

# COB Special Event Permit Application

**ALL PAGES OF THIS APPLICATION MUST BE SUBMITTED ALONG WITH THE PERMIT FEE, EVENT LAYOUT MAP & CERTIFICATES OF INSURANCE BEFORE ANY DATES WILL BE RESERVED & APPLICATION SUBMISSION PROCESS IS DEEMED COMPLETE.**

<b>EVENT NAME</b>	
<b>EVENT DATE</b>	
<b>EVENT LOCATION</b>	
<b>EVENT TIME</b>	
<b>SET-UP &amp; CLEAN-UP TIMELINE</b>	

**DATE REQUESTED IS SUBJECT TO CHANGE BASED ON OTHER EVENTS SCHEDULED THE SAME DAY**

<b>EVENT CATEGORY &amp; ACTIVITIES</b>  <b>PLEASE CHECK ALL THAT APPLY FOR YOUR EVENT</b>	<input type="checkbox"/> Street Closure	<input type="checkbox"/> DJ/Amplified Sound	<input type="checkbox"/> Farmer/Outdoor Market
	<input type="checkbox"/> Festival/Fair/Celebration	<input type="checkbox"/> Stage(s)	<input type="checkbox"/> Exhibit
	<input type="checkbox"/> 5K Run/Walk	<input type="checkbox"/> Concert/Performance	<input type="checkbox"/> Fundraiser
	<input type="checkbox"/> Food Vendors (trucks, stands, etc.)	<input type="checkbox"/> Inflatables	<input type="checkbox"/> Other:

**ADVERTISING EVENTS PRIOR TO RECEIVING APPROVAL PERMIT IS PROHIBITED.**

**OFFICE USE ONLY**

<b>DATE APPLICATION RECEIVED</b>	<b>DATE PAYMENT RECEIVED</b>
<b>CONDITIONS OF APPROVAL</b>	<b>BPD NEEDS</b>
<b>HOST COI STATUS</b>	<b>ADDITIONAL COI STATUS</b>
<b>EVENT LAYOUT SUBMITTED</b>	<b>STREET CLOSURES &amp; COUNCIL DATE</b>

# EVENT DETAILS

## SUMMARY OF EVENT

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ORGANIZATION NAME: \_\_\_\_\_

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

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

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

HOST INFORMATION (circle one):   NON-PROFIT           FOR PROFIT BUSINESS           OTHER

WEBSITE: \_\_\_\_\_ FACEBOOK PAGE: \_\_\_\_\_

DAY OF EVENT CONTACT   NAME: \_\_\_\_\_   PHONE: \_\_\_\_\_

## DESCRIPTION OF EVENT

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ADMISSION FEE    \_\_\_ No           \_\_\_ Yes   Amount: \$ \_\_\_\_\_

ESTIMATED ATTENDANCE: \_\_\_\_\_ (Not to exceed current NC Executive Order)

## LOCATION OF EVENT

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GIVE DESCRIPTION OF LOCATION/NAME OF PARK OR FACILITY/ROUTES

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WILL YOUR EVENT INCLUDE ANY STREET CLOSURES?    \_\_\_ No           \_\_\_ Yes

**IF YES, PLEASE COMPLETE THE NEXT PAGE OF THIS APPLICATION. IF NO, PLEASE SKIP THE STREET CLOSURE REQUEST PAGES. STREET CLOSURES IN DOWNTOWN BURLINGTON REQUIRE HOST ORGANIZATION TO ATTEND CITY COUNCIL MEETING FOR FINAL APPROVAL.**



CITY OF BURLINGTON  
**TEMPORARY STREET CLOSING REQUEST**  
 City Code Section 32-50



**1) Describe any streets you are requesting to close in detail by listing:**

- Street names, intersecting streets & beginning and ending times
- If this is a 5k route, provide a written turn-by-turn description of your route.
- If the setup and breakdown times vary for different parts of your route, include the differing timeframes in this explanation.

**2) Provide a clear and detailed map depicting the area of your requested closure.**

Include routes, start/finish lines, placement of barricades, emergency access points, and any other relevant information.

\*Map of area involved in temporary closure request must be provided with application before closure will be considered. **Email Map** to [ecrowley@burlingtonnc.gov](mailto:ecrowley@burlingtonnc.gov) , Supervisor of Special Events.

