



Town of Kill Devil Hills Special Event Permit Application

Applicant

Name: _____

Address: _____

Phone: _____

Fax: _____

Cell: _____

Property Owner

Name: _____

Address: _____

Phone: _____

Fax: _____

Cell: _____

Event Location

Address: _____

Event Date & Time

Date(s): _____

Hours: _____

Estimated Number of Attendees (including Spectators): _____

Non-Profit Organization event is being held for: _____

Event Activities and General Description:

Please provide information as to how the following will be addressed (as applicable):

(a) Crowd control procedures _____

(b) Traffic and parking control (permission to use proposed parking areas) _____

(c) Impact of the performance or event on existing parking areas, streets, highways and the burden placed upon public agencies for traffic and crowd security and control _____

(d) Effects of such performance or event on fire control and fire prevention, including safety precautions _____

(e) Provisions for emergency medical services and first aid _____

(f) Provisions for collection and disposal of solid wastes, including trash and garbage, and sanitary provisions, including human waste collection and disposal and the providing of sanitary facilities _____

(g) Provisions for returning the site to its pre-event conditions, including but not limited to the removal of all debris and trash immediately after the event _____

(h) The square footage, type, and location of temporary signage _____

Please attach the following:

1. A certificate of health inspection, or letter of exemption, from the Dare County Health Department with respect to any food products prepared by any food operation required to be licensed. Sanitary facilities must be provided as required by the Dare County Health Department and the North Carolina Building Code
2. Written permission from the land owner(s) where the event or event parking will be located.
3. Sketch of the lay-out of the proposed event.
4. Written description of the proposed event, including but not limited to the location.

Staff Use Only: Received By: _____ Date: _____
