



Small Town. Deep Roots.

# APPLICATION FOR SPECIAL EVENT

## I. General Event Information

EVENT NAME: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_ SECONDARY DATE: \_\_\_\_\_

EVENT LOCATION: \_\_\_\_\_

If this is a parade or road race event: Attach a full route description and map.

EVENT TIME: \_\_\_\_\_ SECONDARY TIME: \_\_\_\_\_

EVENT SET UP TIME: \_\_\_\_\_

EVENT DISMANTLE TIME: \_\_\_\_\_

ESTIMATED ATTENDANCE: \_\_\_\_\_

ESTIMATE BASED UPON: \_\_\_\_\_

CHILDREN PARTICIPATION: \_\_\_\_\_

### COMPREHENSIVE GENERAL LIABILITY INSURANCE COVERAGE REQUIREMENTS

Attach proof of insurance or applicable rider – Must be submitted 3 (three) days prior to event.

## II. Applicant and Sponsoring Organization Information

SPONSORING ORGANIZATION: \_\_\_\_\_

NON-PROFIT: YES: \_\_\_ NO: \_\_\_

IF YES: 501C (3): \_\_\_\_\_ 501C (6): \_\_\_\_\_ PLACE OF WORSHIP: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_



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ON-SITE CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### III. Brief Overall Event Description

PROVIDE AN OVERALL DESCRIPTION OF YOUR REQUESTED EVENT:

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

### IV. Street Closure Requests (Street Closure Map Must be Attached)

LIST ANY STREET(S) REQUIRING TEMPORARY STREET CLOSURES AS A RESULT OF THIS EVENT. INCLUDE STREET NAME(S) INDICATING BEGINNING AND ENDPOINT OF THE CLOSING, DATE, DAY OF THE WEEK, AND TIME OF CLOSURE AND RE-OPENING

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



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## V. Event Details

DOES THE EVENT INVOLVE THE SALE OF ALCOHOLIC BEVERAGES: YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, HAS THE PROPER ABC PERMIT BEEN OBTAINED: YES: \_\_\_\_\_ NO: \_\_\_\_\_

A GEOGRAPHIC AREA OF LOCATON OF ALCOHOL SALES MUST BE ATTACHED

DOES THE EVENT INVOLVE THE SALE OF FOOD: YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, HAS THE HEALTH DEPARTMENT BEEN NOTIFIED: YES: \_\_\_\_\_ NO: \_\_\_\_\_

HAVE THE CORRECT PERMITS BEEN OBTAINED: YES: \_\_\_\_\_ NO: \_\_\_\_\_

WILL THERE BE MUSICAL ENTERTAINMENT AT THE EVENT: YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, THE FOLLOWING INFORMATION MUST BE INCLUDED

NUMBER OF STAGES: \_\_\_\_\_ NUMBER OF BANDS: \_\_\_\_\_

LOCATION OF STAGES: \_\_\_\_\_

WILL AMPLIFICATION BE USED: YES: \_\_\_\_\_ NO: \_\_\_\_\_

\*\*\* IF AMPLIFICATION IS USED YOU WILL BE REQUIRED TO ESTABLISH COMPLIANCE WITH THE TOWN OF FOREST CITY NOISE ORDINANCE\*\*\*

DO YOU PLAN ON UTILIZING A TOWN OF FOREST CITY PROPERTY: YES: \_\_\_\_\_ NO: \_\_\_\_\_

WILL THERE BE ANY TENTS/CANOPIES AT THE EVENT SITE YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES – NUMBER OF TENTS: \_\_\_\_\_

WILL ANY TENTS EXCEED 400 SQUARE FEET IN AREA: YES: \_\_\_\_\_ NO: \_\_\_\_\_

DOES THE EVENT USE PYROTECHNICS: YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES – ARE THE PROPER PERMITS IN PLACE: YES: \_\_\_\_\_ NO: \_\_\_\_\_

DETAILS OF PYROTECHNICS:

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



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WILL THE EVENT REQUIRE ELECTRICAL HOOKUPS: YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES – NUMBER OF HOOKUPS \_\_\_\_\_

WILL THE EVENT REQUIRE ACCESS TO WATER TAPS: YES: \_\_\_\_\_ NO: \_\_\_\_\_

WILL THE EVENT COORDINATOR PROVIDE PORTABLE TOILETS FOR THE GENERAL PUBLIC IN ATTENDANCE YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES – NUMBER OF UNITS \_\_\_\_\_ LOCATION OF UNITS \_\_\_\_\_

WILL ADMISSION FEES BE CHARGED FOR ATTENDANCE YES: \_\_\_\_\_ NO: \_\_\_\_\_

WILL FEES BE CHARGED FOR VENDORS AT THE EVENT YES: \_\_\_\_\_ NO: \_\_\_\_\_

WILL SIGNS OR BANNERS BE DISPLAYED AS PART OF THE EVENT YES: \_\_\_\_\_ NO: \_\_\_\_\_

**VI. ADDITIONAL QUESTIONS**

HOW AND WHERE WILL PARKING FOR ATTENDEES BE PROVIDED

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Note: Parking and buildings involved may be inspected by Town of Forest City Code Enforcement for compliance with ADA regulations.

