



Application for Special Events Permit

Revised August 2008

Application for this permit should be made at least 60 days prior to your special event.
Residential Street closure requests should be made using the Request for Neighborhood Street Closing form.

I. General Information

Type of Event: (please check all that apply)

Parade Run/Walk Block Party

Other (explain): _____

ALL Parades, Runs, and Walks must complete the Parade Route Description Form.

A map of your route may also be required.

Event Name: _____

Event Date (s): _____

Inclement Weather/Rain Date(s): _____

(Note: If event is more than three (3) days in duration, and not in the public right-of-way, you will also need a temporary event permit. Contact the Planning Department, 373-2144, for more information.)

Event Location: _____

Event Hours (start/end): _____

Set-Up: Date: _____ Time (start/end): _____

Dismantle Time (start/end): _____

Will this event require street closures? Yes No (If YES, please complete Section V of this application)

Estimated Daily Attendance: _____

Basis on which this estimate is made: _____

Please attach proof of insurance or applicable rider - Comprehensive General Public Liability Insurance required: \$1, 000,000 per person per occurrence with a \$2,000,000 aggregate.

II. Applicant and Sponsoring Organization Information

Sponsoring Organization Name: _____

Are you a non-profit? Yes No If yes, are you: 501c (3) 501c (6) Place of worship

Applicant Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Fax: _____

Email: _____

Day of Event Contact:

Please provide the following information for a contact person who will be on-site the day of your event.

Name: _____ Title: _____

Cell Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

III. **Description of Event** (Please briefly describe the event.)

IV. **Event Details**

- Yes No Does the event involve the sale or use of alcoholic beverages?
If YES, has the ABC permit been obtained? Yes No
A copy of the ABC permit may be required.
- Yes No Does the event involve the sale of food?
If "YES" has the health department been notified? Yes No
If "YES", have you applied for a business license? Yes No
- Yes No Does the event involve the sale of non-food items?
If "YES", have you applied for a privilege license? Yes No
- Yes No Will there be musical entertainment at your event?
If "YES", please provide the following information:
Number of stages: _____ Number of Bands: _____
Amplification? Yes No Note: If amplification is used, you may be required to perform a pre-event test for compliance with the City of Greensboro noise ordinance.
- Yes No Do you plan to use an existing **occupied building**?
If "YES", address: _____
- Yes No Do you plan to use an existing **vacant building**?
If "YES", address: _____
- Yes No Will there be any **tents or canopies** in the proposed event site?
If "YES", please provide the following information:
Approximate Number of tents: _____
Will any tent exceed 400 sq feet in area? Yes No
Note: Tent permits will be required from Building Inspections Department.
- Yes No Does the event involve the use of **pyrotechnics**?
If "YES", explain: _____
Note: A Guilford County Pyrotechnic permit is required.
- Yes No Will you provide **portable toilets** for the general public?
If "YES", how many? _____
- Yes No Will you require **access to water** for the event?
If "YES", explain: _____
Note: Charges for water hooks-up and services will be applicable.
- Yes No Will you require **electrical hookups** for this event?
- Yes No Will you be using **generators** for this event?
- Yes No Will **admission fees** be charged to attend this event?
If "YES", provide the cost(s) of all tickets: _____
- Yes No Will **fees be charged to vendors** to participate in this event?
If "YES", please provide the average amount: _____
- Yes No Will **signs and/or banners** be displayed as part of this event?
If "YES": Have you applied for a sign permit? Yes No
Have you notified the Fire Department? Yes No
- Yes No Will **inflatable parade balloons** be used for this event?
If "YES" provide details: _____

What methods will be used for trash containment during and after the event and who will provide the services to discard the collected trash after the event? _____

Note: Please see Special Information and Conditions for Recycling requirements.

How many trash cans will be made available? _____

How will parking be accommodated for this event? _____

Notes: Parking and buildings may be examined for ADA compliance. You may be required to provide a shuttle if the event places undue demands on surrounding parking areas.

v. Street Closure Requests List any street(s) requiring temporary street closures as a result of this event.

a. Name of street to be closed: _____

Beginning Point/intersection: _____

Ending Point/Intersection: _____

Start Date of closure: _____ Beginning Time: _____

End Date of closure: _____ Ending Time: _____

Is this a total closure or partial lane closure? _____

b. Name of street to be closed: _____

Beginning Point/intersection: _____

Ending Point/Intersection: _____

Start Date of closure: _____ Beginning Time: _____

End Date of closure: _____ Ending Time: _____

Is this a total closure or partial lane closure? _____

c. Name of street to be closed: _____

Beginning Point/intersection: _____

Ending Point/Intersection: _____

Start Date of closure: _____ Beginning Time: _____

End Date of closure: _____ Ending Time: _____

Is this a total closure or partial lane closure? _____

VI. Special Information and Conditions of receiving a Special Event Permit:

Do not announce, advertise or promote your event until you have a signed permit.

