



ROCKY MOUNT, NC  
THE CENTER OF IT ALL

# DOWNTOWN ROCKY MOUNT SPECIAL EVENT APPLICATION

RETURN TO: CITY OF ROCKY MOUNT  
DOWNTOWN SPECIAL EVENTS COORDINATOR  
331 S. Franklin St, ROCKY MOUNT, NC 27803  
OR [SPECIALEVENTSDOWNTOWN@ROCKYMOUNTNC.GOV](mailto:SPECIALEVENTSDOWNTOWN@ROCKYMOUNTNC.GOV)

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

## CONTACT INFORMATION AND EVENT DESCRIPTION

Special Event Host/Organization Name: \_\_\_\_\_  
Main Telephone: \_\_\_\_\_ Website: \_\_\_\_\_  
Address: \_\_\_\_\_

Event Coordinator/Responsible Party Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_

Non-profit must attach copy of 501(c) 3 status if seeking reduced rental fees.

Event Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Rain Date: \_\_\_\_\_  
Location: \_\_\_\_\_

Event Description: Please attach a separate sheet which includes a detailed narrative summary of the proposed event including a description of planned activities.

## GENERAL EVENT INFORMATION

**Type of event (check all appropriate):**

- Religious       Concert       Festival       Race (Bike)       Car Show
- Race (Foot)       Rally       Parade       Walk-a-thon       \_\_\_\_\_

**Note: A site map of your event and/or your proposed route (including assembly and disbanding areas) must be attached to this application.**

**Please check any special activities that apply to your event:**

- Amusement Rides       Dunk Tanks       Inflatables       Mobile Stages
- Petting Zoos       Pony Rides       Other: \_\_\_\_\_

Please fill in below with all requested date(s) and time(s):

	Starting Date	Starting Time	Ending Date	Ending Time
Setup				
Event				
Breakdown				

Is this a fund raising project?  Yes  No

Is your event open to the general public?  Yes  No

Is this event family friendly?  Yes  No

Is this the first time you are holding this event?  Yes  No

If this is not a new event, how does it differ from previous years?

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**Total number of expected participants (volunteers, walkers, etc.) and spectators anticipated:**

Daily: \_\_\_\_\_ Overall Total: \_\_\_\_\_

If applicable, attendance totals for last event:

Daily: \_\_\_\_\_ Overall Total: \_\_\_\_\_

## POLICE DEPARTMENT

Will any public streets need to be fully or partially closed or blocked off?  Yes  No

Please describe requested street closures OR attach a detailed map and turn-by-turn directions:

\_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_  
 (Street) (Street) (Street)

\_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_  
 (Street) (Street) (Street)

\_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_  
 (Street) (Street) (Street)

\_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_  
 (Street) (Street) (Street)

\_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_  
 (Street) (Street) (Street)

\_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_  
 (Street) (Street) (Street)

\_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_  
 (Street) (Street) (Street)

*Event Organizers are responsible for notifying the appropriate City Council member, residents, businesses (including parking facility managers) and churches within or adjacent to your event site or parade route. It is important to understand that the success and longevity of your event depends largely upon the relationships cultivated with businesses and residents within or adjacent to your event site. Your notification must include the dates and times of all street closures associated with your event, local access information, locations of stages and major exhibits, as well as the hours of any amplified sound, if applicable. Use the enclosed **Street Closure Notification Form** and **Signature Sheets** to document how you carry out your plan. These forms must be submitted along with your application.*

Will security services be needed (required when alcohol is served)?  Yes\*\*\*  No

Will other police services be requested (traffic/parking direction, route layout, etc.)?  Yes\*\*\*  No

## FIRE DEPARTMENT

### Tent Inspections

Will you have tents?  Yes  No

Will any of the tents be over 400 sq. ft.?  Yes\*\*\*  No  N/A

*Note: NC Fire Code and our City ordinances require a permit for any tent put up that is 400 square foot or more with sides and 700 square foot or more with no sides. Cooking will require an inspection done by Fire Department. No cooking can be done within 20 feet of any combustible surface, under tents or awnings. No LP cylinders allowed with 20 foot of cooking and fire extinguishers will need to be present.*

