**EVENT APPLICATION**

This application must be completed and submitted no less than thirty days prior to the start of the event. Any misrepresentation in this application or deviation from the final agreed upon route and/or method of operation described herein may result in the immediate revocation of the permit. All questions must be fully answered. If a question does not apply, please write does not apply in that space. Please type or print the information clearly. You may attach additional sheets as necessary.

The information requested by this form will be used to determine your eligibility for the permit requested. Completed forms may be released upon the request of any citizen as provided by the Freedom of Information Act. Completion of the form is voluntary. However, failure to do so will prevent processing of your application. Incomplete applications will be returned.

<table>
<thead>
<tr>
<th>Permit #</th>
<th>Date: ____________</th>
<th>Non-Refundable Processing Fee: $25.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental Fee $_________</td>
<td>Deposit $_________</td>
<td></td>
</tr>
</tbody>
</table>

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**SECTION I Contact Information:**

Person in charge of information submitted in application: ____________________________________________

Organization represented: ___________________________________________________________________

Email address: _____________________________________________________________________________

Phone (Home): ____________________ (Work): ____________________ (Mobile): ___________________

Street Address: ____________________________________________________________________________

City: ____________________________ State: ____________________ Zip Code: ________________

Date of Birth: ____________________ Driver’s License #: ____________________ State: _______

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**SECTION II Event Description:**

Name of event: ____________________________________________________________________________

Date(s) of event: _________________________________________________________________________

Time(s) of event: _________________________________________________________________________

Specific location of event: __________________________________________________________________

Will your event use amplified sound? Yes _________ No __________

If yes, please state for what purpose: __________________________________________________________________

Do you plan to serve food and beverage at the event? Yes _________ No __________
SECTION II Event Description cont.:

Describe food items that will be sold or distributed: _____________________________________________
____________________________________________________________________________________________

Will there be any cooking with grease?  Yes ________  No ________
Will you be serving or selling alcohol?  Yes ________  No ________
Expected number of participants:  ________________  Expected number of spectators:  ________________
Rain policy for event:  ____________________________________________________

SECTION III Event Set Up:

Will tents be used for the event?  Yes ________  No ________  How many:  ________________
Will any signs or banners be erected?  Yes ________  No ________
Temporary signs are not allowed in town parks with the exception of within the structure you are renting.

Describe any power needs and location of power source:  __________________________________________
____________________________________________________________________________________________
Describe type and size of event (location, how much area to be used, stages, entertainment, etc.) Please use the back of the permit or separate sheet to draw a simple sketch showing streets to be closed, placement of tents, etc.
____________________________________________________________________________________________
Date & time the event will begin:  ________________  Date & time the event will end:  ________________
Date & time set up will begin:  ________________  Date & time clean up/take down will end:  ________________
Will generators be used?  Yes____ No____  List number, size and location:  __________________________
Have arrangements been made for restroom facilities?  Yes_____ No _____  Locations:  ______________________

Describe sanitation provisions (trash cans, event clean up, etc.)  __________________________
_________________________________________________________________________________________
____________________________________________________________________________________________
Who is providing the above provisions?  _______________________________________________________
_________________________________________________________________________________________
SECTION IV Town Services:

Do you need the Town of Pendleton to provide the following services? (Reimbursement to the Town will be required for these services)

Roll Carts: Yes_____ No_____ If yes, how many ______________ Location(s) ______________________________________

Date & Time Roll Carts to be emptied ________________________________________________________________

Date & Time Roll Carts to be picked up ________________________________________________________________

Road Closure will begin: (date/time) _______________________ Roads opened at: (date/time) ______________________

Barricades: Yes_____ No_____ If yes, how many __________ Location(s) __________________________

Who will be responsible for placing the barricade(s)? __________________________________________________

Will Town personnel be responsible for Street & Public Property Clean-up? Yes________ No______________

SECTION V Revenue and Proceeds:

