

**NON-REFUNDABLE APPLICATION FEE: \$25.00**

Complete the following application, provide an event layout, and return the documents to the Marketing and Special Events Supervisor for the Town of Garner, 900 7th Avenue, Garner, NC 27529. To be considered, applications must be submitted at least 90 days prior to the event date. There is a non-refundable \$25.00 processing fee due for all submissions. Class A - C events require proof of insurance. Read the Special Events Policy for additional requirements.

## DESCRIPTION

**Event Title** \_\_\_\_\_

**Description**  
(This should be promotional in nature)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Event Category:**     Athletic/Recreation     Concert/Performance     Wedding Ceremony/Reception  
  
 Exhibits     Parade     Race: Run/Walk     Festival/Celebration  
  
 Photography/Videography     Other (Specify)\_\_\_\_\_

**Anticipated Attendance**                      Total \_\_\_\_\_                      Per Day \_\_\_\_\_

**Anticipated # of Vehicles**                      Total \_\_\_\_\_                      Per Day \_\_\_\_\_

## DATE/TIME

<b>Setup</b>	Date _____	Time _____	Day of Week _____
<b>Event Starts</b>	Date _____	Time _____	Day of Week _____
<b>Event Ends</b>	Date _____	Time _____	Day of Week _____
<b>Dismantle</b>	Date _____	Time _____	Day of Week _____

## LOCATION

**Starting Location** \_\_\_\_\_

**Ending Location** \_\_\_\_\_

**Lake Benson Park**     #1 Shelter     #2 Shelter     #3 Shelter     #4 Shelter     Gazebo     Amphitheater  
  
 Trail     Earth Mound Stage     Other (Specify)\_\_\_\_\_

**White Deer Park**     Greenway     Front Lawn Adjacent to Aversboro Road     Nature Center Lawn  
  
 White Deer Loop Trail     Other (Specify)\_\_\_\_\_

**Other Park**    Name of Park: \_\_\_\_\_     Shelter \_\_\_\_\_     Other (Specify)\_\_\_\_\_

## CONTACT

Host Organization \_\_\_\_\_

Public Contact (Required) \_\_\_\_\_

Non-Public Contact

(Required for internal use  
only) \_\_\_\_\_

Applicant Name \_\_\_\_\_

Address

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Web Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone

Day \_\_\_\_\_

Evening \_\_\_\_\_

Fax \_\_\_\_\_

Cell \_\_\_\_\_

YES NO

Is this an annual event? If so, how many years have you been holding this event? \_\_\_\_\_

Is your event part of a larger marketing campaign (i.e. Relay for Life, Pony Tournament, etc.)?

If yes, please list \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SITE PLAN/ROUTE MAP

You must submit a site/route map with your application which includes but is not limited to:

- An outline of the event area including the names of all street or areas that are part of the event and surrounding area. If the event involves moving route of any kind, indicate the direction of travel and all street or lane closures.
- The location of fencing, barriers and/or barricades. Indicate any removable fencing for emergence access.
- The location of stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, canopies, portable toilets, booths, vendor areas, trash containers and dumpsters and other temporary structures.
- Generator locations and/or source of electricity.
- Placement of vehicles or trailers.
- Exit locations that are fenced.
- Other related event components not listed above.

## NARRATIVE

Please provide a narrative and timeline of your event. You may provide this information as an attachment if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ENTERTAINMENT AND RELATED ACTIVITIES

YES NO

Electricity Required?

Are there any musical entertainment features related to your event?

If yes, complete the following information or provide an attachment listing all bands/performers, type of music, sound check and performance schedule.

Number of Stages\_\_\_\_\_

Number of Performers/Bands\_\_\_\_\_

Performer/Band name and music type\_\_\_\_\_

Will sound amplification be used?

Please describe the electrical and sound equipment that will be used for your event\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will inflatables or similar devices be used at your event?

If yes, please describe\_\_\_\_\_

Will your event include the use of any signs, banners, decorations or special lighting?

If yes, please describe\_\_\_\_\_

Will there be an admission fee for the event? If so, what is the admission price(s)?\_\_\_\_\_

\_\_\_\_\_

Will there be tents and/or canopies used at your event?

## INSURANCE REQUIREMENTS

**\*Certificate of Liability Insurance naming the Town of Garner as additional insured for Class A - C events.**

**Name of Insurance Agency** \_\_\_\_\_

**Address** Street\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

**Telephone** Day\_\_\_\_\_ Evening\_\_\_\_\_ Fax\_\_\_\_\_ Cell\_\_\_\_\_

**Contact Name** \_\_\_\_\_

A certificate of liability insurance certificate with at least \$1,000,000 coverage per occurrence for bodily injury and property damage with an endorsement naming the Town of Garner, specifically and separately, as an additional insured under the policy is required for Class A - C events.

A certificate of insurance is to be provided to the town coordinator no less than 14 days prior to the scheduled event. If an event is approved, it will be approved pending receipt of the insurance certificate. See Special Events Special Events Policy for further information.

## FOOD CONCESSION

YES NO

Does your event include food concessions and/or preparation areas?

If yes, please describe how food will be served and/or prepared \_\_\_\_\_

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YES NO

Do you intend to cook food in the event area?

If yes, please specify method:

Gas

Electric

Charcoal

Other (specify) \_\_\_\_\_

## FOOD CONCESSIONAIRES

YES NO

Will items or services be sold at your event?

If yes, please describe or attach a complete list of vendors. \_\_\_\_\_

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YES NO

Will items or services be sold at your event present unique liability issues (e.g. animal rides, etc.?)

If yes, please describe or attach a complete list of vendors. \_\_\_\_\_

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## PORTABLE RESTROOMS

**\*Portable restrooms are required if more than 500 people will be at the event.**

YES NO

Do you plan to provide portable restroom facilities at your event?

If yes, total number of portable toilets \_\_\_\_\_

Name of licensed provider: \_\_\_\_\_ Phone: \_\_\_\_\_ Website: \_\_\_\_\_

## SANITATION AND RECYCLING

**YES NO**

Town to provide final clean-up? \*Additional fees apply.

If not, organizer will provide: Sanitation \_\_\_\_\_ Can Liners \_\_\_\_\_ Trash Haul Off \_\_\_\_\_ Other \_\_\_\_\_

Number of Trash Cans \_\_\_\_\_

Number of Dumpsters \_\_\_\_\_

(One for every increment 400 people)

Sanitation Company \_\_\_\_\_

Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Day \_\_\_\_\_ Evening \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Equipment Setup: Date \_\_\_\_\_ Time \_\_\_\_\_

Equipment Pickup: Date \_\_\_\_\_ Time \_\_\_\_\_

Please describe your plan for cleanup and removal of recyclable goods, waste and garbage during and after your event.

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## MARKETING AND PUBLIC RELATIONS

**YES NO**

Will this event be marketed, promoted or advertised in any manner?

If yes, please describe \_\_\_\_\_

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Will there be live media coverage during the event?

If yes, please describe \_\_\_\_\_

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## AFFIDAVIT OF APPLICANT

I have carefully read and will abide by the Special Events Support Policy of the Town of Garner and swear or attest that statements I made herein are true and correct to the best of my knowledge and belief.

***Signature is required before application is processed.***

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature