

**DOWNTOWN NORTH WILKESBORO
Special Event Road Closure Application**

INFORMATION

Applicant Name & Title: _____

Organization/Business: _____

Non-Profit For Profit

Mailing Address: _____ State: _____ Zip: _____

Email: _____ Cell: _____

Additional contact person: _____

EVENT INFORMATION

Name of Event: _____

Mission/Purpose of Event: _____

Describe the event: _____

One Time Event Recurring or Annual Event

Location(s) of Event: _____

Date(s) of Event: _____

Estimated Attendance _____

Event Hours: _____ AM/PM to _____ AM/PM

Does the event have a social media presence or website? Yes No

If yes, please list handles and URLs: _____

Set-Up Date(s) and Time: _____ from _____ AM ___ PM to _____ AM ___ PM

Primary On-Site Contact: _____ Cell: _____

Marketing & Public Relations

Is this event planned to reoccur on an annual basis? Yes No

Will the event be publicized - open to the general public? Yes No

*Will banners or signs be used outside the event site? Yes No

Safety & Security

Will any of the following be present at your event?

Alcohol Gates/Ticketed Entrances Overnight Booths or Vehicles

Will you be allowing social district beverages within your event footprint? Yes No

Will you be requesting road closures? Yes No

If yes, please list the road(s) you are requesting closure for: _____

Applicants may be required to hire off-duty officers to provide security and ensure public safety. The number of officers required will be determined by the Event Organizer(s) and North Wilkesboro Police Department.

Additional Information

Will additional trash receptacles be needed? Yes No

Will clean-up services be provided by volunteers? Yes No

Will portable restrooms be used? Yes No

If yes, please provide the quantity, location(s), and install and removal dates:

Will you be needing electricity? Yes No

Will you allow the use of generators Yes No

Will food vendors be present? Yes No