HOW WILL TRASH BE CONTAINED AND REMOVED DURING AND AFTER EVENT

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HOW WILL EVENT VOLUNTEER STAFF BE IDENTIFIED AS “EVENT STAFF”

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## APPLICATION FOR SPECIAL EVENT

HOW WILL EVENT STAFF BE TRAINED FOR THEIR ROLE IN THE EVENT

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### VII. Special Information for Applicants

- DO NOT ANNOUNCE, ADVERTISE, OR PROMOTE YOUR EVENT UNTIL YOU HAVE AN APPROVED AND SIGNED PERMIT
- YOU WILL BE REQUIRED TO NOTIFY PROPERTY OWNERS AFFECTED BY THE EVENT AT THE TIME A SPECIAL EVENT PERMIT IS ISSUED WITH A COPY OF ANY CORRESPONDENCE PROVIDED TO THE TOWN OF FOREST CITY
- **NO PERMANENT ALTERATIONS MAY BE MADE TO ANY PROPERTY OWNED BY THE TOWN OF FOREST CITY. THIS INCLUDES BUILDINGS, STREETS, OR FIXTURES.**
- THE APPLICANT SHALL BE RESPONSIBLE FOR HIRING AND PAYING OFF DUTY -LAW ENFORCEMENT OFFICERS OR FOREST CITY FIRE PERSONNEL OR REIMBURSING THE TOWN OF FOREST CITY THE COST OF PROVIDING SUCH SERVICES WITH ON-DUTY PERSONNEL, TO APPROPRIATELY PROVIDE PUBLIC SAFETY NEEDS.
- FOR FESTIVALS OR EVENTS, THE APPLICANT SHALL BE RESPONSIBLE FOR HIRING OR REIMBURSING THE TOWN OF FOREST CITY FOR PROVIDING CITY STAFF, INCLUDING BUT NOT LIMITED TO OFF-DUTY LAW ENFORCEMENT, EMERGENCY MEDICAL PERSONNEL, FIRE PERSONNEL, STREET DEPARTMENT PERSONNEL, OR PUBLIC WORKS STAFF.
- THE TOWN MANAGER, IN CONSULTATION WITH THE FOREST CITY POLICE DEPARTMENT AND THE FOREST CITY FIRE DEPARTMENT, SHALL DETERMINE THE NUMBER OF STAFF NEEDED TO APPROPRIATELY MONITOR STREET CLOSURES, INTERNAL SECURITY, FIRE SAFETY NEEDS, AND EMERGENCY MEDICAL TECHNICIANS NEEDED. ADDITIONALLY, WHEN THESE NEEDS SHALL COMMENCE AND END
- Town of Forest City Fee Schedule:
  - Event Forest City Police Officer – \$50.00 / hour
  - Event Forest City Fire Department (fire protection) – \$80.00 / hour (personnel)
    - \$175.00 / Hour (Apparatus Fee)
  - Event Forest City Fire Department (medical support) – \$40.00 / hour
    - \$100.00 / Hour (Apparatus Fee)
  - Event Forest City Street Department Support – \$40.00 / hour
- Rutherford County Traffic Control – Beadie Hollifield – 828-980-2125
  - Fees to be set by Rutherford County Traffic / Crime Control



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• **REQUEST FOR WAIVER OF FEES ASSOCIATED WITH SPECIAL EVENT**

○ **EVENT NAME:** \_\_\_\_\_

○ **WAIVER OF FEES JUSTIFICATION:**

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

**Special Event Permits must be submitted at least 60 days prior to the event (30 days for neighborhood street closings)**

**RETURN TO:**

- Forest City Police Department  
187 S. Church Street  
Forest City, North Carolina, 28043  
ATTN: Chris LeRoy – Chief of Police  
[chrisleroy@townofforestcity.com](mailto:chrisleroy@townofforestcity.com)  
Chris Weeks – Assistant Chief of Police  
[chrisweeks@townofforestcity.com](mailto:chrisweeks@townofforestcity.com)



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# APPLICATION FOR SPECIAL EVENT

A. \*\*\*\* FOR INTERNAL USE ONLY \*\*\*\*

APPLICATION RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

APPLICATION APPROVED DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

TOWN OF FOREST CITY FEE WAIVER: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE OF APPROVAL: \_\_\_\_\_

APPLICATION DENIED: \_\_\_\_\_

DENIED BY: \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_

B. TOTAL COST FOR POLICE: \_\_\_\_\_

TOTAL COST FOR FIRE: \_\_\_\_\_

TOTAL COST FOR STREET DEPT.: \_\_\_\_\_

TOTAL COST FOR FACILITY: MCNAIR FIELD: \_\_\_\_\_

POPS: \_\_\_\_\_

FARMERS MARKET: \_\_\_\_\_

TOTAL COST FOR EVENT: \_\_\_\_\_