



SPECIAL EVENT PERMIT APPLICATION

TOWN OF OAK ISLAND

I. EVENT INFORMATION

EVENT TITLE

BRIEF EVENT DESCRIPTION

PROPOSED DATE, TIME, & LOCATION

NEW APPLICATION _____ RETURNING APPLICANT _____

II. ORGANIZER INFORMATION

LIST NAME, ADDRESS AND TELEPHONE NUMBER OF ORGANIZATION

APPLICANT NAME AND TITLE

ORGANIZATION/BUSINESS:

MAILING ADDRESS:

PHONE NUMBER OF APPLICANT:

EMAIL ADDRESS OF APPLICANT:

III. PARTICIPANTS / SPECTATORS

WHAT IS THE ANTICIPATED AMOUNT OF PARTICIPANTS? _____

WHAT IS THE ANTICIPATED AMOUNT OF SPECTATORS? _____

IV. NON-PROFIT / FOR-PROFIT

IS THIS EVENT NON-PROFIT OR FOR-PROFIT?

CIRCLE ONE: NON-PROFIT FOR-PROFIT

V. CHARITABLE AGENCIES

IS THIS EVENT TO BENEFIT A CHARITY?

CIRCLE ONE: YES NO

CHARITABLE ORGANIZATION NAME: _____

VI. APPLICATION AUTHORIZATION

WRITTEN COMMUNICATION IS REQUIRED FROM THE ORGANIZATION(S) IN WHOSE NAME THE EVENT WILL BE ADVERTISED WHICH AUTHORIZES YOU, THE APPLICANT, TO APPLY FOR THE SPECIAL EVENTS PERMIT ON THE ORGANIZATION(S) BEHALF.

ORGANIZATION WHOSE NAME THE EVENT WILL BE ADVERTISED:

VII. AUTHORIZED APPLICANT INFORMATION

PRINTED NAME OF AUTHORIZED APPLICANT:

PHONE: _____

WILL THIS PERSON HAVE THE AUTHORITY TO MAKE EXECUTIVE DECISIONS REGARDING THIS EVENT?

YES _____ NO _____

OTHER INDIVIDUALS AUTHORIZED TO MAKE EXECUTIVE DECISIONS:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

VIII. EVENT OPERATIONS

A. HOURS OF OPERATION: _____ A.M. TO _____ P.M.

SET UP TO BEGIN: _____ A.M/P.M. DATE: _____

DISMANTLE TO BEGIN: _____ A.M/P.M. DATE: _____

B. PLEASE LIST AN ALTERNATIVE DATE, TIME AND LOCATION IN THE EVENT THE ORIGINAL REQUEST IS UNAVAILABLE.

C. WILL YOU REQUIRE ROADS TO BE TEMPORARILY CLOSED FOR YOUR EVENT? YES OR NO (CIRCLE ONE) IF YES, PLEASE DESCRIBE

D. IF THE EVENT OCCURS IN THE EVENING/NIGHT, HOW WILL YOU PROVIDE PROPER LIGHTING?

E. PLEASE DESCRIBE IN DETAIL YOUR ELECTRICAL SOURCE:

F. WILL YOU BE ERECTING ANY STRUCTURES? (TENTS, BLOW-UPS, ETC)? A PERMIT FROM THE FIRE AND/OR PERMITTING DEPARTMENT MAY BE REQUIRED. PLEASE DESCRIBE:

G. PLEASE INDICATE HOW YOU INTEND TO CONTROL VEHICLE PARKING DURING THIS EVENT.

H. WILL YOU NEED RESTROOMS/PORT-A-JOHNS FOR YOUR EVENT?

VENDOR/BUSINESS NAME: _____

NAME: _____ PHONE: _____

I. WILL YOU BE BRINGING IN TRASH RECEPTICLES?

VENDOR/BUSINESS NAME: _____

NAME: _____ PHONE: _____

IX. FOOD AND BEVERAGE

WILL ALCOHOLIC BEVERAGES BE SERVED?

