

SPECIAL EVENT APPLICATION

Revised April, 2017

Special Information and Conditions of receiving a Special Event Permit:

Event Notification:

Applicants are required to notify property owners affected by the event between 30 days and 15 days prior to the event. A draft of the residential or business notification forms should be given to every resident or business affected by your event. You can obtain special event notification forms from the City of Greensboro Special Events Office or <http://www.greensboro-nc.gov/index.aspx?page=461>.

Vulgar Language and Lewd Conduct:

Applicant agrees to restrict the use vulgar language or lewd behavior by event participants, vendors, or talent that may offend patrons at the event. Specific consideration should be given to occasions with free admission and openly accessible event spaces.

Attendance:

Applicant must make best efforts to take mechanical counts of attendance of the event by session or by day, and to provide such information to the city within 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.

Event Advertisement

Do not announce, advertise or promote your event until you have a completed and submitted this application and you have received preliminary approval from your Special Events representative.

Street/Event Area Conditions

No permanent alterations to the street or permitted area will be permitted. Any and all festival/event equipment, trash or remnants must be removed within 12 hours of the end of the event.

Recycling:

Organizers are **required** to establish plans for reclaiming recyclable items during all City of Greensboro special events. All special events are required to include within marketing literature (both print and electronic) that Recycling will take place and attempt to utilize the City of Greensboro recycling logo information provided by Field Operations. Contact Field Operations Tori Carlie at 336-373-2053 for assistance with those plans to participate in the City of Greensboro's recycling program.

Parking Meters:

If the special event needs to have parking meters bagged for the event, you must notify the Special Events Office. Please include on this application, the meter/s identification number/s and details about the timeframe meters need to be bagged. After notification, applicant will contract with the Parking Operations Office 336-373-2156 and it is the responsibility of the applicant to install proper signage to ensure parking spaces are open at the time of the event. The City of Greensboro is not responsible for the towing of vehicles from these reserved spaces.

Public Safety:

Police: The Special Events Coordinator, in consultation with the Greensboro Police Department, shall determine the number of police officers needed to appropriately manage street closures and for internal security, as well as the time when such services shall commence and end. **Applicant must reserve required number of officers via Police website at <https://extradutysolutions.com/gpd-job-application> . This should be completed (30) days prior to the event.**

EMS/Medical: The Special Events Manager, in consultation with Guilford County Emergency Services will determine 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 or invoice. EMS reservation line: **Scott O'Connor, Special Events Coordinator, Guilford County Emergency Services, 336-641-6561**

GDOT Street Closure Equipment: Applicant will be billed after the event for the rental of traffic control equipment. Typical costs range from \$175 to \$250 for these services.

Trail and Greenway Event Usage Fee: For events held on a Greensboro Parks and Recreation maintained Greenway or Trail, applicant must pay \$10.00 per mile of trail used, plus \$1.00 for each participant.

CURRENT SPECIAL EVENT PERMIT FEE SCHEDULE: Fees for special events and neighborhood block parties will utilize the fee schedule set forth in City Ordinance 26-4(b). Permit fees are non-refundable and are subject to change.

Parade, Walk, or Run:	\$125
Festivals/Exhibition Shows:	
Non-profit organization without sales:	\$10
Non-profit organization with sales:	\$200
For-profit organization:	\$200
Neighborhood Block Parties:	\$50
** (Complete the Neighborhood Street Closure/Block Party Application)**	

Checks should be made payable to: City of Greensboro, Parks & Recreation

Application for a Special Event permit MUST be submitted at least 60 days prior to your event.
Community Block Party/Street Closure requests should be made using the [Neighborhood Street Closure Application](#).

