

Application for Special Events
within the Town of Wadesboro

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

Name of Activity / Event LIVE MUSIC THURSDAY ON WADE

Sponsoring Organization Name UPTOWN WADESBORO, INC.

ELIZABETH SCHAEFER
Name of Primary Contact Person

JULIAN SWITTENBERG
Alternate Contact Person's Name

704/465-8850
Primary Address

107 C. E WADE ST.
Alternate Address

121 E. WADE ST.
Primary Phone Number/Cell

704/695-1644
Alternate Phone Number/Cell

southernmedcellarcgolf.com
Primary E-Mail Address

uptownwadesboro@winkstream.net
Alternate E-Mail Address

Location of Event: E. WADE ST.

Availability of Location Confirmed Yes No

Description of Event: LIVE MUSICIANS PERFORMING

Date(s) of Event: THURS. Hours of Operation: 6:30-9

Set-up & Break Down time needed: 5:30-9:30

Number of people involved: 2-8 MUSICIANS.

JULY ~~13~~ 13, 20, 27

AUG 10, 17, 24, 31

SEPT. 7, 14, 21, 28

Participants: VARIETY.

Entertainment: MUSIC: COUNTRY, CLASSIC ROCK,
BLUEGRASS

Vendors: NONE @ THIS TIME.

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

Expected Number of Audience: 30-50+

Entertainment (Show on Site Plan)

Location E. WADE FROM OLIVERS TO WASHINGTON

Speakers/Microphone Yes No Electrical Hook-ups Yes No

Other: _____

Parking Requirements (Show on Plan):

Number of parking spaces available: — Number of Handicapped Spaces: ~~2~~ —

Participants Parking Location: STREET

Vendors Parking Location: —

Entertainment Parking Location: STREET

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: OLIVERS WILL TAKE RESPONSIBILITY.

Name of Waste Hauler: N/A

Number of Toilets: 2 Location of Toilets: 2

Insurance Policy Naming Town Additional Insured Attached Yes No

Additional Comments:

We are asking for barricades to be set-up.
People will gather & bring their own
chairs.

