



PO Box 2430
Indian Trail, NC 28079
Telephone (704) 821-5401
PLANNING AND NEIGHBORHOOD SERVICES

SPECIAL EVENT PERMIT

EVENT: Subject to all requirements of Chapter 450 of the Unified Development Ordinance

Examples of Special Events

- Food vendors
 - must be in conjunction with a local restaurant or non-profit sponsored event
 - are required to have appropriate state and county permits.
- Circus
- Carnival/Street Fair
- Flea Market
- Rodeo

Submittal Requirements (Application shall be received at least 2 months prior to the requested start date to allow for proper notification and Board of Adjustment hearing.)

- Written permission and Letter of Intent from the property owner
- Statement of Fees to be charged at special event
- Review Fee \$30.00 + 10% Technology fee
- Site Plan
- Approximate number of people, animals, and vehicles to be used
- Proof of insurance
- Union County Health Department approval for any event involving food service

Approval Criteria

- Special Event, hours of operation, and amount of noise and lighting must be compatible with the zoning district and surrounding land uses
- Special Event shall not have adverse impacts on surrounding properties
- Special Event shall provide adequate safety personnel and sanitation facilities
- Any temporary structures and litter shall be removed at the owners expense within 10 days of event completion
- Adequate off-street parking will be provided and will not disrupt normal flow of traffic
- Only one permit and one renewal are allowed within any 12-month period
- Additional conditions may be placed on permit to ensure requirements are met

Name/Title of Event: _____

Date(s) of Event: _____

Location: Describe specific location, including a drawing/detailed site plan to include area used, entry and exits, structure locations, bleachers, canopies, fences, displays, concessions, etc.

Description of Event (examples of special events include circus, carnival, rodeo, flea market):

Event Start/End Times (maximum allowable time is 14 days):

GENERAL INFORMATION

Project Address _____

City _____ State _____ Zip _____

Tax Parcel ID _____ Zoning Designation _____

Total Acres _____ Impervious Area _____

APPLICANT

Organization: _____ Phone: _____

Contact Person: _____ Phone: _____

Mailing Address: _____

Email: _____

PROPERTY OWNER

Name: _____ Phone: _____

Mailing Address: _____

Email: _____

Applicant's Certification

Signature _____ Date _____

Printed Name/Title _____

Signature of Notary Public _____ Date _____

Notary Seal

Owner's Certification

Signature _____ Date _____

Printed Name/Title _____

Signature of Notary Public _____ Date _____

Notary Seal

Town of Indian Trail Office Use Only	
Case Number: _____	
Date Received: _____	Amount of Fee: _____
Received By: _____	Receipt # _____

DEPARTMENT APPROVAL (if applicable)

Town Engr: _____
SIGNATURE DATE

NC DOT: _____
SIGNATURE DATE

Fire Marshal: _____
SIGNATURE DATE

Union Co.
Health Dept.: _____
SIGNATURE DATE

Building
Inspector: _____
SIGNATURE DATE

Proof of Insurance: _____ _____ If yes, please provide a copy.
 YES NO

The applicant is responsible for contacting Union County Sheriff's Department for traffic ingress and egress issues for the event.

Applicant declares all information submitted on this application is true and accurate. Applicant will immediately notify the Zoning Administrator of any additions or changes that arise after application is submitted. Changes could result in denial or revocation of permit. On behalf of the above organization(s) and all members thereof, applicant agrees to abide by all policies, procedures and instructions set forth or provided by the Town of Indian Trail, its staff, officers and designated agents; and will also comply with all relevant local, state and federal regulations.

Applicant Signature: _____

Date: _____

Town of Indian Trail



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PLANNING AND NEIGHBORHOOD SERVICES

**GROUP/ORGANIZATION
WAIVER AND RELEASE OF LIABILITY**

ORGANIZATION/GROUP NAME: _____

EVENT NAME: _____

EVENT DATE(S): _____

ON BEHALF OF THE ABOVE ORGANIZATION/GROUP, I expressly WAIVE, RELEASE, and DISCHARGE the Town of Indian Trail, its officers, agents, and employees or any other person from any and all LIABILITY for any death, disability, personal injury, property damage, property theft or actions, including any alleged or actual negligent act or omissions, regardless of whether such act or omission is active or passive which may accrue to myself or members of my organization/group or our heirs in connection with our participation in the above described event. I fully understand and acknowledge that the Town of Indian Trail is relying on my representation that I have authorization to sign this document and that I will provide all members of my group a completed copy of this Waiver prior to our participation.

