

Garner Parks, Recreation and Cultural Resources 900 Seventh Avenue, Garner, NC 27529 919.661.6982 Special Event Permit Application

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 \$25 non-refundable application fee to have your event reviewed.

Mail to Katie Lockhart, Outdoor Education and Parks Manager, 900 Seventh Avenue, Garner, NC 27529. (If dropping off, take to White Deer Park Nature Center at 2400 Aversboro Road, Garner, NC 27529.) 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:	City State Zip
	Alternate Phone Number:
E-mail Address:	
EVENT INFORMATION	
Event Name:	Date(s):
Time In: Time Out: (Include time for setup)	Advertised Event Timeframe:
Anticipated Attendance:	
Event Type: Concert/Performance Wedding Ceremony/Re	☐ Festival/Celebration ☐ Recreation/Athletic eception ☐ Other (Specify):
Brief Description of Event:	
Spaces(s) Requested:	
Lake Benson Park ☐ Shelter 1 ☐ Shelter 1 Lawn Space ☐ Shelter 4 ☐ Shelter 4 Lawn Space	 □ Shelter 2 □ Shelter 2 Lawn Space □ Shelter 3 □ Earth Stage □ Gazebo □ Amphitheater □ Trail
White Deer Park ☐ Holly Shelter ☐ Homestead Shelter ☐ Nature Center Classroom ☐ Deck	er □ Maple Shelter □ Pine Shelter □ Sweetgum Shelter □ Nature Center Lawn □ Meadow Lawn □ Trail
Other Location(s)	

ENTERTAINMENT & VENDOR ACTIVITIES

Please indicate your reques	sts for the fol	lowing:			
§ Electricity:	☐ Yes	□ No			
§ Musical Entertainment:	☐ Yes	□ No	If yes, please describe the following:		
Number of Stages:		Number o	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 tha	ın 400 square	feet may requ	ire 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 Rec	cycling Bins:	
Equipment Setup: Date:	Time:	_ Equipment F	Removal: Date:	Time:	
§ Portable Restrooms: Note: Portable restrooms are	☐ Yes ☐ required for all events		ed attendance of 50	oo or more.	
Name of Licensed Provider: _					
Primary Phone Number:		Number of To	oilets:		
§ Parking: Describe your plan	for ingress, egress and				
SITE PLAN/ROUTE MAP					
Include a map detailing the fo	llowing:				
any other temporary s ✓ Location of any fencin	existing image (e.g. Go , platforms, scaffolding vehicles, trailers, gener tructures. g, barriers and/or barrio ocations that are fence rom one park to anothe	oogle Maps). g, inflatables, rators, portab cades. Indicat d. er, one road to	canopies, tents, blea le toilets, dumpsters e any removable fer	achers, grandstands, s, trash containers and ncing for emergence	
MARKETING & PUBLIC RELA	ATIONS				
Please describe how your eve	nt 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:	City State Zip
Primary 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.
- \cdot 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:
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