



Special Event Application / Zoning Permit

NAME OF EVENT:	DATE APPLICATION RECEIVED AND BY:
DATE OF EVENT:	

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.

PROPERTY OWNER AND LOCATION

Name of Property Owner:

Address of Property Owner:

Phone Number of Property Owner:

Parcel Number and Street Address of Site:

CONTACT INFORMATION (ON-SITE CONTACT)

Name:

Address:

Phone Numbers: Home: _____ Cell: _____ Other: _____

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
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Please describe the Event:



City of Lexington
Office of Community Development
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			<i>If yes, attach letters of consent from adjoining property owners.</i>		
Attach site plan or specifically describe the location and/or boundary:					
Start and end times:		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 sells	<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>					



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ATTACHMENTS (check all that apply)

Proof of Insurance:

Umbrella Required Provided in the amount of \$ _____

Alcohol Required Provided in the amount of \$ _____

<input type="checkbox"/> Site Plan	<input type="checkbox"/> Tent Specifications	<input type="checkbox"/> Sign illustrations with measurements	<input type="checkbox"/> Proof of Approval from Davidson County Health Department
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<input type="checkbox"/> Letter of permission from property owner	<input type="checkbox"/> Other:
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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)



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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)



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Additional Space for Listing Multiple Merchants under One Permit:

MERCHANDISE SELLS
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 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 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:



City of Lexington
Office of Community Development

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Form Letter for Consent by Adjoining Property Owner(s) for Street and/or sidewalk Closing