TOWN OF CLOVER | SPECIAL EVENT PERMIT APPLICATION

Applicant Name: _____ Name of Event: _____

Name of Organization *(if applicable)*: _____ Charity or non-profit? ☐ YES ☐ NO EIN Number _____

Type of Event (check all applicable):

☐ Birthday Party
☐ Wedding
☐ Family Reunion
☐ Athletic Tournament
☐ Church Gathering
☐ Festival
☐ Music/Concert
☐ Other _____

☐ Meeting
☐ Parade/Procession/Walk
☐ Assembly/Rally
☐ Run/Walk
☐ Fundraiser
☐ Team Practice/Game
☐ Team Party

Event Date: _____

Expected Total Number of Attendees?

_____
(include volunteers, vendors, etc.)

Event Day On-Site Contact: _____ Alternate Contact: _____

Phone #: _____ Alternate Phone #: _____

Email Address: _____ Event Website/FB: _____

EVENT INFORMATION (SETUP / INSURANCE / ACTIVITIES)

Location of Event: _____

Set-up Date: _____ Set-Up Time: FROM: _____AM/PM TO: _____AM/PM

Event Time: FROM: _____AM/PM TO: _____AM/PM

Tear Down Date: _____ Tear-Down Time: FROM: _____AM/PM TO: _____AM/PM

Does your event plan to charge an admission fee? ☐ YES ☐ NO
Does your event include team registration fees? ☐ YES ☐ NO

If fees are charged for participation, registration, or general admission, the Sponsor shall pay the Town five (5%) percent of the proceeds in addition to the required rental fee. Additional fees due to the Town from registrations and admissions must be paid within ten (10) days after the event.

All event activities on Town property are subject to approval by the Town of Clover. Additionally, certain event activities may require separate approval from the Town of Clover Parks and Recreation Department, Police Department, Fire Department, or other applicable agencies. **All high-risk event activities must have liability insurance coverage of at least One Million dollars ($1,000,000.00) per occurrence. If the activity is approved, a copy of the certificate of insurance, naming the Town of Clover as an additional insured, must be submitted at least 2 weeks prior to the event. The Town of Clover reserves the right to require a higher amount in liability insurance coverage for event activities that are considered high risk.**

GatherGuard is a low-cost insurance policy *(between $75-$150 depending on the type of event)* that covers bodily injury or property damage. Visit https://gatherguard.com/ for info.

Please check if you plan to offer any of the following activities at your event:

- Food Vendors and/or Food Trucks ☐ YES ☐ NO *Must provide current DHEC permit, SC business license number and Town business license.*
- Merchandise Vendors ☐ YES ☐ NO *Must provide SC business license number and Town business license.*
- Inflatables ☐ YES ☐ NO *Additional rules apply – see Inflatables Policy.*
- Fireworks, bonfire, etc. ☐ YES ☐ NO *Burn Permit required.*
- Entertainment (DJ, Band, etc.) ☐ YES ☐ NO *Must provide proof of insurance and Town business license.*
- Stage and/or Bleachers ☐ YES ☐ NO
- Tents/Canopies ☐ YES ☐ NO
- List all other activities: _____

Anyone doing business, such as food and merchandise sales, in the Town of Clover must obtain a Business License. A 3-day business license is available. If the Sponsor is paying a person or company for a good or service, that person or company must also obtain a business license.

EVENT MAP

Attach an event map detailing the following: locations of vendors, tents, generators, stage, port-a-potties, etc.; event headquarters; vendor parking and entry/exit points; attendee parking and entry/exit points; first aid and/or medical stations; garbage/recycling containers; alcohol zones; and the location of any other activity that is part of the event.

ROAD CLOSURES

Will there be road closures associated with this event? ☐ YES ☐ NO Police Escort? ☐ YES ☐ NO
If so, location of road closure:_____
Closure Time: _____AM/PM Re-open Time: _____AM/PM

If YES, Applicant must submit a road closure request letter addressed to SCDOT and Clover PD with map outlining road sections to be closed.

PORT-A-POTTIES

Events with more than 100 attendees will be required to provide additional Port-a-Potties. One (1) must meet ADA requirements.

RESTROOM FACILITIES PER PARK	
Roosevelt Community Park	2
Clover Community Park	5
New Centre Park-Soccer	4
New Centre Park-Amphitheater/SPad	6

Minimum requirement for Clover Community Park and Roosevelt Community Park:
1 port-a-potty per 50 attendees over first 100

Minimum requirement for New Centre Park and Amphitheater/Splash Pad:
1 port-a-potty per 50 persons over first 200

Town of Clover recommends 1 bathroom for every 150 attendees for event on public ROW provided by port-a-potty or private business.