**Closure Description:** *(Partial block closures are generally not permitted; one-way streets may require additional closures nearby). Include set-up and clean-up times to begin closure and end closures. Use additional paper if necessary.*

**Name of Street to be closed:** \_\_\_\_\_

Beginning Intersection Street: \_\_\_\_\_ Beginning Time: \_\_\_\_\_

Ending Intersection Street: \_\_\_\_\_ Ending Time: \_\_\_\_\_

**Name of Street to be closed:** \_\_\_\_\_

Beginning Intersection Street: \_\_\_\_\_ Beginning Time: \_\_\_\_\_

Ending Intersection Street: \_\_\_\_\_ Ending Time: \_\_\_\_\_

**Name of Street to be closed:** \_\_\_\_\_

Beginning Intersection Street: \_\_\_\_\_ Beginning Time: \_\_\_\_\_

Ending Intersection Street: \_\_\_\_\_ Ending Time: \_\_\_\_\_

By signing below, I understand and agree to the Temporary Street Closure guidelines. I also understand the City of Burlington Special Events City staff has the final authority on any decision that needs to be made regarding my street closure request.

**Event Organizer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

City of Burlington  
 City Manager's Office  
 PO Box 1358 – Burlington, NC 27216  
 Phone: 336.222.5023  
 Email: [bsmith@burlingtonnc.gov](mailto:bsmith@burlingtonnc.gov)

**OFFICE USE ONLY**

Street Closure Request: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Explanation if denied:

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

## BURLINGTON POLICE DEPARTMENT

The following types of events **REQUIRE** the Burlington Police Department to schedule Extra Duty Solution (EDS) officers for your event. Please check the box that best applies to your event request:

<input type="checkbox"/> <b>5K/Other Race/March that take place in the street</b>
<input type="checkbox"/> <b>Event includes alcohol</b>
<input type="checkbox"/> <b>Event where the community may have opposition</b>
<input type="checkbox"/> <b>Based on the above categories, I do not need to schedule EDS for my event</b>
<input type="checkbox"/> <b>Based on the above categories, I am not required to schedule EDS, but would like to schedule officers anyways because:</b> _____ _____ _____

Please fill out your event history truthfully and honestly. If you are found to be dishonest, your application will no longer be valid and event will be cancelled.

**HAVE YOU HOSTED THIS EVENT BEFORE?** \_\_\_\_\_No \_\_\_\_\_Yes

**IF YES, WAS IT HELD IN THE CITY OF BURLINGTON?** \_\_\_\_\_No \_\_\_\_\_Yes **LOCATION:** \_\_\_\_\_

**IF NO, WHERE WAS YOUR EVENT HELD IN THE PAST?** \_\_\_\_\_

**HAVE YOU HAD OPPOSITION TOWARD YOUR EVENT IN THE PAST?** \_\_\_\_\_No \_\_\_\_\_Yes

**DO YOU EXPECT OPPOSITION TOWARDS YOUR EVENT?** \_\_\_\_\_No \_\_\_\_\_Yes

**Extra Duty Solutions** must be contacted as soon as this application is handed in. Please refer to pages 7-9 in the COB Special Event Permit Guide for information on scheduling EDS and fees associated with EDS for your event. Event hosts must give a **60 day notice** to EDS for events requiring officers. Event requests not meeting this deadline will be asked to extend event planning and find new calendar date for event.

## SITE PLAN & EVENT MAP

A site plan or event map must be submitted with your application, even if a map was submitted in a prior year. It must include the details outlined on pages 9-12 in the COB Special Event Permit Guide.

Maps can be hand drawn, created using Google Earth as the background, etc. Some COB facilities have blank maps available for you to personalize and can be obtained from the Special Events Supervisor.

## ALCOHOL

When serving alcohol, state laws apply to all dispensing and sale of beverages.

Does your event involve the use of alcoholic beverages? \_\_\_\_ No \_\_\_\_ Yes

If yes, please check all that apply:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Free- Host provides alcohol | <input type="checkbox"/> Beer        |
| <input type="checkbox"/> Alcohol Sales               | <input type="checkbox"/> Wine        |
| <input type="checkbox"/> Sale of alcohol by host     | <input type="checkbox"/> Beer & Wine |

Please describe your security plan to ensure the safe sale or distribution of alcohol at your event.

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**Alcohol consumption will be in the designated area and a map of that area must be included in the permit application. The area of consumption cannot deviate from the mapped area as indicated in the application, accompanying the map. The request to serve alcohol must meet all guidelines set forth on pages 13-14.**

## INSURANCE REQUIREMENTS

The event host must submit a Certificate of Insurance (COI) listing the City of Burlington as “additionally insured.” Additional information on COI guidelines can be found on page 15 of the COB Special Event Permit Guide.

### EVENT HOST INSURANCE REQUIREMENTS

Name of Policy Holder on Certificate of Insurance

\_\_\_\_\_

Does your organization plan to cook food on-site?

