcohol License Holder # (if applicable) 0034D276AJ / Special event: 0034D279DG

**Please attach a copy of your alcohol license and certificate of liability insurance coverage for \$1,000,000 naming the Town of Sylva for the dates selected.

Primary Organizer Contact:

Name Chelsea Brinton

Cell Phone# (613) 215-3119 Email Address: chelsea@innovationbrewing nc.com

Address 414 W Main St, Sylva, NC, 28779

Primary On-Site Contact:

Name SAME AS ABOVE Cell Phone# SAME

Date(s) Requested:

<input checked="" type="checkbox"/> May 22, 2026	<input checked="" type="checkbox"/> June 26, 2026	<input checked="" type="checkbox"/> July 31, 2026
<input checked="" type="checkbox"/> May 29, 2026	<input checked="" type="checkbox"/> July 3, 2026	<input checked="" type="checkbox"/> August 7, 2026
<input checked="" type="checkbox"/> June 5, 2026	<input checked="" type="checkbox"/> July 4, 2026	<input checked="" type="checkbox"/> August 14, 2026
<input checked="" type="checkbox"/> June 12, 2026	<input checked="" type="checkbox"/> July 10, 2026	<input checked="" type="checkbox"/> August 21, 2026
<input checked="" type="checkbox"/> June 19, 2026	<input checked="" type="checkbox"/> July 17, 2026	<input checked="" type="checkbox"/> August 28, 2026
	<input checked="" type="checkbox"/> July 24, 2026	<input checked="" type="checkbox"/> September 4, 2026

Food OR Alcohol Type/Category: malt beverage

Provide Menu: rotating seasonal beverages
i.e. beer, Seltzer, N/A, etc.

Note: Due to utility limitations and event attendance, we are only able to accommodate a limited number of vendors. Space is limited.

Set-up:

Vendors must set-up/load in for events $1 \frac{1}{2}$ hours prior to the scheduled event start.

Serving Time(s) Opening 5:30 AM/PM - Closing 9:00 AM/PM

every Fri.

Set-up Date(s) 5/22-9/4 Set-up Time(s) 5:30 AM/PM - 9:00 AM/PM
+ JULY 4

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

10X10 tent, 6-foot table, jockey box

Will a pull trailer be used? Size _____ Yes No ✓

Will a mobile food truck be used? Size _____ Yes No ✓

Will a peddler-push cart or mobile food cart be used? Size _____ Yes No ✓

Will tents or canopies be used? Size 10X10 Yes ✓ No

Does your event require electricity? Yes No ✓

If yes, please check the appropriate boxes for electricity needed on the following pages.

*Note: Anyone requesting electricity is required to bring their own extension cords. In order to provide adequate electrical power, we must know all needs. Please list all electrical needs. Please see the attached photos and mark the appropriate plug. Generators are discouraged to allow for music.

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 be suggested if available. Your confirmation will be noted on the bottom of this permit and reissued 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 a Food Vendor Permit Application is NOT approval to hold an event.**

Applications are due by April 24th. The Town will review all applications in early May and divide the concert nights between the applicants. The Town will notify you of your approval by May 11th and sending you an invoice. Fees must be paid prior to vending.

Vendor Fees: AFTER YOUR APPLICATION IS APPROVED, fees may be paid either by:
1) check to the "Town of Sylva" OR 2) cash at Town Hall OR 3) via our online payment portal at
<https://townofsylvanc.us/#/> (choose event from Type drop-down field). Fee schedule is below.

\$30.00 per concert for Concerts on the Creek \$30.00 per date for Alcohol Sales
(25.00 if you have an active Sylva Itinerant Merchant Permit)

\$85.00 for July 4th Food Vendor \$25.00 for Other Private
(75.00 if you have an active Sylva Itinerant Merchant Permit) Bridge Park Events

\$55.00 for Snack Vendor for July 4th Festival
(50.00 if you have an active Sylva Itinerant Merchant Permit)

Note: Due to space, electricity, and size of the crowd, Concerts on the Creek is limited to one primary (meal) food truck per concert and a few snack vendors. July 4th is limited to four food trucks. Preference is given to Jackson County food vendors. Pepsi is an event sponsor therefore, Pepsi branded products are preferred.

Health Department Certification: All food vendors must be permitted by the Jackson County Health Department

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 Chelsea Brinton
Signature JBn Date 01/12/26

**Alcohol Sales Applications must be approved by Sylva Town Board at the Next Scheduled Meeting after receipt of application.

Official Use Only:

Town Official Approval _____ Date _____

Approved Location _____ Alcohol Resolution Approval Date _____

Certificate of Liability Insurance Coverage attached _____

Copy of NC license to sell alcohol attached _____ (if required)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/12/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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		CONTACT NAME: Vickie Oakes	
Stanberry Insurance Agency, Inc. 715 E. Main St PO Box 577 Sylva NC 28779		PHONE (828) 586-8926 (A/C, No, Ext): E-MAIL certrequest@stanberry-ins.com ADDRESS:	FAX (A/C, No): (828) 586-8929
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Erie Insurance Company	NAIC # 26263
		INSURER B: Erie Insurance Exchange	26271
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 25-26

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	ADD'L SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>	Y	Q61-0411008	05/02/2025	05/02/2026	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		
OTHER:	\$							
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS Hired AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			Q29-0270526	05/02/2025	05/02/2026	COMBINED SINGLE LIMIT (Ea accident)	\$
	BODILY INJURY (Per person)						\$	
	BODILY INJURY (Per accident)						\$	
	PROPERTY DAMAGE (Per accident)						\$	
							\$	
							\$	
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			04/15/2025	04/15/2026	EACH OCCURRENCE	\$ 2,000,000	
	AGGREGATE					\$ 2,000,000		
						\$		
	PER STATUTE					OTH-ER		
	E.L. EACH ACCIDENT					\$ 500,000		
	E.L. DISEASE - EA EMPLOYEE					\$ 500,000		
E.L. DISEASE - POLICY LIMIT	\$ 500,000							
A	Liquor Liability		Q61-0411008	05/02/2025	05/02/2026	Each Common Cause	\$1,000,000	
						Aggregate	\$2,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Town of Sylva is included as Additional Insured with respect to General Liability.