109

N Greene St

3155K

E Wade St

OLIVER'S

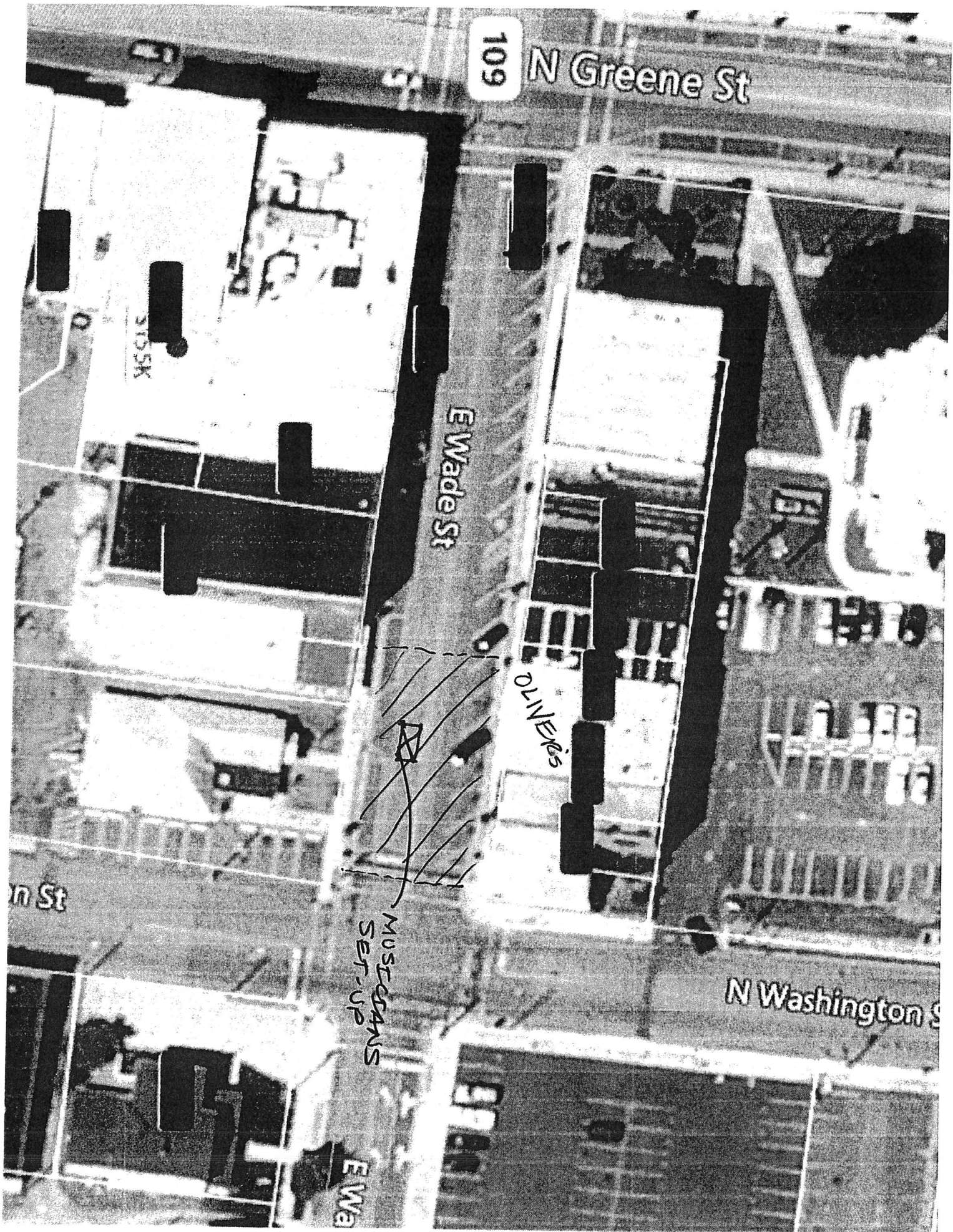
MUSICIANS
SET-UP

n St

N Washington S

E Wa

GREEN





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/30/2017

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 have ADDITIONAL INSURED provisions or 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 ANSON REAL ESTATE & INS CO P O BOX 326 WADESBORO NC 28170		CONTACT NAME: LOUISE THOMAS PHONE (A/C, No, Ext): 704 694-2216 E-MAIL ADDRESS: ansonins@windstream.net FAX (A/C, No):	
INSURED JEFFERY OLIVER DBA OLIVER'S 196 RED HILL-MT. VERNON CHURCH RD WADESBORO NC 28170		INSURER(S) AFFORDING COVERAGE INSURER A: FOREMOST INSURANCE CO GRAND RAPIDS, MI INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		PPS08193908	12/01/2016	12/01/2017	EACH OCCURRENCE	\$ 1,000,000.00
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 75,000.00	
	MED EXP (Any one person)						\$ 5,000.00	
	PERSONAL & ADV INJURY						\$	
							GENERAL AGGREGATE	\$ 2,000,000.00
							PRODUCTS - COMP/OP AGG	\$ 2,000,000.00
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

LOCATION ADDRESS: 121 EAST WADE STREET, WADESBORO NC 28170

CERTIFICATE HOLDER**CANCELLATION**

TOWN OF WADESBORO
 P O BOX 697

WADESBORO

NC 28170

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

Louise Thomas

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Name: Shelby Emrich

Address: 107 A East Wade St
Wadesboro NC 28170

Organization: Anson County
Chamber of Commerce

Date: May 25, 2017

This letter is to express support in favor of the Town of Wadesboro allowing the area on E. Wade St, from Oliver's Restaurant at 121 E. Wade St, to Washington St. to be temporarily closed to allow for community events.

The closing will occur on Thursdays, between the hours of 5:30PM to 9:30PM.

These community events will enhance the town & be a great opportunity for families & individuals to enjoy life in Anson County.

Sincerely,

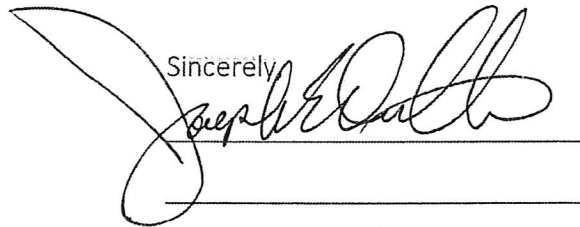
Shelby Emrich
Executive Director

Name: JOE DUTTON
Address: 1030 Upper White Stone RD
Teachland NC
Organization: _____
Date: 5/30/17

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Sincerely,


Name: Julian Switzenberg II
Address: 107-C East Wade St.

Organization: Uptown Wadesboro, Inc

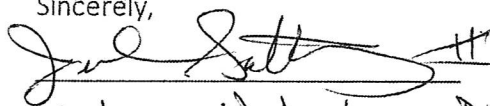
Date: 5/31/2017

This letter is to express support in favor of the Town of Wadesboro allowing the area on E. Wade St, from Oliver's Restaurant at 121 E. Wade St, to Washington St. to be temporarily closed to allow for community events.

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Sincerely,


Uptown Wadesboro Director

Name: JAMES Price - Prices Place
Address: 125 E Wade St
Wadesboro NC.
Organization: Owner - Prices Place
Date: 5-27-17

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Sincerely,

JAMES E Price

Name: John Marek

Address: 107 A East Wade St
Wadesboro, NC 28170

Organization: Anson EDP

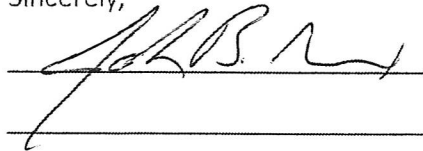
Date: 06/11/2017

This letter is to express support in favor of the Town of Wadesboro allowing the area on E. Wade St, from Oliver's Restaurant at 121 E. Wade St, to Washington St. to be temporarily closed to allow for community events.

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Sincerely,



Ken Tyson
Name: New York Life
Address: 118 E. Wade Street
Wadesboro, NC
Organization: New York Life

Date: 5-26-17

This letter is to express support in favor of the Town of Wadesboro allowing the area on E. Wade St, from Oliver's Restaurant at 121 E. Wade St, to Washington St. to be temporarily closed to allow for community events.

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Sincerely,