Applicants are required to notify property owners affected by the event before a special events permit is issued. Documentation of the notice to neighbors is required before issuance of the permit.

No permanent alterations to the street or permitted will be permitted.

Recycling: All City of Greensboro special event applications now **require** organizers to participate in the City of Greensboro's recycling program and organizers are required to establish plans for reclaiming recyclable items during events. Call Field Operations at (336) 373-2053 for assistance with those plans.

Recycling notification: All special events are required to include within marketing literature (both print and electronic) that Recycling will take place and utilize the City of Greensboro recycling logo information provided by Field Operations.

Public Safety: The Permit Official, in consultation will the Greensboro Police Department and Guilford County Emergency Services shall determine the number of police officers needed to appropriately manage street closures and for internal security, and the number of Emergency Medical Technicians needed as well as the time when such services shall commence and end. The applicant is required to make arrangements for such services and pay the cost of such services upon receipt of contract and invoice.

The Applicant shall be responsible for hiring and paying off-duty law enforcement officers, or reimbursing the City of Greensboro for the costs of providing on-duty law enforcement officers, to appropriately manage street closures. **A signed Memorandum of Understanding for Special Detail Police Services must be completed with the Police Department's Off-Duty Coordinator thirty (30) days prior to the event.** (GPD Off-duty coordinator 336-373-2121)

For festivals, the Applicant shall be additionally responsible for hiring and paying off-duty law enforcement officers or other approved and bonded event staffing, or reimbursing the City of Greensboro for the costs of providing on-duty law enforcement officers to provide internal festival security as well as additional city staff.

The Applicant shall be responsible for hiring and paying necessary emergency medical technicians.

Attendance: As part of this permitting process, applicant agrees to take mechanical counts of attendance of the event by session or by day, and to provide such information to the city with in five (5) days following the conclusion of the event. The information will be used internally to document attendance levels for future planning and administrative purposes.

Fees: Fees for street closures on multiple days and months will utilize the fee schedule set forth in City Ordinance 26-4(b).

Application fees are non-refundable.

CURRENT FEE SCHEDULE: subject to change

Parade, Walk, or Run: \$25

Festivals/Exhibition Shows:

Non-profit organization without sales: \$10

Non-profit organization with sales: \$50

For-profit organization: \$200

Neighborhood Block Parties: \$30 (Complete the Request for Neighborhood Street Closing Form)

Checks should be made payable to City of Greensboro

VII. Agreement

I have read and understand this application and the requirements placed upon this applicant and organization. I agree to abide by the City of Greensboro rules, regulations and ordinances should my permit application be approved. And I will fulfill the requirements placed upon this permit application.

Authorized Signature: _____ Date: _____

Organization: _____

RETURN COMPLETED APPLICATION AND APPROPRIATE FEES TO:

**Barbara McKenzie, Special Events
City of Greensboro Executive Department
1921 West Lee Street
Greensboro NC 27403**

Telephone: (336) 315-8301

Fax: (336) 315-8403

Email: barbara.mckenzie@greensboro-nc.gov

FOR INTERNAL USE ONLY:

Application and Fee received: _____

Application Approved: _____

Application Denied: _____



PARADE ROUTE DESCRIPTION

Revised July 2008

EVENT NAME: _____

EVENT DATE: _____ EVENT TIME: _____

FORMATION AREA LOCATION: _____

STARTING POINT: _____

ENDING POINT: _____

ROUTE: (Please provide a turn-by-turn description of the proposed parade/run/walk route. A map of the route may also be required.)

To: City Manager

As part of this application for a parade permit, I hereby request a deviation from the approved routes described in the Greensboro City Ordinances, Chapter 12 Schedule A.

I certify that all the information pertinent to this route deviation request is contained in this application and that the route is accurately described above.

Signature: _____ Date: _____