#### **Relevant City of Rocky Mount Ordinances:**

*2403.8.2 Location. Tents or membrane structures shall not be located within 20 feet (6096 mm) of lot lines, buildings, other tents or membrane structures, parked vehicles or internal combustion engines. For the purpose of determining required distances, support ropes and guy wires shall be considered as part of the temporary membrane structure or tent.*

*Exceptions:*

*1. Separation distance between membrane structures and tents not used for cooking is not required when the aggregate floor area does not exceed 15,000 square feet (1394 m2).*

*2. Membrane structures or tents need not be separated from buildings when all of the following conditions are met:*

*2.1. The aggregate floor area of the membrane structure or tent shall not exceed 10,000 square feet (929 m2).*

*2.2. The aggregate floor area of the building and membrane structure or tent shall not exceed the allowable floor area including increases as indicated in the International Building Code.*

*2.3. Required means of egress are provided for both the building and the membrane structure or tent including travel distances.*

*2.4. Fire apparatus access roads are provided in accordance with Section 503.*

*2403.9 Anchorage required. Tents or membrane structures and their appurtenances shall be adequately roped, braced and anchored to withstand the elements of weather and prevent against collapsing.*

*2404.5 Combustible materials. Hay, straw, shavings or similar combustible materials shall not be located within any tent or membrane structure containing an assembly occupancy, except the materials necessary for the daily feeding and care of animals. Sawdust and shavings utilized for a public performance or exhibit shall not be prohibited provided the sawdust and shavings are kept damp. Combustible materials shall not be permitted under stands or seats at any time.*

*2404.6 Smoking. Smoking shall not be permitted in tents or membrane structures. Approved "No Smoking" signs shall be conspicuously posted in accordance with Section 310.*

*2404.7 Open or exposed flame. Open flame or other devices emitting flame, fire or heat or any flammable or combustible liquids, gas, charcoal or other cooking device or any other unapproved devices shall not be permitted inside or located within 20 feet (6096 mm) of the tent or membrane structures while open to the public unless approved by the fire code official.*

*2404.12 Portable fire extinguishers. Portable fire extinguishers shall be provided as required by Section 906.*

*2404.15.6 Outdoor cooking. Outdoor cooking that produces sparks or grease-laden vapors shall not be performed within 20 feet (6096 mm) of a tent or membrane structure. 2404.16.2.1 Containers 500 gallons or less. Portable LP-gas containers with a capacity of 500 gallons (1893 L) or less shall have a minimum separation between the container and structure not less than 10 feet (3048 mm). 2404.17.1 Use. Flammable-liquid-fueled equipment shall not be used in tents or membrane structures.*

*2404.21 Combustible vegetation. Combustible vegetation that could create a fire hazard shall be removed from the area occupied by a tent or membrane structure, and from areas within 30 feet (9144 mm) of such structures.*

The City Code of Ordinances may be viewed online at

[https://library.municode.com/nc/rocky\\_mount/codes/code\\_of\\_ordinances](https://library.municode.com/nc/rocky_mount/codes/code_of_ordinances)

### EMS Personnel

**What are your plans for providing emergency medical services?** (Choose one)

- We are requesting the City to provide EMT services. \*\*\*
- This is a small event and we will call 911 if needed.
- We plan to use a private EMS company or other Health Services.

If private EMS or other Health Services are to be provided, please fill out the information below.

Description of Service: \_\_\_\_\_

Company: \_\_\_\_\_

Contact Information: \_\_\_\_\_

**Is your event location at a City park or on a trail?**  Yes\*\*\*  No

If at a park or trail, which one(s)? \_\_\_\_\_

If using a trail, what section(s) do you plan to use (attach map if needed)?

Between \_\_\_\_\_ and \_\_\_\_\_  
(Street) (Street)

Between \_\_\_\_\_ and \_\_\_\_\_  
(Street) (Street)

Between \_\_\_\_\_ and \_\_\_\_\_  
(Street) (Street)

Between \_\_\_\_\_ and \_\_\_\_\_  
(Street) (Street)

## RESTROOMS & SITE CLEANUP

**How do you plan to handle restroom services?**  Portable Toilets  Other

The City of Rocky Mount does not provide portable toilet facilities. **The Event Coordinator must provide adequate toilet facilities for their planned event.** Please see the chart below for the recommended number of toilets based on the number of attendees and length of the event. Please contact a local rental company to provide these services. To accommodate for accessibility needs, at least 1 out of every 6 portable toilets being an accessible portable toilet is preferred. If only 1 portable toilet will be provided, it is recommended that the portable toilet be accessible. Portable toilets are required for events lasting longer than 2 hours.

