



Special Event Application / Zoning Permit

NAME OF EVENT:	<i>DATE APPLICATION RECEIVED AND BY:</i>
DATE OF EVENT:	<i>NO PERMIT IS GUARANTEED APPLICATION MUST BE FILED 45 DAYS PRIOR TO THE EVENT</i>

Note: Only one Special Event Permit will be issued during the same time period for any one parcel. If multiple users will occupy one parcel during the same time period, one master application for Special Event Permit will be submitted with the site plan showing all users, and the application listing information for each individual user. If event is held on public property, streets or sidewalks, application must be submitted 60 days PRIOR to the event.

PROPERTY OWNER AND LOCATION

***Unless you are owner of property, a signed letter with property owner's approval of event and full contact information must be attached to application**

Name of Property Owner:

Address of Property Owner:

Phone Number of Property Owner:

Street Address of Site:

Parcel Number (city can provide) of Site:

CONTACT INFORMATION (ON-SITE CONTACT)

Name:

Address:

Phone Numbers: Home: _____ Cell: _____ email: _____

DESCRIPTION OF SPECIAL EVENT

Type of Event:

<input type="checkbox"/> Parade	<input type="checkbox"/> Protest / Picket	<input type="checkbox"/> Walk / Run / Walking Procession	<input type="checkbox"/> Motorized Vehicle Ride	<input type="checkbox"/> Festival	<input type="checkbox"/> Outdoor Commercial Sales (private property)	<input type="checkbox"/> Other
---------------------------------	---	--	---	-----------------------------------	--	--------------------------------

Please describe the Event:



Special Event Application / Zoning Permit

TENTS/CANOPIES/MEMBRANE STRUCTURES

Will tents/canopies or any air-inflated, air-supported, cable or frame-supported membrane structures be used for the event?
 Yes No **(IF NO SKIP THIS SECTION)**

OF Tents _____ (membrane that is enclosed with sidewalls) 75% or more of perimeter

OF Air-inflated membrane structure _____

OF Canopies _____ (membrane that is open without sidewalls) 25% or more of perimeter

Is there any individual canopy greater than 400 sq. ft? Yes No
 Is there any group of canopies open on all sides exceeding 700 ft. without 12 ft. of clearance between all other structures?
 Yes No
 Is any individual tent or membrane structure greater than 200 sq. ft? Yes No
 Is there any individual or group of tents 200 sq. ft. without 12 ft. of clear space between all other structures?
 Yes No

HAZARDOUS MATERIALS

Will event need any propane, butane, gasoline, diesel tanks, helium cylinders or other upright tanks?
 Yes No

If yes, all items must be secured to prevent any accidentally being knocked over. All helium tanks not being used shall have their caps in place.

Any portable heaters or deep fat fryers being used? Yes No

Any fireworks of any kind or pyrotechnics? Yes No

Any generators to be used? Yes No
 Do you need to request a temporary electrical pole for power to be set up? Yes No

Temporary Service poles must be installed by a certified electrician. An electrical permit must first be obtained by the electrician and an account for service applied for at Customer Service. The City Electrical Inspector will review for instructions to the Utility Company.

FOOD PREPARATION

Will any cooked food be served? Yes No
 Will the event include any food vendors or food concession? Yes No

(if yes please list each vendor and specify cooking method on attachment)

Cooked and prepared food cannot be sold unless approved and licensed by the Davidson County Health Department prior to submitting Special Event Application.

ALCOHOL (Refer to Sec. 14-2C of Ordinance No. 11-29)

Will alcoholic beverages be served? Yes No (if yes NC ABC permit required)
 Will alcoholic beverages be sold? Yes No (if yes NC ABC permit required)
 Name of person(s) or organization serving alcohol _____
 Location(s) within event site where alcohol will be served _____
(if yes liquor liability insurance must be obtained by Event Organizer and have off-duty police to oversee alcohol sales during event)



Special Event Application / Zoning Permit

To be held on: (check all that apply)	<input type="checkbox"/> Private Property	<input type="checkbox"/> Public Street	<input type="checkbox"/> Public Sidewalk	<input type="checkbox"/> City-owned property	<input type="checkbox"/> County-owned property
**Street closing required? <input type="checkbox"/> yes <input type="checkbox"/> no			If street closure is necessary, property owners located in area of closure must give permission. Any major road closure <u>may</u> require City Council approval which needs a 60 day lead time.		
Attach site plan or specifically describe the location, boundary or street route:					
Start and end times: include set-up and tear-down time		Beginning at: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. on _____, 200__ and running through _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. on _____, 200__.			
If a change in normal traffic flow is anticipated, what provisions are in place to manage traffic?					
Estimated number of participants/attendees:					
Activities: (check all that apply)					
<input type="checkbox"/> Alcohol sales	<input type="checkbox"/> Alcohol consumption at no charge	<input type="checkbox"/> Food preparation	<input type="checkbox"/> Food sells <input type="checkbox"/> Pre-packaged	<input type="checkbox"/> Food consumption at no charge	
<input type="checkbox"/> Animals	<input type="checkbox"/> Merchandise sold	<input type="checkbox"/> Tent	<input type="checkbox"/> Electricity used	<input type="checkbox"/> Restroom facilities provided	
<input type="checkbox"/> Kids rides / jumpers / slides	<input type="checkbox"/> Music / entertainment	<input type="checkbox"/> Booths	<input type="checkbox"/> Tables	<input type="checkbox"/> Signage	
<input type="checkbox"/> Balloons / balloon release	<input type="checkbox"/> Other Activities:				
POLICE PROTECTION COSTS					
(Number of Officers Required: x rate per hour) x hours (<i>duration of event + 1 hour</i>) = \$					
50% Deposit = \$			Received by City (date)		
<i>Balance is due within three days following the beginning of the event.</i>					