I. General Information

Type of Event: (please check all that apply)

Parade/March Run/Walk/Bike Outdoor Market Festival Street Fair Rally/Protest

Athletic Event Exhibit Trail/Greenway Event Other (explain): _____

Event Name: _____ **Event Location:** _____

Event Address: _____ **Event Website:** _____

Event Date (s): _____ **Inclement Weather Date(s):** _____

Event Start Time: _____ **Event End Time:** _____

Load-In Time: _____ **Load-Out Time:** _____

Will this event require street closures? Yes No (If YES, please complete Appendix B on page 8)

Estimated Daily Attendance: _____

Basis on which this estimate is made: _____

Is the Event private (invite-only) or open to the public? _____

Description of Event (Please briefly describe the event.)

Purpose of Event: _____ **Target Market:** _____

II. Applicant and Sponsoring Organization Information

Sponsoring Organization/Business Name: _____

Sponsor Status: Non-profit Charitable For-profit Individual Other

If non-profit, are you: 501c (3) 501c (6) Place of worship

****Attach Federal 501c Letter to validate non-profit****

Applicant Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Mobile Phone: _____ Email: _____

Day of Event Contact: (Please provide information for a contact person who will be on-site the day of your event.)

Applicant Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Mobile Phone: _____ Email: _____

III. Run/Walk/Parade Route Closure Requests

- Fill out **Appendix A** on page 7 if you are applying for a Run/Walk/Parade Permit. Must include written turn by turn directions.

IV. Street Closure Requests

- Fill out **Appendix B** on page 8 if you are requesting a street closure as part of your special event.

V. Sidewalk Closure Requests

- Fill out **Appendix C** on page 9 if you are ONLY requesting for a sidewalk closure as part of your special event.

VI. Event Details:

Please answer the following questions regarding your event.

- Yes No Is this an annual event?
What years have the event taken place? _____
- Yes No Have any changes been made from previous years?
If YES, please describe these changes. _____
- Yes No Does the event involve the **sale or use of alcoholic beverages**?
If "YES":
- Yes No Has the ABC permit been obtained?
Note: A copy of the ABC permit is required to be submitted before the event move-in.
What locations will alcohol be served? _____
What types of alcohol will be served? _____
Will wristbands or any other means be used to prevent underage drinking? _____

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- Yes  No Does the event involve the sale of food?  
If "YES" the health department must be notified. (Regardless if non-profit or not.)
  - The phone number is: 336-641-4556.
  - Email address is: [pcox@myguilford.com](mailto:pcox@myguilford.com)

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- Yes No Will there be **musical entertainment** at your event?
If "YES", please provide the following information:
 - Type(s) of music: _____
 - Number of stages: _____ Number of Bands: _____
- Yes No Amplification? **Note: Any Live or Loud Music must end by 11:00pm.**

- Yes No Will there be any **tents, canopies, or temporary structures** in the proposed event site?
If "YES", please provide the following information:
 - Provider of tents?: _____ # of tents?: _____
 - Approximate Sizes: _____

- Yes No Will any tent exceed 400 sq feet in area?
Note: Tent permits will be required from Building Inspections Department.
<http://www.greensboro-nc.gov/modules/showdocument.aspx?documentid=22510>

- Yes No Does the event involve the use of **pyrotechnics (includes fireworks, lasers, etc.)**?
If "YES", explain: _____
Note: A Guilford County Pyrotechnic permit is required to be submitted before the event move in.
Note: Please include a map of set-up/fall-out area for fireworks.

- Yes No Will you provide **portable toilets** for the general public? (Minimum of 1 per 250 people)
If "YES", how many reg/H-C? _____ Location/s: _____

- Yes No Will you require **access to City of Greensboro provided water** for the event?
If "YES", explain: _____
- Yes No Will you require **electrical hookups** for this event? If "YES", where? _____
- 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: _____
Note: The NC gross receipts tax is 3% remitted to the state of NC.
- Yes No Will **fees be charged to vendors** to participate in this event?
If "YES", please provide the schedule of fees: _____
- Yes No Will **inflatable parade balloons** be used for this event?
If "YES", provide size and details: _____
- Yes No Will any **amusements (moon walks, bounce-houses, dunk tanks, etc.)** be used for this event?
If "YES", provide size and details: _____

