

## TOWN OF SYLVA

83 Allen Street, Sylva, N.C. 28779

Phone: (828) 586-2719 Fax: (828) 586-8134 E-mail: [townclerk@townofsylva.org](mailto: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 BM | 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 Bats 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:

<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: 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://townofsyvanc.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 4<sup>th</sup> 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 4<sup>th</sup> 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 4<sup>th</sup> 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 Laurie Bryson

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)



BALSFAL-01

HWRIGHT

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/19/2026

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 Meryinger 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:	

INSURED  
  
Balsam Falls Brewing Company, LLC  
506 W Main Street  
Sylva, NC 28779

## 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"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> 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	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) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			CU112811610	3/1/2025	3/1/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	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"/> OTH-ER 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

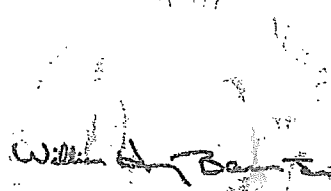
PERMIT NUMBER	ORIGINALLY ISSUED	DESCRIPTION
00256653BM	09/24/2018	Brewery
00256653UW	09/11/2022	Unfortified Winery
00256653BW	09/24/2018	Malt Beverage Wholesaler
00256653WW	09/11/2022	Wine Wholesaler
00256653WE	09/11/2022	Winery Special Event
00256653DG	09/24/2018	Malt Beverage Special Event



**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

## TOWN OF SYLVA

83 Allen Street, Sylva, N.C. 28779

Phone: (828) 586-2719 Fax: (828) 586-8134 E-mail: [townclerk@townofsylva.org](mailto: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 1/12/26 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) 00340276AJ / Special event: 00340279DG

**\*\*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# 913-215-3119 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:

☒ May 22, 2026  
☒ May 29, 2026  
☒ June 5, 2026  
☒ June 12, 2026  
☒ June 19, 2026

☒ June 26, 2026  
☒ July 3, 2026  
☒ July 4, 2026  
☒ July 10, 2026  
☒ July 17, 2026  
☒ July 24, 2026

☒ July 31, 2026  
☒ August 7, 2026  
☒ August 14, 2026  
☒ August 21, 2026  
☒ August 28, 2026  
☒ 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 ½ hours prior to the scheduled event start.

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

Set-up Date(s) <sup>every Fri.</sup> 5/22-9/4 Set-up Time(s) 5:30 AM/PM -- 9:00 AM/PM  
<sub>+ JULY 4</sub>

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 24<sup>th</sup>.** 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 11<sup>th</sup> 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  
(25.00 if you have an active Sylva Itinerant Merchant Permit)

\_\_\_ \$30.00 per date for Alcohol Sales

\_\_\_ \$85.00 for July 4<sup>th</sup> 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 4<sup>th</sup> 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 4<sup>th</sup> 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.

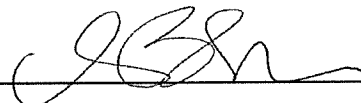
---

**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  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 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).

<b>PRODUCER</b> Stanberry Insurance Agency, Inc. 715 E. Main St PO Box 577 Sylva NC 28779	<b>CONTACT NAME:</b> Vickie Oakes <b>PHONE (A/C, No, Ext):</b> (828) 586-8926 <b>FAX (A/C, No):</b> (828) 586-8929 <b>E-MAIL ADDRESS:</b> certrequest@stanberry-ins.com
<b>INSURED</b> Innovation Brewing, LLC 414 W Main St Sylva NC 28779	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Erie Insurance Company <b>INSURER B:</b> Erie Insurance Exchange <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

## 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	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	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 \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			Q29-0270526	05/02/2025	05/02/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	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	Q88-1501644	04/15/2025	04/15/2026	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 
--	---

© 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](mailto: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://townofsylvavanc.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 4<sup>th</sup> 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 4<sup>th</sup> 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 4<sup>th</sup> 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.

*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
							COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
PROPERTY DAMAGE (Per accident) \$							
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
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	N/A	6H34651	6/17/2025	6/17/2026	PER STATUTE OTH-ER
							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 Sedford</i>