How many port-a-potties will you rent? _____ Company providing them: _____

SANITATION

Number of trash roll carts needed: _____ Delivery Date: _____ Time: _____AM/PM
Food vendors must properly dispose of cooking oil and grease. Dumping oil and grease in the Town's trash roll carts is not allowed.

ELECTRICITY

Will electricity be needed for this event? ☐ YES ☐ NO

If YES, provide your electrical needs amps _____ volts _____

Will generators be used? ☐ YES ☐ NO If yes, show location(s) on Event Map.

FIRST AID / EMERGENCY MEDICAL SERVICES / SECURITY PLAN

Who will handle emergency medical needs and/or emergencies?

_____

Describe your security, safety and traffic control plans for this event. Are you requesting off-duty police? ☐ YES ☐ NO

_____

_____

COMPENSATION FOR TOWN STAFFING

Sponsor may be required to hire off-duty Town of Clover staff members to provide on-site assistance during the proposed event. Minimum time is 2 hours per employee. Town of Clover reserves the right to require additional police and town staff; however, the Town of Clover does not guarantee or may not be able to provide additional staff. If the Town is unable to provide off-duty officers, private security must be provided by the Sponsor.

Police Officer/Fire Fighter	***EXAMPLES:*** Road closures, Traffic control, Security, medical response	$ 70.00/hour per employee
Any other Town staff	***EXAMPLES:*** Set-up/Break down, Electrical services, monitoring	$ 70.00/hour per employee

List other needs and/or assistance being requested from the Town:_____

_____

ALCOHOLIC BEVERAGES

Will alcoholic beverages be provided and/or sold at the event? ☐ YES ☐ NO

IF YES, Alcoholic Beverage Policy acknowledgement and required additional information must be submitted 90-days in advance if the event is to be held at a Town of Clover facility or on public streets or sidewalks; provided, however, that pursuant to §113.03 of the Town of Clover Code of Ordinances, neighborhood block parties held on public streets at which alcohol is not being sold may be approved by the Clover PD and no additional permit or liability coverage is required.

APPLICANT CHECKLIST

☐ Reviewed and understood and signed:

- Special Event Permit Application and Policy
- Inflatables Policy *(if applicable)*
- Alcoholic Beverage Policy *(if applicable)*
- Burn Permit *(if applicable)*

☐ Attached Detailed Event Map and provided Schedule of Events *(if requested)*

☐ Certificate of Insurance naming Town of Clover as Additional Insured (due 2 weeks prior to the event) *(if applicable)*

☐ Completed York County's Special Event Notification Form *(if applicable due to the nature of the event)*

☐ Completed South Carolina Department of Health & Environmental Control (DHEC) – Retail Food Establishment Application for Event Authorization form *(if applicable)*

☐ Obtain all necessary permits from SCDOR – retail sales licenses, alcoholic beverage licenses, etc. *(if applicable)*

☐ Written Request to SCDOT Requesting Road Closure *(if applicable)* ** Must be on company letterhead*

☐ Written Request to Clover Chief of Police Requesting Road Closure *(if applicable)* ** Must be on company letterhead*

The Town of Clover reserves the right to require additional information so as to ensure the success of your event, the safety of attendees, and protection of Town property and assets. This application will not be deemed complete until all required information has been provided.

Name *(printed)*: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____

Notes:

Fees Due:

_____ Coordination Fee: ($50 - $250) Applied at conclusion
_____ Facility Rental Fee
_____ Staffing Fee
_____ Other:_____(lights, field prep, staffing)

_____ Total Due Date Paid: _____

	Review By:	***Approved***	***Comments***
Event Coord:	_____	☐ YES ☐ NO	_____
Rec Dir:	_____	☐ YES ☐ NO	_____
Police:	_____	☐ YES ☐ NO	_____
Fire:	_____	☐ YES ☐ NO	_____
Public Works:	_____	☐ YES ☐ NO	_____
Zoning:	_____	☐ YES ☐ NO	_____

EVENT APPROVED: ☐ YES ☐ NO Applicant Notified: ☐ YES ☐ NO Date: _____ By: _____

Liability Insurance(s) Received: _____ Other Permits (SCDOR, SCDOT): _____