

Application for Special Events  
within the Town of Wadesboro

Temporary Event Permit Fee \$50.00 (please attach payment to application)

Name of Activity / Event Anson Co. Sheriff's Office 5K Glow Run

Sponsoring Organization Name Anson Co. Sheriff's Office

Brian Tice  
Name of Primary Contact Person

Jennifer Tice  
Alternate Contact Person's Name

119 N. Washington St., Wadesboro  
Primary Address

same  
Alternate Address

704-695-6818  
Primary Phone Number/Cell

same  
Alternate Phone Number/Cell

bttice@co.anson.nc.us  
Primary E-Mail Address

Alternate E-Mail Address

Location of Event: Anson Co. Sheriff's Office

Availability of Location Confirmed  Yes  No

Description of Event: 5K Glow Run, to start at 7:00pm. The Run will take place between Washington St. to Maxwell Rd.

Date(s) of Event: 10-7-17 Hours of Operation: 5p to 9p.

Set-up & Break Down time needed: yes

Number of people involved:

Participants: 25 to 100.

Entertainment: N/A.

Vendors: N/A.

- All vendors are subject to licensing requirement (fire inspection, health inspection, etc.)

Expected Number of Audience: \_\_\_\_\_

ATTACHMENT D  
OCTOBER 2, 2017 MINUTES

Entertainment (Show on Site Plan)

Location \_\_\_\_\_

Speakers/Microphone  Yes  No Electrical Hook-ups  Yes  No

Other: \_\_\_\_\_

Parking Requirements (Show on Plan):

Number of parking spaces available: \_\_\_\_\_ Number of Handicapped Spaces: \_\_\_\_\_

Participants Parking Location: \_\_\_\_\_

Vendors Parking Location: \_\_\_\_\_

Entertainment Parking Location: \_\_\_\_\_

Audience Parking Location: \_\_\_\_\_

(If the audience parking location is insufficient on site, parking arrangement letter(s) from owner(s)/renter(s) of additional sites allowing usage must be attached)

Clean-up Plan/Litter Control: \_\_\_\_\_

Name of Waste Hauler: \_\_\_\_\_

Number of Toilets: \_\_\_\_\_ Location of Toilets: \_\_\_\_\_

Insurance Policy Naming Town Additional Insured Attached  Yes  No

Additional Comments:

Insurance is provided by North Carolina Special Olympics  
asking that the roads closed at the intersection of Martin + Washington  
and Wade + Washington during the event.

North Carolina Department of Transportation  
Special Event Request Form  
Revised 8/5/14

This request form is required for non-governmental entities for all special events requiring a road, lane, and/or shoulder closure, or repurposing a State Highway System facility for something other than its intended use, except where a county or municipality is regulating the use of the highways in accordance with General Statute §20-169. This form must be submitted with a formal request to the appropriate Division Engineer(s) at least sixty (60) days prior to the scheduled beginning of the event. See a listing of the Highway Divisions and their contact information at the following URL:

<https://apps.dot.state.nc.us/dot/directory/authenticated/UnitPage.aspx?id=630>

**Section A: Event Information**

Name of Event: Anson County Sheriff's office 5K Glow Run  
Type of Event: 5K  
County/Countries: Anson  
City/Cities: Wadesboro  
Event Date(s): 10-7-17  
Event Time(s): 5p to 9p.  
Primary Sponsoring Organization: Anson County Sheriff's office  
Anticipated number of participants (estimate): 100  
Anticipated number of spectators (estimate): 50  
Approximate distance in miles: 3  
Requested Action(s):  Road Closure  Lane Closure  Shoulder Closure  
(Check all that apply)  Repurposing a State Highway System facility for something other than its intended use

**Section B: Contact Information**

Director/Organizer Name: Brian Tice Email: btice@co.anson.nc.us  
Mailing Address: 119 N. Washington St Wadesboro, NC 28170  
Telephone 1: 704-694-4188 Telephone 2: 704-695-6318 Fax: 704-694-9156  
Responsible Local Government: Wadesboro Town of.  
Local Government Contact: Marc Sessions Telephone: \_\_\_\_\_  
Responsible Law Enforcement Agency: Wadesboro P.D. + Anson Co. Sheriff's office  
Law Enforcement Contact: Brian Tice Telephone: 704-695-6318

**Section C: Support Material (check list)**

The following support documentation must be attached to this request before it will be considered (as applicable following discussions with the local Highway Division(s))...

