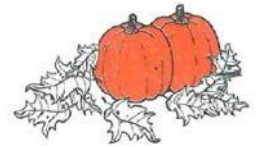


EVENT PERMIT

Planning Department
118 W. Railroad Street / P.O. Box 87
Spring Hope, NC 27882
Phone: (252) 478-5186 Fax: (252) 478-7131

**Time of Event**

Applicant:

Address:

Phone:

Email:

EVENT INFORMATION

Date:

Name of Event:

Details of Event:

The Applicant shall hold harmless fully the Town of Spring Hope, Elected Officials and Town Employees from any liability resulting from the activities provided by the applicant including injuries and damages. The applicant will be liable for any losses and agrees to reimburse or replace any damages to town property that may arise as a result of the assembly for which the permit is sought. The applicant also agrees to perform any cleanup of the property that is necessary.

A valid insurance policy must be supplied by the applicant

No Electricity or utilities of any kind will be provided

Event Area must be cleaned and clear of all debris

By completing and signing the application you affirm that you have read and agree to all rules and restrictions set forth by the Town of Spring Hope.

Applicant Signature

Town Official