

**TOWN OF WRIGHTSVILLE BEACH, NC
SPECIAL EVENT PERMIT APPLICATION**

Wrightsville Beach Parks & Recreation Department
P. O. Box 626, Wrightsville Beach, NC 28480
(910) 256-7925

**A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH EVENT DATE.
PLEASE TYPE OR PRINT LEGIBLY AND INCLUDE FEE WITH APPLICATION**

| | |
|--|--|
| FOR OFFICE USE ONLY | |
| Number of days until event: _____ | |
| BOA Agenda Date, if required: _____ | |
| Fee Per Day: Participants / Fee | |
| _____ 1 - 25 \$100.00 | |
| _____ 26 - 100 \$150.00 | |
| _____ 101 - 199 \$200.00 | |
| _____ 200 - 400 \$300.00 | |
| _____ 401 - 600 \$400.00 | |
| _____ 601 + \$500.00 | |
| Time between 8 am & 10 pm? _____ | |
| Number of Hours _____ | |
| Rain date necessary? Yes No | |
| Park Facility Used? _____ | |
| Reservation Obtained? Yes No Not Required | |
| Portable toilets needed? Yes No Not Required | |
| Number of trash carts needed _____ X \$22.50 per cart Amount due = _____ | |
| Health Department permit obtained? Yes No Not Required | |

1. Description of event: _____

2. Event Date: _____ **Time:** _____ am / pm to _____ am / pm
(Events must occur between 8:00 a.m. and 10:00 p.m.)

3. Estimated number of participants (including spectators): _____

4. Location: _____

5. Individual making request: _____

Complete Mailing Address: _____

Phone Number: _____ E-mail: _____

6. Individual who will be on site and in charge of activity: _____

Complete Mailing address: _____

Phone Number: _____ E-mail: _____

7. Sponsoring organization/corporation (if applicable): _____

Contact: _____

Complete Mailing Address: _____

Phone Number: _____ E-mail: _____

8. Briefly describe provisions for the following:

Toilet facilities _____

Trash disposal _____

Parking _____

Electrical power needs _____

Water needs _____

9. Will food be served? _____ **If yes, has permit from Health Dept. been obtained?** _____

Describe types of containers, cooking equipment, etc. to be used _____

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Site plan included?
Yes No Not Required

Permit(s) needed for vehicle on the beach?
Yes No
Number needed: _____

Vehicle permit issued to:

Non-profit organization?
Yes No

Tax Exempt ID _____

Vendors requested?
Yes No

Privilege license obtained?
Yes No Not Required

Police support required?
Yes No Not Required
WBP&R to contact

Additional Ocean Rescue Support required?
Yes No Not Required
WBP&R to contact

Certificate of Insurance obtained?
Yes No Not Required

10. Will there be any music, PA system, or loud activities (if any, briefly describe)? _____

If yes, provide information specifying location and direction of noise-emanating devices along with proposed noise level, frequency, and duration: _____

11. Will any banners, tents, stages, chairs, nets, decorations, etc., be used at this activity? _____

If so, what company is providing the equipment? _____

Describe equipment in detail and provide a sketched plan: _____

12. Will there be sales of any types of souvenirs, t-shirts, food, drinks or other products on public property? _____

If so, describe in detail: _____

13. Is police assistance necessary? _____ Are you requesting the closing of any streets? _____

If so, please specify: _____

Depending on the nature of the event, the Special Events Coordinator, Town Manager, or the Board of Aldermen may require police assistance with traffic/crowd control and/or additional Ocean Rescue support. Additional fees may be incurred.

I hereby certify that I am the authorized and responsible representative of the applying group and that I am at least 18 years of age. I understand that if any information is found not to be accurate, additional fees and/or fines may be assessed and/or my permit may be revoked.

I agree to comply with all town ordinances, rules, regulations, and other applicable laws.

I agree to save and keep the Town free and harmless from any and all loss or damages or claims for damages, including attorney's fees and litigation costs, arising from or out of the special event.

I agree to, upon request of the Special Events Coordinator, Town Manager, and/or the Board of Aldermen, to provide proof of general liability insurance listing the Town as an additionally insured with limits no less than 1 (one) million dollars.

I understand that if the event is cancelled, I will receive a refund of my application fee less a \$15 administrative fee.

*** See attached memo for additional stipulations.***

Signature: _____ Date: _____

This application is hereby approved, this the _____ day of _____, 20_____.

Special Events Coordinator, Town of Wrightsville Beach, North Carolina