PORTABLE TOILET CHART								
	LENGTH OF EVENT							
ATTENDANCE	1 HRS	2 HRS	3 HRS	4 HRS	5 HRS	6 HRS	7 HRS	8 HRS
0-50	0	1	1	2	2	2	2	2
50-100	0	2	2	2	3	3	3	3
100-250	1	2	3	3	4	4	4	4
250-500	1	3	4	6	6	6	8	8
500-750	2	5	6	6	6	8	8	8
750-1000	3	6	6	8	8	8	12	12

**If portable toilets will be provided, please list the name/contact of the company:**

If no portable toilets will be provided, how will these requirements be handled?

**How do you plan to remove garbage and/or recycling?** (City receptacles must be requested separately.)

**What is your plan for site cleanup?**

## PARKING

**What is your plan to provide parking for event attendees?** (List locations)

**What is your plan to provide parking for volunteers, staff, and VIP's during the event?** (List locations)

**What is your plan to provide handicap-accessible parking?**

## UTILITIES

If you plan to use City water for your event, you must tap into it through a fire hydrant onsite. A temporary water meter must be installed for this usage.

**Will you need a temporary water meter installed?**  Yes\*\*\*  No

The City of Rocky Mount does not provide electricity for events. Please do a site assessment and make plans for these needs.

**Will an admission, registration, or membership fee be charged?**  Yes  No

**Will tickets, admission, donations, and/or contributions be accepted onsite?**  Yes  No List all parties who will receive the proceeds from the donations or contributions:

**Do you plan to sell, distribute or give away food or refreshments?**

Yes (Sell) \*\*\*  Yes (Distribute/Giveaway) \*\*\*  No

If yes, please describe:

**Will gas grills, propane stoves, or similar devices be used?**  Yes  No

Do you plan to serve or sell alcohol?  Yes\*\*\*  No

**Type of alcohol (check all that apply)**

Beer  Unfortified Wine  Fortified Wine/ Liquor

**Manner in which alcohol will be served:**

Tasting  Caterer  Bartender  Other: \_\_\_\_\_

**INSURANCE**

Any events where alcohol is served, provided, or sold will also require **Liquor Liability** insurance.

**Insurance Requirements**

Events using public property are required to secure an insurance policy for the event that includes the City of Rocky Mount as additionally insured with limits determined by the City’s Department of Risk Management. The event organizer shall purchase and maintain this insurance, providing coverage for the event with an insurance company authorized to do business in the State of North Carolina.

The following insurance coverage generally applies: General Liability at limits of \$1,000,000 bodily injury and property damage. If alcohol is served at the event, Liquor Liability at limits of \$1,000,000 for each incident is also required. An original certificate naming the “City of Rocky Mount, its officers, employees and agents” as additional insured.

**Additional Insured**

An original certificate naming the “City of Rocky Mount, its officers, employees and agents” as additional insured. The certificate holder information should read as follows:

**City of Rocky Mount  
331 S. Franklin St  
Rocky Mount, NC 27803**

**ADVERTISING**

What media will you use to advertise your event (please list)? \_\_\_\_\_

If using the Internet, please provide a website and/or page where up-to-date information can be viewed by the public: \_\_\_\_\_

## CONDITIONS OF YOUR APPLICATION

Submitting this Special Event Application does not provide permission to conduct your planned event. **Please do not send out publicity, flyers, or other media prior to receiving confirmation of approval.** Your confirmation will be in the form of a PERMIT, issued to the organization and/or person responsible for conducting the event.

Applicants agree to remove all props and items brought into the public areas and clean up all litter and debris that result from the event the same day as the event (unless explicit arrangements are made otherwise). Issuance of a permit does NOT grant applicants permission to tow vehicles from reserved or closed areas.