Miscellaneous Questions:

Trash & Recycling: **Note: Please see Special Information and Conditions below for Recycling requirements.**

Please describe your waste management plan for the event: _____

Applicants may request City trash/recycling cans, but are responsible for return and will be responsible for re-compensation. Would you like to order trash & recycling cans? Yes No How many? _____

Parking

Do you need parking meters bagged or parking spaces blocked off? Yes No

If "YES", list meter numbers/locations: _____

Note: There is a \$10.00 per space, per day fee for bagging meters. Payment made in advance with GDOT: Parking

How will overall patron parking be accommodated for this event? _____

Note: 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.

Advertisement

Yes No Will the event be marketed, promoted, or advertised in any manner?

If YES, please provide links to all of the outlets being used. _____

Yes No Will there be live media coverage at your event?

Yes No Do you object to your event being published to the C.O.G Special Event Calendar?

Yes No Will any handouts/pamphlets, advertising material be handed out during the event?

Does the event have a media partner and if so please list? _____

Do you have an advertising budget for the event? _____

Note: Include a copy of your advertisement flyer or any applicable materials with your application submission.

EMERGENCY RISK MANAGEMENT PLAN

Revised April, 2017

Event Name:

Event Date:

Time of Event: **Start:** AM or PM **End:** AM or PM

PLEASE REVIEW AND COMPLETE EACH SECTION WITH DETAILED RESPONSES.

THIS PLAN SHOULD TAKE INTO CONSIDERATION, BUT SHOULD NOT BE LIMITED TO:

Crowd Management/Security:

Electrical Services Safety:

Responsible Alcohol Service:

Adverse Weather Conditions:

Trip Hazards:

Fire Hazards:

Venue Specific Hazards:

Evacuation Plans:

Event Notification Form

This letter is to inform you of a Special Event that will have an effect on your street and place of residence. This Special Event is being granted a permit and will be a community-wide function. We would also like to invite you to take part in the event. Please see the below for the event details.

Event Details:

Event Day/s: _____

Event Hours: _____

Event Description:

Street Closures involved with Event:

A) Street: _____ from _____ to _____

Times: Initially Closed: _____ Opened Back Up: _____

B) Street: _____ from _____ to _____

Times: Initially Closed: _____ Opened Back Up: _____

C) Street: _____ from _____ to _____

Times: Initially Closed: _____ Opened Back Up: _____

Parking Areas involved with Event:

Will On-Street Parking be affected? Yes No

Planned Parking Areas:

Patrons Attending Event: _____

Workers/Vendors for Event: _____

Event Producer Contact Information: Please contact event producer with problems or concerns.

Name: _____ On-Site Contact Number: _____

Event Website: _____

Use this checklist to ensure that you have all of the needed documents attached. The following documents **MUST** be attached with submitted application. An incomplete packet will result in your application not being processed.

Insurance:

- 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 naming the City of Greensboro as additionally insured. Certificate should be specifically worded: **The City of Greensboro, its officers, employees and agents are additionally insured.** Please include your ABC permit if you are serving alcohol at your event.

Map of Event:

- Please attach a map of the entire event area** – This map should include street closures, vendor locations, port-a-john locations, stage & entertainment locations, and any other significant details.

Emergency Risk Management Plan:

- Please attach a copy of your Event Emergency Risk Management Plan** – This plan should take into consideration, but should not be limited to: Crowd Management, Electrical & Gas Safety, Responsible Alcohol, Service, Adverse Weather conditions, Security, Slip/Trip/Fall/Burn Hazards, Fire Hazards, Water Hazards, Venue Specific Hazards, Evacuation Plans, etc.

Notification Form:

- Please complete the notification Form** –Please complete the attached Notification Form. We will also need confirmation that you have given this notification to residents and businesses that will be affected.

Sponsor Status letter:

- If you are a 501c (3), 501c (6) or a Place of Worship non-profit, please attach Federal 501c Letter to validate non-profit.

Payment:

- Payment submitted** –Depending on your event type, the fee schedule can be found on Pg.2

Binding 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:

Kendrick T. Mayes, City Special Events Coordinator
Greensboro Parks and Recreation Department, Special Events Office
Cultural Arts Center, 200 North Davie Street. Box 2
Greensboro, NC 27401

Appendix A RUN/WALK/PARADE ROUTE DESCRIPTION

Revised April 2017

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 using North, East, South and West directional language. A map of the route is also required.)

Route Begins:

Route Ends:

To: City Manager

As part of this application for a special event permit, I hereby request a deviation from the standard, approved routes described in the Greensboro City Ordinances, Chapter 26, 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: _____

Appendix B STREET CLOSURE REQUEST FORM

Revised April 2017

EVENT NAME: _____

EVENT DATE/S: _____ **EVENT TIME:** _____

a. Name of street to be closed: _____

Is this a total closure or partial lane closure? _____

Beginning Intersection Point: _____

Ending Intersection Point: _____

Beginning Time: _____ Ending Time: _____

b. Name of street to be closed: _____

Is this a total closure or partial lane closure? _____

Beginning Intersection Point: _____

Ending Intersection Point: _____

Beginning Time: _____ Ending Time: _____

c. Name of street to be closed: _____

Is this a total closure or partial lane closure? _____

Beginning Intersection Point: _____

Ending Intersection Point: _____

Beginning Time: _____ Ending Time: _____

Street Closure Guidelines:

- Closure Times: Streets are only permitted to close and open according to times listed on the Special Event Permit.
- Closure Set-Up: Executing the street closure must be done by Law Enforcement Officers only.
- Fire Lane: 20' Wide Fire-Lane must be maintained throughout all street closures
- Vendors: All festival vendors should be contained within street closure, not on sidewalks.
- Handicap Sidewalk Ramps: Handicap Sidewalk Ramps should remain unblocked throughout closure.

By signing below, I understand and agree to the Street Closure Guidelines listed above. I also understand that the Police Supervisor working my event has the final authority on any decision that needs to be made regarding my street closure.

Signature: _____ Date: _____

Appendix C SIDEWALK CLOSURE REQUEST FORM

Revised April 2017

EVENT NAME: _____

EVENT DATE/S: _____ EVENT TIME: _____

a. Specific Street on which the Sidewalk is to be closed: _____

Numbered Block of Street: _____

Beginning Intersection Point: _____

Ending Intersection Point: _____

Beginning Time: _____ Ending Time: _____

Sidewalk Closure Guidelines:

- Businesses on Sidewalk: There CANNOT be any businesses along the sidewalk closure that disapprove of the sidewalk closure.
- Notification: Applicant MUST notify all businesses and residencies affected by the sidewalk closure. Applicant should utilize the Notification Form.
- Closure Times: Sidewalks are only permitted to close and open according to times listed on the Special Event Permit.
- Closure Equipment: Sidewalk closure must be executed with GDOT Barricades and Equipment.
- Closure Set-Up: Sidewalk closure should be physically executed by the event permit holder.
- Opposite Sidewalk: Access to the sidewalk on the opposite side of the street must be maintained at all times during the event.
- Vendors: All festival vendors should be contained within street closure, not on sidewalks.
- Event Perimeter: Event perimeter must NOT exceed the sidewalk area. No event equipment or event vendors should encroach into the street along the sidewalk closure.

By signing below, I understand and agree to the Sidewalk Closure Guidelines listed above. I also understand that the City of Greensboro Special Event Manager has the final authority on any decision that needs to be made regarding my sidewalk closure.

Signature: _____ Date: _____