

TOWN of SYLVA

Parks and Recreation Department
83 Allen Street
Sylva, NC 28779

Phone: (828) 586-2719 Fax: (828) 586-8134 E-mail: townclerk@townofsylva.org

OUTDOOR SPECIAL EVENT PERMIT

Event Date: _____

Today's Date: _____

Name of Organization: _____

Primary Organizer Contact:

Name: _____

Phone#: _____

Address: _____

Email Address: _____

Fax#: _____

Primary Event Category:

****Note** 60 Day Advance Notice is Required for Events that will need a Road Closure!!**

- | | | | |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> Assembly/Rally | <input type="checkbox"/> Car Show | <input type="checkbox"/> Filming/Photography | <input type="checkbox"/> Race/Run/ Walk |
| <input type="checkbox"/> Block Party | <input type="checkbox"/> Educational | <input type="checkbox"/> Parade | |
| <input type="checkbox"/> Block off Parking | <input type="checkbox"/> Festival | <input type="checkbox"/> Processional | |

Other: _____

Primary Event Location:

Fountain on Main Street Main Street Sidewalk Pinnacle Park

Processional Route: _____

Name of Event: _____

Purpose of Event: _____

Date (s) of Actual Event: _____

Will this event be audio and/or visually recorded?
 YES NO

Estimated Attendance: _____

Event Time(s) Opening (including set-up): _____AM/PM – Closing (including clean-up) :_____AM/PM

Primary On-Site Contact: _____

Mobile Phone Number : _____

If the date and/or location requested is not available, or if the requested location is not an appropriate site to conduct your proposed event, the police department will contact you and an alternate location will be suggested if available. **Do not publicize your event until preliminary approval has been confirmed by the Town of Sylva.**

Everything that I have stated on this application is correct to the best of my knowledge. I have read, understand, and agree to abide by the policies, rules and regulations. The permit, if granted, is not transferable and is revocable at any time at the absolute discretion of the Sylva Town Manager.

Name of Applicant _____

Signature _____ Date _____

Police/Town Official Approval _____ Date _____