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>	

© 1988-2015 ACORD CORPORATION. All rights reserved.



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
00340276AJ	08/01/2024	Malt Beverage On Premises
00340276AL	08/01/2024	Unfortified Wine On Premises

Permit(s) must be registered by **April 30th** every year.

FILE NUMBER:

00340276AJ-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



TOWN OF SYLVA

83 Allen Street. Sylva, N.C. 28779

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

This form is for sponsored events at Bridge Park Only. Other events with alcohol sales will require the "Consumption of Alcohol Outdoor Special Event" Application.

BRIDGE PARK PAVILION FOOD & ALCOHOL VENDOR PERMIT APPLICATION

Today's Date 1/29/2026. Name of Organization or Business Lazy Hiker Brewing Co

NC Sales Tax I.D. # 600953526 Tax Employee I.D. # (EID) 46-4581354

NC Alcohol License Holder # (if applicable) 00225841DG

****Please attach a copy of your alcohol license and certificate of liability insurance coverage for \$1,000,000 naming the Town of Sylva for the dates selected.**

Primary Organizer Contact:

Name Graham Norris

Cell Phone# 828-421-2251. Email Address: graham@lazyhikerbrewing.com

Address 188 West Main Street, Franklin, NC 28734

Primary On-Site Contact:

Name Jesse Lloyd. Cell Phone# 704-517-5996

Date(s) Requested:

<input checked="" type="checkbox"/> May 22, 2026	<input checked="" type="checkbox"/> June 26, 2026	<input type="checkbox"/> July 31, 2026
<input type="checkbox"/> May 29, 2026	<input checked="" type="checkbox"/> July 3, 2026	<input checked="" type="checkbox"/> August 7, 2026
<input checked="" type="checkbox"/> June 5, 2026	<input checked="" type="checkbox"/> July 4, 2026	<input type="checkbox"/> August 14, 2026
<input type="checkbox"/> June 12, 2026	<input type="checkbox"/> July 10, 2026	<input checked="" type="checkbox"/> August 21, 2026
<input type="checkbox"/> June 19, 2026	<input checked="" type="checkbox"/> July 17, 2026	<input type="checkbox"/> August 28, 2026
	<input checked="" type="checkbox"/> July 24, 2026	<input checked="" type="checkbox"/> September 4, 2026

Food OR Alcohol Type/Category: Beer/Brewery

Provide Menu: _____

Vendor Fees: AFTER YOUR APPLICATION IS APPROVED, fees may be paid either by:

1) check to the "Town of Sylva" OR 2) cash at Town Hall OR 3) via our online payment portal at <https://townofsylvanc.us/#/> (choose event from Type drop-down field). Fee schedule is below.

\$30.00 per concert for Concerts on the Creek
(25.00 if you have an active Sylva Itinerant Merchant Permit)

\$30.00 per date for Alcohol Sales

\$85.00 for July 4th Food Vendor
(75.00 if you have an active Sylva Itinerant Merchant Permit)

\$25.00 for Other Private
Bridge Park Events

\$55.00 for Snack Vendor for July 4th Festival
(50.00 if you have an active Sylva Itinerant Merchant Permit)

Note: Due to space, electricity, and size of the crowd, Concerts on the Creek is limited to one primary (meal) food truck per concert and a few snack vendors. July 4th is limited to four food trucks. Preference is given to Jackson County food vendors. Pepsi is an event sponsor therefore, Pepsi branded products are preferred.

Health Department Certification: All food vendors must be permitted by the Jackson County Health Department

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 Graham Norris

Signature /Graham Norris/

Date 1/29/2026

**Alcohol Sales Applications must be approved by Sylva Town Board at the Next Scheduled Meeting after receipt of application.

Official Use Only:

Town Official Approval _____ Date _____

Approved Location _____, Alcohol Resolution Approval Date _____

Certificate of Liability Insurance Coverage attached _____

Copy of NC license to sell alcohol attached _____ (if required)



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.

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.

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.

Chairman



CERTIFICATE OF LIABILITY INSURANCE

LAZYHIK-01

MLEDFORD

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	
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: Employers Mutual Casualty Co			21415
INSURED Lazy Hiker LLC 188 West Main Street Franklin, NC 28734	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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	6A34651	6/17/2025	6/17/2026	EACH OCCURRENCE \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (EA occurrence) \$ 1,000,000	
	OTHER:					MED EXP (Any one person) \$ 10,000	
	AUTOMOBILE LIABILITY					PERSONAL & ADV INJURY \$ 1,000,000	
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					GENERAL AGGREGATE \$ 2,000,000	
	Hired AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					PRODUCTS - COMP/OP AGG \$ 2,000,000	
						LIQUOR LIABILIT \$ 1,000,000	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					COMBINED SINGLE LIMIT (EA accident) \$	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					BODILY INJURY (Per person) \$	
	DED RETENTION \$					BODILY INJURY (Per accident) \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	N/A	6H34651	6/17/2025	6/17/2026	PROPERTY DAMAGE (Per accident) \$	
	Y/N					PER STATUTE \$	OTHE-ER \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					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 covered as add'l insured in regards to General Liability coverage

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 <i>Janice Bedford</i>