CIRCLE ONE: YES NO

A. IF YES, PLEASE DESCRIBE IN DETAIL WHAT SYSTEM WILL BE USED TO ENSURE THOSE CONSUMING ALCOHOLIC BEVERAGES ARE OF THE LEGAL AGE:

B. IF YES, PLEASE DESCRIBE IN DETAIL WHEN, WHERE AND BY WHOM THE ALCOHOLIC BEVERAGES WILL BE SERVED:

C. IF ALCOHOL IS BEING SERVED A COPY OF THE APPROVED ABC PERMIT MUST BE SUBMITTED. *ALCOHOL MAY NOT BE SERVED WITHOUT A PERMIT. WITHOUT A COPY ON FILE THIS PERMIT WILL BE NULL & VOID.*

D. WILL YOU HAVE FOOD AND BEVERAGE VENDORS?

CIRCLE ONE: YES NO

E. IF YES, PLEASE DESCRIBE THE TYPE OF FOOD, BEVERAGE AND SANITATION MEASURES, FOOD HANDLING PROCEDURES AND THE NATURE OF THE FOOD (SUCH AS PRE-PACKAGED FOODS, HOT DOGS, PRE-MIXED SODAS/DRINKS, UNPEELED FRUIT, RAW MEATS, VEGTABLES, ETC.) THAT YOU ANTICIPATE TO PROVIDE DURING THIS EVENT:

NOTE THAT THE BRUNSWICK COUNTY HEALTH DEPARTMENT MAY REQUIRE A PERMIT AND THE TOWN MAY REQUEST A COPY OF SAID PERMIT

F. WILL YOU HAVE MERCHANDISE VENDORS?

CIRCLE ONE: YES NO

G. PLEASE PROVIDE THE ANTICIPATED VENDORS (FOOD, BEVERAGE & MERCHANDISE) THAT WILL BE SERVING AT THIS EVENT.

VENDOR/BUSINESS NAME:

NAME: _____ PHONE: _____

VENDOR/BUSINESS NAME:

NAME: _____ PHONE: _____

VENDOR/BUSINESS NAME:

NAME: _____ PHONE: _____

VENDOR/BUSINESS NAME:

NAME: _____ PHONE: _____

X. ENTERTAINMENT

WILL ENTERTAINMENT BE INCLUDED IN THE EVENT?

A. PLEASE LIST THE FORM OF ENTERTAINMENT YOU WILL BE PROVIDING INCLUDING HOURS OF SAID ENTERTAINMENT (BAND, D.J., ANIMALS, MUSIC, DANCE, ETC.):

B. PLEASE DESCRIBE ANY OTHER ACTIVITIES THAT WILL BE HELD AT YOUR EVENT. A BUSINESS LICENSE MAY BE REQUIRED FOR SAID ACTIVITIES.

XI. SECURITY AND SAFETY

POLICE

A. WILL YOU REQUIRE POLICE PRESENCE DURING YOUR EVENT? *SEE FEE SCHEDULE FOR COSTS*

CIRCLE ONE: YES NO

B. IF YES, PLEASE DESCRIBE IN WHAT CAPACITY. (TRAFFIC CONTROL, CROWD CONTROL, PARKING, ECT.)

C. WILL YOU REQUIRE ANY TOWN EQUIPMENT DURING YOUR EVENT? (BARRICADES, CONES, SIGNS, ECT.)

CIRCLE ONE: YES NO

PLEASE DESCRIBE:

FIRE

D. WILL YOU REQUIRE THE FIRE DEPARTMENT'S PRESENCE DURING YOUR EVENT? *SEE FEE SCHEDULE FOR ASSOCIATED COSTS*

CIRCLE ONE: YES NO

IF YES, PLEASE DESCRIBE IN WHAT CAPACITY.

E. PLEASE DESCRIBE WHICH AGENCY WILL ADMINISTER FIRST AID AND/OR MEDICAL ASSISTANCE IN THE EVENT OF AN EMERGENCY.

(THE TOWN OF OAK ISLAND NO LONGER PROVIDES MEDICAL SERVICES FOR SPECIAL EVENTS)

AGENCY: _____

CONTACT NAME: _____

PHONE: _____

XII. ORGANIZERS/PRINCIPALS

PLEASE INDICATE BELOW, IF ANY, PROFESSIONAL EVENT ORGANIZERS, SPONSORS (COMMERCIAL/OTHER), EVENT PROMOTERS, FINANCIAL UNDERWRITERS, ECT.