Special Event Application / Zoning Permit

ATTACHMENTS (check all that apply)

Proof of Insurance:

Required for any use of public street/sidewalk/property. If event activities are set-up on approved closed street(s) please check with the City for the minimum amount of coverage needed. One day insurance permits may be obtained for special events.

Umbrella Required Provided in the amount of \$ _____

Alcohol Required Provided in the amount of \$ _____

Site Plan Tent Specifications Sign illustrations with measurements Proof of Approval from Davidson County Health Department

Letter of permission from property owner Advertisements: Flyers or Brochures

If private property, written proof of consent by property owner provided? yes no

If street or sidewalk closing, written letter(s) of consent from adjoining property owner(s)? yes no

Proof of Approval from Davidson County Health Department provided? yes no Not Require

SIGNATURE OF APPLICANT

Signature

Date

Printed Name

Signature is that of:

Property Owner, or Applicant, but not property owner. (Letter of written permission required and attached)



Special Event Application / Zoning Permit

RELEASE

That _____ for and in consideration of the City of Lexington for allowing the use of public property including, but not limited to, streets and sidewalks, and/or City-owned property, does hereby remise, release and forever discharge the City of Lexington, from any and all, and all Manner of, actions and causes of action, rights, suits, covenants, contracts, agreements, judgments, claims and demands whatsoever in law or equity, including claims for contribution, arising from and by reason of any and all KNOWN AND UNKNOWN, FORESEEN AND UNFORESEEN damage to property or person, and the consequences thereof, which heretofore have been, and which hereafter may be sustained by the undersigned or by any and all persons, associations and corporations, whether herein named or referred to or not, and especially from all liability arising out of the closing and/or use of City Streets for events sponsored by _____.

That the Undersigned will indemnify and hold harmless the said parties released hereby, against loss, including counsel fees, from any and every claim or demand of every kind and character, including claims for contribution, which may be asserted by the Undersigned by reason of said occurrence, injuries and/or damages or the effects of consequences thereof.

It is further understood and agreed: That the parties hereby released admit to no liability to the undersigned nor to anyone whomsoever: that such released parties have not consented, in writing or other form, to this release nor to the settlement to which it is applicable and shall not be thereby precluded nor barred from asserting any claim or being hereby expressly reserved to such released parties and to any of them.

BY: _____

DATE: _____

DAVIDSON COUNTY
NORTH CAROLINA

I certify that the following person personally appeared before me this day, and (I have personal knowledge of the identity of the principal) (I have seen satisfactory evidence of the principal's identity, by a current state or federal identification with the principal's photograph in the form of a _____) (a credible witness has sworn to the identity of the principals); each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: _____.

_____ Date: _____ My Commission expires: _____

(Official Seal)



Special Event Application / Zoning Permit

Additional Space for Listing Multiple Merchants/Vendors under One Permit: **(Print additional pages if needed)**

Name of Merchant:	
Name and Address of Business:	
Phone Number of Merchant: Home: _____ Cell: _____ Other: _____	
List Merchandise to be sold:	
Federal Tax ID Number of Merchant	
Federal Tax ID Number of Merchant:	
Name and Address of Business:	
Phone Number of Merchant: Home: _____ Cell: _____ Other: _____	
List Merchandise to be sold:	
Federal Tax ID Number of Merchant:	
Name of Merchant:	
Name and Address of Business:	
Phone Number of Merchant: Home: _____ Cell: _____ Other: _____	
List Merchandise to be sold:	
Federal Tax ID Number of Merchant:	
Name of Vendor:	
Name and Address of Business:	
Phone Number of Vendor: Home: _____ Cell: _____ Other: _____	
Food item(s):	
Cooking Method:	Public Health License #
Name of Vendor:	
Name and Address of Business:	
Phone Number of Vendor: Home: _____ Cell: _____ Other: _____	
Food item(s):	
Cooking Method:	Public Health License #



City of Lexington Office of Community Development
Phone# 336-248-3900 Fax#336-243-7766

Special Event Application / Zoning Permit

ATTACHMENT CHECKLIST:

- Property Owner(s) permission letter (if not the property owner)
- Marketing/Flyer/Advertisements/Website or Facebook URL of Event
- Site plan or Route Map
- Proof of Insurance (Copy of Certificate form) or have Insurance Company Fax to Community Development
- Tent(s) Permit (if using)
- Alcohol Liability Insurance-(if not listed on General Liability Certificate)