



Individuals and organizations interested in using Town of Garner parks for an event must be approved through the Special Event Permit Application process. Please complete the following application, provide an event layout, and pay the \$50 non-refundable application fee to have your event reviewed. Applications must be submitted at least 90 days in advance of requested event date to be considered.

CONTACT INFORMATION

Organization: _____

Applicant Name: _____ Date of Birth: _____

Applicant's Role with Organization: _____

Mailing Address: _____

Primary Phone Number: _____^{Street} Alternate Phone Number: _____^{City} _____^{State} _____^{Zip}

E-mail Address: _____

EVENT INFORMATION

Event Name: _____ Date(s): _____

Time In: _____ Time Out: _____ Advertised Event Timeframe: _____
(Include time for setup) (include time for cleanup)

Anticipated Attendance: _____ Anticipated Number of Cars: _____

Event Type: Concert/Performance Festival/Celebration Recreation/Athletic
 Wedding Ceremony/Reception Other (Specify): _____

Brief Description of Event: _____

Spaces(s) Requested:

Lake Benson Park

- Shelter 1 Shelter 1 Lawn Space Shelter 2 Shelter 2 Lawn Space Shelter 3
- Shelter 4 Shelter 4 Lawn Space Earth Stage Gazebo Amphitheater Trail

White Deer Park

- Holly Shelter Homestead Shelter Maple Shelter Pine Shelter Sweetgum Shelter
- Nature Center Classroom Deck Nature Center Lawn Meadow Lawn Trail

Other Location(s)

Space(s) Requested: _____

ENTERTAINMENT & VENDOR ACTIVITIES

Please indicate your requests for the following:

§ Electricity: Yes No

§ Musical Entertainment: Yes No If yes, please describe the following:

Number of Stages: _____ Number of Performers/Bands: _____

Sound Amplification: Yes No If yes, please describe equipment that will be used:

§ Inflatables: Yes No If yes, please describe equipment that will be used:

Note: Inflatables larger than 400 square feet may require additional permits.

§ Tents/Canopies: Yes No If yes, please describe equipment that will be used:

§ Signage/Decorations: Yes No If yes, please describe equipment that will be used:

§ Admission Fee: Yes No If yes, please describe fee structure:

§ Food Service: Yes No If yes, please describe how food will be prepared/served:

§ Concessions Sales: Yes No If yes, please describe food that will be sold and list any vendors:

§ Other: Yes No If yes, please describe any additional vendors, activities, fees, etc.:

LOGISTICAL SUPPORT

Please indicate your plans for the following:

§ Trash & Recycling: Describe your plan for collection and removal of trash and recycling during and after your event:

Sanitation Company Name (if applicable): _____

Contact Name: _____ Primary Phone Number: _____

Number of Dumpsters: _____ Number of Trash Cans: _____ Number of Recycling Bins: _____

Equipment Setup: Date: _____ Time: _____ Equipment Removal: Date: _____ Time: _____

§ Portable Restrooms: Yes No

Note: Portable restrooms are required for all events with anticipated attendance of 500 or more.

Name of Licensed Provider: _____

Primary Phone Number: _____ Number of Toilets: _____

§ Parking: Describe your plan for ingress, egress and parking for your event:

SITE PLAN/ROUTE MAP

Include a map detailing the following:

- ✓ Visual outline of the space(s) you are requesting, including any applicable street names. You may draw this by hand or use an existing image (e.g. Google Maps).
- ✓ Location of any stages, platforms, scaffolding, inflatables, canopies, tents, bleachers, grandstands, booths, vendor areas, vehicles, trailers, generators, portable toilets, dumpsters, trash containers and any other temporary structures.
- ✓ Location of any fencing, barriers and/or barricades. Indicate any removable fencing for emergence access as well as exit locations that are fenced.
- ✓ Your route if moving from one park to another, one road to another, etc. Indicate the direction of travel and any requested street or lane closures.

MARKETING & PUBLIC RELATIONS

Please describe how your event will be promoted:

INSURANCE REQUIREMENTS

Certificate of Liability Insurance naming the Town of Garner as additional insured for Class A-C events (see Special Events Support Policy for criteria for classes of special events):

The Town requires 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 additional insured. The certificate of insurance must be provided no less than 14 days prior to the event. See Special Events Support Policy for more information.

Insurance Agency Name: _____

Agency Representative Name: _____

Mailing Address: _____
Street City State Zip

Primary Phone Number: _____ Alternate Phone Number: _____

Fax Number: _____ E-mail Address: _____

PARK RULES

- Parks are open from dawn to dusk.
- Reservation is only valid for the facilities indicated (not playgrounds, restrooms or parking areas) during the timeframe indicated.
- Alcohol, smoking (within 50 feet of a permanent structure), drugs and weapons are prohibited.
- Drive and park vehicles in designated areas only.
- Do not nail or staple any items to shelter.
- Personal grills are prohibited with the exception of Lake Benson Park Shelter #1 (pig cookers only).
- Reserving group is responsible for clean-up after use.
- Remove all personal belongings before leaving shelter.
- Keep pets leashed at all times and dispose of pet waste in designated areas.

AFFIDAVIT OF APPLICANT

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

Signature: _____ Date: _____

Mail application, event layout and \$50 application fee (checks made payable to Town of Garner) to
Colleen Bockhahn, Recreation Program Manager, 900 Seventh Avenue, Garner, NC 27529;
email to whitedeerpark@garnernc.gov;
or drop off at White Deer Park Nature Center at 2400 Aversboro Road, Garner, NC 27529.