- 1. Detailed location(s) of event including maps indicating proposed route(s) used by the event. Any changes to the proposed routes shall be submitted as soon as the change is made.
- 2. Detailed description of the event and how it will affect the route(s) used by the event.
- 3. Written acknowledgement and approval by all local governments whose jurisdiction the event is being held in.
- 4. Written acknowledgement and approval by local law enforcement and/or the State Highway Patrol.
- 5. Type, description, and location of any proposed temporary lane closures/interference, road closures/interference, traffic control and signing with appropriate maps, sketches, detour routes, and written acknowledgement from the agency providing the temporary closures/interference, traffic control, and/or signing accepting responsibility for such.
- 6. Description of notification to residents along the route as a safety and informational service.
- 7. Waiver modification or insurance (select one)
  - a. Addition of the State of North Carolina and the North Carolina Department of Transportation into participant release waivers (see Appendix A). A copy of a blank waiver shall be provided.
- OR -
- b. Certificate of liability insurance as follows:
  - General Liability, Each Occurrence: minimum amount of \$1,000,000
  - Description field: name and type of the event (as indicated in Section A, above)
  - Description field: the State of North Carolina and the North Carolina Department of Transportation named as additional insured parties (this is at the discretion of the individual insurance company)
  - Note - Additional liability insurance may be requested at the discretion of the Department

**Section D: Terms and Conditions**

The following applies to all approved events...

- 1. Requestor shall be responsible for proper closure of the lanes/roads according to the Manual on Uniform Traffic Control Devices (MUTCD).
- 2. Requestor shall be responsible for providing all necessary traffic control using the appropriate law enforcement agency/agencies or individuals trained in traffic control as set forth in General Statute §20-114.1.
- 3. Requestor shall be responsible for notification of all emergency services and other responders of any impending closures and/or interference.
- 4. Event shall be supported by, or endorsed by, the local governing body/bodies.
- 5. If the event is a bicycle race, requestor shall be responsible for following rules and statutes specific to bicycle racing as provided for in General Statute §20-171.2.
- 6. Requestor shall ensure that all debris, litter, decorations, and other items associated with the event are removed following the event.

**Section E: Signatures**

Requestor Signature: \_\_\_\_\_

Date: \_\_\_\_\_





**Application for Special Events  
within the Town of Wadesboro**

**Temporary Event Permit Fee \$50.00** (please attach payment to application)

Name of Activity / Event Fall Festival

Sponsoring Organization Name Uptown Wadesboro, Inc.

Julian Swittenberg

Name of Primary Contact Person

Don Altieri

Alternate Contact Person's Name

107C East Wade Street

Primary Address

Alternate Address

704-695-1644

Primary Phone Number/Cell

704-695-4111

Alternate Phone Number/Cell

uptownwadesboro@windstre  
am.net

Primary E-Mail Address

daltieri@windstream.net

Alternate E-Mail Address

Location of Event: East and West Wade Streets and Greene Street between Morgan  
and Martin Streets -----

Availability of Location Confirmed

X Yes

No

Description of Event: Family friendly games and trick-or-treat; decorating contests;  
costume contests; hair painting

Date(s) of Event: October 28, 2017

Hours of Operation: 10:00am – 1:00pm

Set-up & Break Down time needed: Setup starting at 9:00am

Number of people involved:

Participants: \_\_\_\_\_

Entertainment: -----

Vendors: None

All vendors are subject to licensing requirement (fire inspection, health  
inspection, etc.)

Expected Number of Audience: Less than 200

Entertainment (Show on Site Plan)

**ATTACHMENT E  
OCTOBER 2, 2017 MINUTES**

Location -----







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/26/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER HCC Specialty 401 Edgewater Place, Suite 400 Wakefield, MA 01880	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
E-MAIL ADDRESS:			
PRODUCER CUSTOMER ID #:			
INSURED Uptown Wadesboro 107 E Wade St Wadesboro, NC 28170	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	New Hampshire Insurance Company	23841
	INSURER B:	United States Fire Insurance Company	21113
	INSURER C:		
	INSURER D:		
	INSURER E:		

### COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR   WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	X	SEL012342447	06/01/2017	06/01/2018	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
B	<input checked="" type="checkbox"/> Host Liquor		US759077	06/01/2017	06/01/2018	MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> Medical Expense					PERSONAL & ADV INJURY	\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 1,000,000
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
<input type="checkbox"/> HIRED AUTOS							\$
<input type="checkbox"/> NON-OWNED AUTOS							\$
UMBRELLA LIAB						EACH OCCURRENCE	\$
EXCESS LIAB						AGGREGATE	\$
DEDUCTIBLE							\$
RETENTION \$							\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS	OTH - ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The Certificate Holder is added as Additional Insured with respects to our Insured's operations only.  
This insurance is primary and non-contributory as required by written contract.  
This coverage is with respect to Fall Festival event to be held 10/28/2017 - 10/28/2017 at Town of wadesboro wadesboro NC

### CERTIFICATE HOLDER

Town of Wadesboro  
209 East Wade Street  
Wadesboro, NC 28170

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE