

SPECIAL EVENT PERMIT APPLICATION

The application below is to be filled out specifically for the purposes of restaurant expansion into public right of way.

I. General Information

Business Name: _____

Business Address: _____

Proposed Event Date (s): _____

Hours of Operation: _____ **Posted Occupancy Load for Interior:** _____

Description of Operations (Please briefly describe your proposed event plans.)

II. Contact Information

Business Name: _____

Applicant Name: _____ Title: _____

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

Mobile Phone: _____ Email: _____

****A valid email address is required to receive your event permit****

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. Event Details: Please answer the following questions regarding your event. Note: Any businesses receiving a special event permit remains subject to the standard social distancing requirements found in the [NC-DHHS Guidance for Restaurants Reopening](#).

1. What type of event closure is being requested? (Additional space for closure info on Page 3)

Sidewalk Closure (Additional seating on a sidewalk)

Parking Lane/Space (Additional seating utilizing parking space/lane)

Full Street Closure (Additional seating in public street)

NOTE: Please use Page 3 of this application to draw/describe the proposed closure or upload a .jpg image of the proposed public right of way use.

2. Does the event involve the sale or consumption of alcoholic beverages in public right of way?

Yes, we intend to apply for an extension of premises license for the event timeframe.

No, no alcohol will be served/consumed on public right of way.

Unsure, we need to speak to someone regarding alcohol. (City staff will reach out to you)

- If "YES," please fill out the temporary extension of premises ABC permit found on Page 5 and attach it with this completed Special Event Permit Application.

3. **Will there be any tents, canopies, or temporary structures in the proposed event site?** Yes No
- a. If "YES", please provide the following information:
- Provider of tents: _____ Number of tents: _____
 - Approximate Sizes: _____
- b. Will any tent exceed 800 square feet in area? If "YES," please be aware that no tent permits will be issued in conjunction with this Special Event Permitting process.
4. **Trash & Recycling:**
- a. Applicants may request City Trash/Recycling cans, but are responsible for return and will be responsible for re-compensation.
- b. Would you like to request Trash & Recycling cans? Yes No How many? _____
5. **Parking:** Do you need parking meters bagged or parking spaces blocked off? Yes No
- If "YES", please describe what spaces or meter numbers you'd like to block:

Note: Parking and buildings will be examined for ADA compliance.

IV. Risk Management Planning

To ensure the public safety of attendees at your event, the permitting process requires that applicants will need to complete and agree to the procedures outlined in the template below.

1. **Purpose**
 - A. This emergency action plan predetermines actions to take before and during the event in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for those required during an emergency.
 - B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include, but are not limited to, Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.
2. **Assumptions**
 - A. The possibility of an occurrence of an emergency is present at this event. The types of emergencies possible are various and could require the response of Fire & Rescue, Emergency Medical Services, and Police.
3. **Basic Plan Elements**
 - A. **Event Emergency Action Representative for On-site Contact**
 1. The representative will be identified as the point of contact for all communications regarding the event.
 - a. Primary On-Site Contact: _____
 - b. Mobile Phone: _____
 - B. **Emergency Notification**
 1. In the event of an emergency, notification of the emergency will be through the use of 911. The caller should have the following information available to the 911 operator:
 - a. Location of the emergency, Nature of the emergency, Contact person with callback number
 - C. **Severe Weather**
 1. Weather Forecasts and current conditions will be monitored through National Weather Service's Raleigh Weather Forecast Office website at www.weather.gov/rah.
 2. If severe weather occurs, all patrons should be informed to seek shelter indoors.

V. Event Closure Description

Applicant should use the space below to upload a .jpeg or create a drawing of the proposed event use of the public right of way.

A detailed, legible event layout map is required and should include the following: proposed sidewalk/street closures, location of tables/chairs, street barricades, tents/canopies, exits, emergency egress, fire lanes, fire protection equipment access, or other emergency vehicle response .

Occupant Load for the outdoor dining area shall not exceed 50% of the official indoor posted occupant load for the business.

ADA access (min. of 5' width) must remain open and free flowing on sidewalks, in addition to providing ADA access from the sidewalk into the street;

Complete the following if you are requesting a FULL street closure as part of your special event:

Name of street to be closed: _____

Beginning Address/Intersection: _____

Ending Address/Intersection: _____

Start Date of closure: _____ Beginning Time: _____

End Date of closure: _____ Ending Time: _____

Street Closure Guidelines:

- Fire Lane: 20' Wide Fire-Lane must be maintained throughout all street closures
- ADA Sidewalk Ramps: ADA Sidewalk Ramps should remain unblocked throughout event space

Special Information and Conditions of receiving a Special Event-Restaurant Expansion Permit:

All Outdoor Street Dining areas permitted under this temporary program must comply with state and local health requirements intended to slow or prevent the transmission of COVID-19, including, but not limited to, six-foot separation requirements.

- All street and parking lot closures must have removable or staggered barricades and a clear lane of travel must be maintained for emergency response vehicles.
- Maintain 20' fire lane access through any street closures.
- The outdoor dining area shall not have adverse impacts on exits, emergency egress, fire lanes, fire protection equipment access, or other emergency vehicle response.
- Outdoor dining area should be adjacent to the business frontage.
- Adverse impacts on adjacent properties.
- Permittee shall undertake all reasonable efforts to avoid undue adverse impacts to adjacent properties and/or uses that may arise from the construction, operation, maintenance, modification, or removal of the permitted encroachments.
- Applicants are responsible for obtaining and installing required traffic barriers, either from City resources or private supplier.
- Barricades around proposed seating area are required. In general, barriers must be protective against motor vehicle impacts, which requires applicants to utilize a "Jersey" barrier shaped water-filled barrier or concrete barriers.
- An approved permit does not offer the ability to exceed the normal 100% capacity dictated by the Fire Marshall's office.

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, as well as the time when such services shall commence and end.

Fire: The Greensboro Fire Department shall determine the need for an onsite inspection before the event. Once final set-up is complete and prepared for inspection, applicant should call 336-373-2177 in order to schedule the inspection.

Parking Meters: If the special event needs to have parking meters bagged for the event, applicant must indicate needs on the application, and Parking Operations & Enforcement will bag/block parking accordingly. The City of Greensboro is not responsible for the towing of vehicles from these reserved spaces.

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 prior to pulling barricades to open the street.

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 VIA
EMAIL TO: cogpermits@greensboro-nc.gov**

**CITY OF GREENSBORO
GREENSBORO POLICE DEPARTMENT
ABC TEMPORARY EXTENSION FOR COVID-19**

TEMPORARY EXTENSION OF PREMISES APPLICATION

Application Instructions:

- A. Complete this application. (Please print legibly)
- B. The applicant shall notify local law enforcement and have the application signed by local law enforcement.
- C. The completed application, diagram AND photo must be submitted to local law enforcement prior to the start date. Diagram and photo must illustrate the licensed premises AND the area to be covered by the extension.
- D. The extended area must be touching your licensed premises.
- E. Extension is not valid until approved by local law enforcement.

Name of Contact Person: _____**Permit #:** _____**Trade Name:** _____**Physical Address of Business:** _____**Phone #:** _____ **Fax#:** _____**Email Address:** _____**DATE(S) and TIME OF EVENT:** _____**REASON FOR EXTENSION REQUEST:** _____

DOES YOUR LEASE OR DEED COVER THE AREA REQUESTED IN THE EXTENSION?**YES** ___ or **NO** ___ If no, please provide a letter of permission from the landlord to use the area.**Submit a photo and diagram outlining the licensed premises and the adjacent area to be covered by the extension.**

NOTIFICATION TO LAW ENFORCEMENT:

The above describes a special circumstance at a properly licensed alcohol establishment. Please use the area below to explain if you have objections. Based in part on your response, permission may either be granted or denied.

___ **YES**, we approve of this extension and have no objections.___ **NO**, this extension should not be allowed for the following reasons: _____

Officer's Signature	Title	Department
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Please complete this application and submit with your Special Event Application.

Any questions can be referred to Detective Hawkins at 336-373-7958 or via email at vice-narcotics@greensboro-nc.gov.