**Return this application and all supporting documentation (including the Street Closure Notification Form) to:**

**By Email:** [specialeventsdowntown@rockymountnc.gov](mailto:specialeventsdowntown@rockymountnc.gov)

**By Mail:**

Downtown Special Events  
Attn: Tierra Norwood  
331 S. Franklin Street  
Rocky Mount, NC 27803

**In Person:**

331 South Franklin St.  
Rocky Mount, NC 27803  
5<sup>th</sup> Floor

**Final approval of the permit will be authorized by the Special Events Committee, the office of the City Manager, and the Lieutenant of the Police Department.**

**CANCELLATION POLICY:** Written notification of intent to cancel your event must be received in writing a minimum of 21 days prior to the scheduled event date. It should be received by the Special Event Coordinator at the address above or emailed to [specialeventsdowntown@rockymountnc.gov](mailto:specialeventsdowntown@rockymountnc.gov).

1. I certify that all the information included in this application and in all supporting documentation is true and accurate to the best of my knowledge.
2. By signing and submitting this application, I and/or the sponsoring organization(s) agree to abide by the laws, rules, regulations, and deadlines of the City of Rocky Mount.

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*Applicant's Signature*

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*Date*

**(OPTIONAL) ADDITIONAL PERMITS/ARRANGEMENTS CHECKLIST**

This checklist is designed to help the Event Coordinator check that he or she has obtained all needed City services and required permits. **Acquisition of these and any other permits and services is the Event Coordinator’s responsibility.**

**CITY SERVICES**

- 1. If you will be using a City park or trail, have you reserved the space with Parks & Recreation?  
 Yes     No     N/A
  
- 2. If you will require City receptacles for trash collection, have you requested carts through the Solid Waste Department?  
 Yes     No     N/A
  
- 3. If you will need to use City water for your event, have you arranged with the Water Management Department to have a temporary water meter installed?  
 Yes     No     N/A
  
- 4. If you will need to use City EMT services, plan to have fireworks, or plan to use a tent 400 sq. ft. or larger, Have you made arrangements with the Fire Marshal?  
 Yes     No     N/A
  
- 5. If you will sell or serve alcohol of any type, have you made arrangements for security services with the Police Department or another law enforcement agency?  
 Yes     No     N/A

**OTHER PERMITS**

- 6. If you will sell alcohol or serve fortified wine or liquor, have you obtained a permit from the NC Alcoholic Beverage Control Commission?  
 Yes     No     N/A
  
- 7. If you will be cooking food under a tent or selling food, have you made arrangements for inspections with the Rocky Mount County Health Department?  
 Yes     No     N/A

**INSURANCE**

- 8. If your event meets the criteria for liability insurance requirements, have you secured the insurance and Listed the City under Additional Insured?  
 Yes     No     N/A

<b>Special Events Committee Use Only</b>	
Date Received:	Receipt #:
Date Reviewed:	Reviewed By:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	



# SPECIAL EVENT STREET CLOSURE NOTIFICATION FORM

Name of Proposed Event: \_\_\_\_\_

Event Coordinator or Organization: \_\_\_\_\_

**How did you provide direct notification to affected business and residents?**

*Obtain signatures on Street Closure Notification Signature Sheet to confirm notification.*

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**Did you discuss this event with the Downtown Rocky Mount Community Association**  Yes  No

**Did you provide mailings, flyers or other materials for affected residents and businesses?**

Yes  No If so, please describe (you may attach samples or photos, if desired):

**Please describe other notification you provided:** \_\_\_\_\_

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**For Office Use Only**

Date Form received by Special Events: \_\_\_\_\_

**SPECIAL EVENT STREET CLOSURE NOTIFICATION – SIGNATURE SHEET**

The City of Rocky Mount requires event planners to notify surrounding residents and businesses. Please sign below to confirm that you were notified of this event.

**Event Name:** \_\_\_\_\_ **Event Date:**  
\_\_\_\_\_

<b>Yes, I have been notified. (signature)</b>	<b>Name</b>	<b>Address</b>	<b>Phone Number</b>	

**Anyone who wishes to provide direct feedback on a proposed event may contact the Downtown Development Coordinator 252-972-1352 or email [SpecialEventsdowntown@rockymountnc.gov](mailto:SpecialEventsdowntown@rockymountnc.gov).**