PLEASE BE PREPARED TO DISCUSS THIS SECTION IF NEEDED

ORGANIZATION: _____

NAME: _____

PHONE: _____ **EMAIL:** _____

ORGANIZATION: _____

NAME: _____

PHONE: _____ **EMAIL:** _____

ORGANIZATION: _____

NAME: _____

PHONE: _____ **EMAIL:** _____

ORGANIZATION: _____

NAME: _____

PHONE: _____ **EMAIL:** _____

ORGANIZATION: _____

NAME: _____

PHONE: _____ **EMAIL:** _____

XIII. REQUIREMENTS

THE TOWN OF OAK ISLAND REQUIRES THE FOLLOWING INFORMATION PRIOR TO THE APPROVAL OF SPECIAL EVENT PERMITS.

A. INSURANCE

ATTACH TO THIS APPLICATION EITHER AN INSURANCE POLICY OR A CERTIFICATE OF INSURANCE INDICATING THE POLICY NUMBER, AMOUNT AND PROVISION THAT THE TOWN IS INCLUDED AS AN ADDITIONAL INSURED. (INSURANCE REQUIREMENTS DEPEND UPON THE RISK LEVEL OF THE EVENT)

B. LOCATION MAP

PLEASE INCLUDE AND CHECK OFF THE FOLLOWING WHEN PROVIDING THE LOCATION MAP IF THEY APPLY TO YOUR EVENT:

- ROUTE: DIRECTIONS OF THE ROUTE.
BEGINNING/STARTING POINT, THE ACTUAL ROUTE, AND THE END/FINISH POINT
- ROUTE: REQUESTED POLICE ASSISTANCE
CONTINGENT ON SUGGESTIONS FROM THE POLICE DEPARTMENT
- ROAD CLOSURES: INDICATE WHAT ROADS WILL CLOSED
CONTINGENT ON SUGGESTIONS FROM THE POLICE DEPARTMENT
- PARKING: INDICATE WHERE VEHICLES ARE TO PARK
CONTINGENT ON SUGGESTIONS FROM THE POLICE DEPARTMENT
- ENTERTAINMENT: INDICATE WHERE THE ENTERTAINMENT WILL TAKE PLACE
STAGE LOCATIONS, D.J., DANCE FLOORS, ANIMALS, ETC.
- VENDORS: INDICATE WHERE THE VENDORS WILL BE LOCATED
FOOD, BEVERAGE & MERCHANDISE VENDORS ONLY
- ALCOHOLIC BEVERAGES: INDICATE WHERE THE ALCOHOL VENDERS WILL BE LOCATED
LOCATION OF ID CHECKS WILL NEED TO BE INDICATED AS WELL
- RESTROOMS: INDICATE WHERE THE RESTROOMS WILL BE LOCATED DURING THE EVENT
CONTINGENT ON SUGGESTIONS FROM THE RECREATION DEPARTMENT
- STRUCTURES: INDICATE WHERE/WHAT STRUCTURES WILL BE ERRECTED FOR THE EVENT
CONTINGENT ON SUGGESTIONS FROM THE PERMITTING DEPARTMENT
- EMERGENCY TENT: INDICATE WHERE FIRST AIDE WILL BE AVAILABLE
PREFERED AREA FOR AMBULANCES AND MEDICAL PERSONNEL

C. SANITATION

PLEASE INDICATE BELOW YOUR PLAN FOR THE APPROPRIATE CLEAN UP OF THE EVENT. INCLUDE THE NUMBER, TYPE AND LOCATION OF THE TRASH RECEPTICLES THAT YOU WILL BE USING.

D. PAYMENT

A FEE OF \$250 WILL NEED TO BE PAID UPON SUBMITTAL OF APPLICATION.