I expressly INDEMNIFY AND HOLD HARMLESS the Town of Indian Trail, its elected and appointed officers, agents and employees from any and all liabilities or claims made by me or my organization/group, my/our heirs and any other individuals or entities as a result of any of my/our actions in connection with my/our participation in this event except for those claims arising from the sole negligence or sole willful conduct of the Town, its officers, employees, volunteers or other representatives. Such indemnification includes liability settlements, damage awards, costs and attorney fees associated with any such claims.

I hereby certify that I have read this document, understand its content, and am authorized to sign this document on behalf of all members of the group I represent.

DATE: _____

SIGNATURE: _____

NAME: _____ TITLE: _____

ADDRESS: _____



One Stop Permitting

500 N. Main Street
Suite #47
Monroe, NC 28112

T. 704.283.3553

<https://ucinspect.unioncountync.gov/evolvepublic/>

_____ X \$75.00 = _____ # of Temporary Food Establishment (TFE) Applications Associated with Event
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EVENT ORGANIZER APPLICATION

The Event Organizer Application and all Temporary Food Establishment (TFE) Applications must be submitted 15 calendar days prior to the event. It is the Event Coordinator's responsibility to ensure all TFE vendor applications are completed and submitted along with Event Organizer Application.

- *When submitting online, the Event Organizer is responsible for paying all of the TFE vendor fees.
Online submissions - <https://ucinspect.unioncountync.gov/evolvepublic/> please create an account if you do not already have one. Please make sure you remember to upload all required documents upon submittal. Please do not apply until all temporary food establishment vendors, mobile food unit vendors and non-profit food vendors are identified, as no additional vendors can be added after submittal, unless submitted greater than 15 days prior to the event.
- *Submitting a hard copy to the front office requires that all TFE applications and payments be received at the time the Event Organizer submits. TFE application will not be processed without payment.

Organizer Information

Organizer Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone (8am-5pm): (____) _____ After 5pm): (____) _____

E-Mail: _____

Event Information

Name of event: _____

Event Address: _____ City: _____ State: _____ Zip: _____

Parcel ID Number: _____

Dates and hours of operation:			
Event Date(s):	to	Hour(s) of Operation:	to
Rain Date(s):	to		

Admission Charged: Yes No

Will event last for at least 6 consecutive hours? Yes No

Maximum Attendance: _____

Will the sewage disposal be: (Check one that applies) Municipal (public) Septic system Portable Toilets

Is there a septic system on the property Yes No Will the system be used for the Event Yes No

Will the organizer be supplying water to the food booths? Yes No

If yes, what is the water source? City/Public Private Well

Date/time food vendor(s) will be allowed on site for setup: _____

Will tents be provided? Yes No Will inflatables be provided? Yes No

Yes **Map attached of the event grounds showing the location for each food booth, toilet facilities, water connections, existing septic systems, well(s) on property, tents, inflatables and parking, etc. (Indicate the square footage of each tent and/or inflatable).**



TEMPORARY FOOD ESTABLISHMENT VENDOR (\$75 per TFE VENDOR)			
Name of Booth	Owner/Operator	Phone Number/E-mail	General Menu
Example Food Booth	Jane Doe	704-000-0000 email@email.com	Funnel Cakes, blooming onions, sandwiches, hamburgers, and corn on the cob.

MOBILE FOOD UNIT (MFU)			
Name of MFU	Owner Phone Number/E-mail	County of Operation	Unit's Permit ID Number

NON-PROFIT FOOD VENDOR			
G.S. 130-250 (7) Allows establishments that are incorporated as nonprofit corporations in accordance with Chapter 55 of the General Statutes or are exempt from federal income tax under the Internal Revenue Code as defined in G.S. 105-228.90 or that are political committees as defined in G.S. 163-278.6(14) to prepare or serve food and/or drink for pay no more than once a month for a period of two consecutive days.			
Nonprofit Name	Contact Person	Phone Number/E-mail	Registration Number

STATEMENT: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from Union County Environmental Health may nullify final approval and prevent issuance of permits to participating food vendors. I understand that a pre-opening inspection of each food vendor is required and if the food vendor is not in compliance with 15A NCAC 18A .2635 a temporary food establishment permit will not be issued.

_____ Signature _____ Date _____
 Print Name _____