

Temporary Use Permit Application

Types of Events (Check ALL that Apply	v)
O Special Event Permit	O Requires closure of Town Street
O Town recognized event	O Sale of agricultural products grown off-site
O Over 100 People in attendance	O Involves Town Property
O Live Band or Amplified Sound	O Requires Security
O Protest/ Rally	•
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Name of Event	Location of Event (Exact Street Address)
Applicant Name	E-mail Address
Address	Zip Code
Phone Number	Event Date
Event Start Time	Event End Time
Event Set Up Time	Event Clean-up Time
Sound Amplification Hours	Will Food or Goods be Sold?
Number of Food Trucks, if applicable	(May Require a NC Sales & Use Certificate, NC Department of, if applicable)
Will Any Town Property be Used?	
If Any Town Street Require Closure, please li	ist all street names.
Applicant's Name (Print)	Signature Date
FOR STAFF USE ONLY	
Board of Commissioners Approval, if necessar	ary (Date Approved)
Planning Director Approval Signature:	Date: