

Office Use Only



Approved? \_\_\_\_\_  
Signature: \_\_\_\_\_

### Special Activities Permit Application

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

*Applicant Information:*

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Fax # (if applicable): \_\_\_\_\_

*Proposed Event Information:*

Name of Event: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Time of Event: \_\_\_\_\_ Event Location: \_\_\_\_\_

Description of Event\*: \_\_\_\_\_

\_\_\_\_\_

Need for Street Closings: \_\_\_ Yes\*\* \_\_\_ No

If yes, which street(s): \_\_\_\_\_

Will there be alcoholic beverages sold or consumed? \_\_\_ Yes \_\_\_ No

*If Yes: 1) A separate ABC permit will need to be obtained from the Police Department*

*2) A map of the proposed designated area for the consumption of alcohol will need to be given to the City*

Additional Needs from the City: (i.e. police and fire protection, streets and maintenance, etc.)

\_\_\_\_\_

**Required:**

Contact Person During Event: \_\_\_\_\_

Contact Number During Event: \_\_\_\_\_

**Read and Sign:**

The undersigned states that he/she is of legal age and has read and understands all applicable ordinances, terms and conditions. The undersigned further states that he/she understands that failure to comply with all applicable ordinances, terms and conditions of this permit may result in immediate revocation of permit. The approval of this permit should not be interpreted as the City of Mount Holly accepting responsibility for any action and/or activities related to the issuance of this permit. A copy of the approved permit must be posted at the event(s).

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*An additional Sound Amplification Permit will need to be completed if applicable*

*\*\*Use of state right-of-ways requires an additional NCDOT application*