



TOWN OF KERNERSVILLE DOWNTOWN EVENT APPLICATION

1. Date of event: _____ 2. Time(s) of event: _____

3. Name of Organization: _____

4. Contact person: _____ Phone: _____

5. Email: _____

6. Brief description of your event: _____

7. Location of event: _____

8. Are you a non-profit/not for profit or for profit _____

9. Will this event require street closings? If yes name of street and points of closure:

10. Will this event require any other Town Services i.e. trash/recycling receptacles, Off Duty Police Officer. If Yes please provide details: _____

11. Name of Insurance (attach policy) _____

12. Will you charge an Entrance Fee? If yes please provide details: _____

13. Who will be responsible for monitoring this event: _____

Applicant Signature: _____ Date: _____

BOA: Reommeded _____ Not Recommended _____	Date to Fire, Police & Public Services	Date of Letter to DOT	Date Approval Rec'd by DOT
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