

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 THURS

Sponsoring Organization Name VWI.

ELIZABETH SCHAFER JULIAN SWITENBERG
Name of Primary Contact Person Alternate Contact Person's Name

121 E. WADE ST. 107 C. E. WADE ST.
Primary Address Alternate Address

704/465-8850 704/095-1644
Primary Phone Number/Cell Alternate Phone Number/Cell

southernmodcellare@aol.com UPDOWNWADESBORO@windstream.net
Primary E-Mail Address Alternate E-Mail Address

Location of Event: E. WADE ST. (see attached satellite pic)

Availability of Location Confirmed Yes No

Description of Event: LIVE MUSIC

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

Set-up & Break Down time needed: CLOSE DOWN STREET FROM 5:30-9:30

Number of people involved: 4-8 MUSIC / OCT. 5, 19, 26, NOV. 2, 9,

Participants: VARIETY NOV. 16, NOV. 30TH

Entertainment: _____

Vendors: NONFC @ THIS TIME

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

Expected Number of Audience: 100 +/-

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: ON STREET.

Vendors Parking Location:

Entertainment Parking Location: ON STREET.

Audience Parking Location: ON STREET.

(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: oliver's will take responsibility

Name of Waste Hauler: N/A

Number of Toilets: 0 Location of Toilets: 0

Insurance Policy Naming Town Additional Insured Attached Yes No

Additional Comments: people will bring lawn chairs, -
we ask for barricades to be set-up

E. Schaper

109

N Greene St

3155K

E Wade St

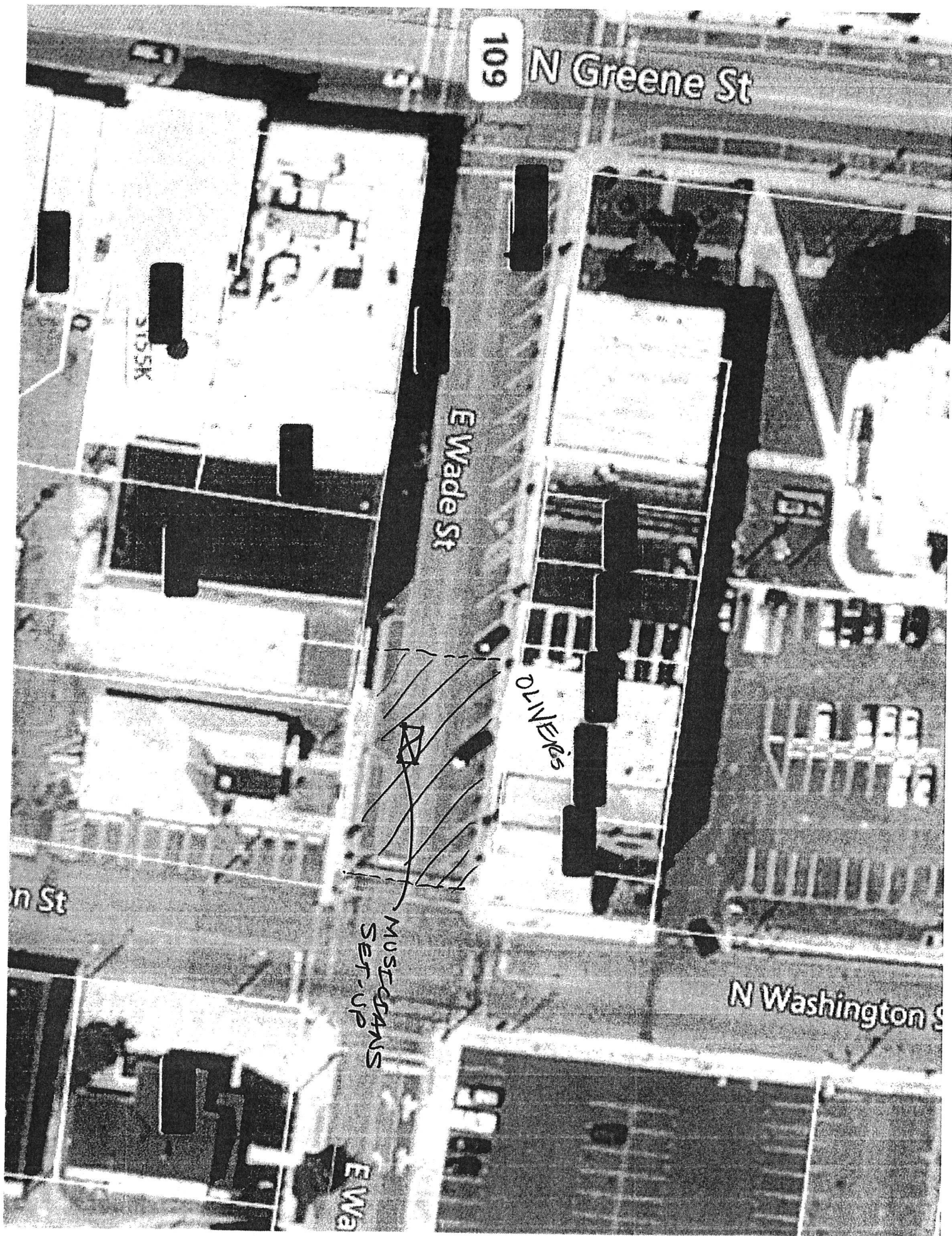
OLIVER'S

MUSICIANS
SET-UP

n St

N Washington S

E Wa





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 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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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,

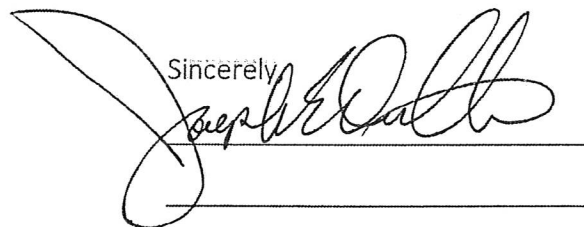
Shelby Emrich
Executive Director

Name: JOE DUTTON
Address: 1030 Upper White Star 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

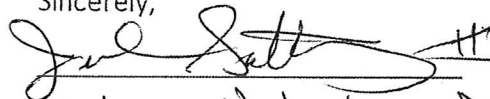
Date: 5/31/2017

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

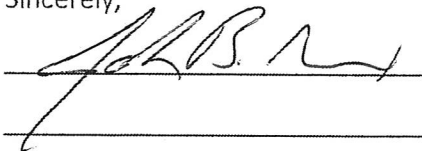
Date: 06/11/2017

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,



Kent 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,