\_\_\_\_ No \_\_\_\_ Yes

If yes, all food preparations, storing, cooking and serving must meet the regulations set forth by the Alamance County Health Department and State of North Carolina.

See page 15 of the COB Special Event Permit Guide for additional information and COI regulations.

### PARTICIPATING VENDORS

\_\_\_\_ Food Trucks

\_\_\_\_ Private Food Vendor (Restaurant/Caterer)

\_\_\_\_ Food Stands/Food Carts

\_\_\_\_ Inflatable Company

\_\_\_\_ Special Features

Other: \_\_\_\_\_

All outside food vendors, special features, inflatables, etc. participating in your event, must have a valid COI on file in order to participate in your event. All COI's must be received at least 2 weeks prior to event.

## PORTABLE RESTROOMS

You are required to provide restroom facilities at your event, unless you can substantiate the sufficient availability of both ADA accessible and non-accessible facilities in the immediate area of the event site which will be available to the public during your event. The City has the right to require additional portable restrooms be added to the event at the expense of the event organizer.

**Do you plan to provide portable restroom facilities at your event?** \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes: Total number of portable toilets \_\_\_\_\_

If no, please explain: \_\_\_\_\_

**Restroom Company:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone :** \_\_\_\_\_

**Equipment Setup:** Date \_\_\_\_\_ Time \_\_\_\_\_ **Equipment Pickup:** Date \_\_\_\_\_ Time \_\_\_\_\_

## SOLID WASTE DEPARTMENT

All approved applicants are responsible for providing a safe and clean atmosphere during their event. The requesting applicant shall be responsible for the proper disposal of all trash and recyclables generated during the event. All receptacles for the collection of trash and recyclables as well as the disposing of such contents shall be the applicant's responsibility. No garbage will be permitted to be left on any streets and/or sidewalks within the approved area. Solid Waste containers will only be made available for public events permitted through this application.

**Will you be utilizing the City of Burlington for your sanitation needs?** \_\_\_\_\_ No \_\_\_\_\_ Yes

If so, please fill in your sanitation needs.

**Name of Event Coordinator overseeing garbage if different:** \_\_\_\_\_

Contact Information Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Number of Trash Cans** \_\_\_\_\_ (x \$2.50)

**Number of Recycling Containers** \_\_\_\_\_ (x \$2.50)

**Billing Address:** \_\_\_\_\_

Please share your plan for cleanup and removal of recyclable goods, waste and garbage during & after event.

\_\_\_\_\_  
\_\_\_\_\_  
\*Additional information regarding large scale events and dumpster services available upon request

**Before submitting your Permit Application have you....** (Please check off items before signing)

- Read the accompanying COB Special Event Permit Guide?
- Selected an event date that is at least 60 days from the submission date?
- Signed and dated your application?
- Attached your event site plan and map? (Do not submit without including! Review page 13 of the Special Event Permit Guide for assistance)
- Attached your event security needs?
- Attached your Certificate of Insurance with appropriate address, liability limits and the City of Burlington listed as additionally insured? (Can be handed in closer to date if necessary)
- Include any permits that may be required to hold your event in the selected venue? [Fire, Alcohol, Tent, etc.]
- Attached any other documents that will assist the Special Events approval committee?
- Secured rentals of any facilities you plan to use for your event? (Rental & Staffing fees apply)
- Understand and will promote the following ordinance to event goers: Sec. 22-33 Smoking and the use of tobacco products, including e-cigarettes, shall be prohibited in all Burlington Parks Systems facilities and grounds. This ordinance includes sidewalks and parking lots adjacent to recreation facilities.
- Attached a \$25 check for application fee or made other arrangements to pay when handing in application?



**AFFIDAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the City of Burlington Municipal Code and I understand that this application is made subject to the rules and regulations established by the City Council and/or City Manager or the City Manager’s designee. Applicant agrees to comply with all other requirements by the City, County, State, Federal Government, and any other applicable entity which may pertain to the use of the Event venue and the conduct of the Event. In the event that a possessory interest subject to taxation is created by virtue of this use permit, I agree to pay all possessory interest taxes and the City shall not be liable for the payment of such taxes. I further agree that the payment of any such taxes shall not reduce any consideration paid to the City pursuant to this use permit. I agree to abide by these rules, and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of Burlington.

**Print Name of Applicant/Host Organization:** \_\_\_\_\_

**Name of Event Organizer:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please submit your COMPLETED application by email or in person to:**

COB Special Events / Emily Crowley  
1333 Overbrook Road  
Burlington, NC 27215

**OR** email completed application to Emily Crowley at [ecrowley@burlingtonnc.gov](mailto:ecrowley@burlingtonnc.gov)

**For additional questions, comments or concerns, please call 336-229-3149.**