Describe any revenue to be generated from admission fees, solicitation from spectators, concessions or any other source: ______________________________________________________________________________________

_____________________________________________________________________________________________________

Is your organization a charity or non-profit organization: Yes_______ No________

What is the name of your charitable or non-profit organization? ____________________________________________

Will the proceeds benefit any organization? Yes_______ No_______

Name of Organization: ________________________________________________________________

List location (cities) and dates of prior event held over the past five years: ___________________________________

__________________________________________________________________________________________

SECTION VI Hospitality Tax:

The Pendleton Town Council has established a two (2%) Hospitality Fee on the purchase of prepared food and beverages (for immediate consumption or carry out) and on establishments licensed for on-premises consumption of alcoholic beverages, beer or wine. This fee does not apply to organizations that are exempt from collecting sales tax. A Hospitality remittance form is enclosed to assist you in collecting, reporting and remitting this fee.

Please provide a list, including, name of business, contact information, in which this section applies, at least 1 day before event occurs. Failure to do so will result in revoking of permit.
SECTION VII LIABILITY INSURANCE:

Does your event carry liability insurance listing the Town as co-insured?  Yes_______ No_______

Name and address of liability insurance provider: _______________________________________________________

(Certificate of insurance must be submitted prior to the event.)

SECTION VI SAFETY & SECURITY:

What types of arrangements have been made for medical assistance if needed? ____________________________
_______________________________________________________________________________________________________

Number of Officers needed for crowd and traffic control? _______________________________________________
_______________________________________________________________________________________________________

Dates & Times for security to be on site: _________________________________________________________________
_______________________________________________________________________________________________________

Have you contracted for mechanical rides, space walks, or other attractions?  Yes_______ No_______

If so, with what company? _____________________________________________________________________________

List details, if any: _________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________
SECTION VIII Signature and Approvals:

Hold Harmless Clause
Applicant/Organization hereby shall assume all risks incident to or in connection with the permitted activity and shall be solely responsible for damage or injury, of whatever kind or nature, to person or property, directly or indirectly arising out of or in connection with the permitted activity or the conduct of applicant’s operation. Applicant hereby expressly agrees to defend and save the Town of Pendleton harmless from any penalties for violations of law, directly or indirectly arising from its activity and from any and all claims, suits, losses, damages or injuries directly or indirectly arising out of or in connection with the permitted activity or conduct of its operation or resulting from the negligence or intentional acts or omissions or its officers, agents and employees.

Applicant Signature: ___________________________ Date: ___________________________

Title: ___________________________

Return Application to:
Town of Pendleton
Administrator
310 Greenville Street
Pendleton, SC 29670

Reviewed by: (If Applicable) Comments:

Administration: Date: __________

Fire Marshal: Date: __________

Planning & Codes: Date: __________

Public Works: Date: __________

Police: Date: __________

APPROVED: _________ DENIED: __________

Town Administrator or Designee Date
HOSPITALITY REMITTANCE
REPORTING FORM

Name and Address of Business: ____________________________________________

Filing Period: Month________ Year________

______________________________________________ F.E.I. or S.S.

# __________________________

______________________________________________ Contact

Name________________________

______________________________________________ Contact

Phone________________________

COMPUTATION OF HOSPITALITY AMOUNT DUE

1. Hospitality Fee/Tax $_______________ x .02 $_______________

2. Plus Penalty on Delinquencies**$_______________ x _____ x .05 +_____

   Line 1    # of months late

3. TOTAL AMOUNT DUE =$_____________  

This return covers the period through the last day of the month and becomes delinquent after the 15th day of the following month.

In those months that the 15th day of the month falls on a weekend or Town holiday, the deadline will be on the next business day for the Town of Pendleton.

**PENALTY on delinquencies – a penalty of 5% (.05) for each month or portion thereof after the due date until paid.

I certify that all of the information stated above is true and accurate to the best of my knowledge and belief. I understand that the Town of Pendleton assesses penalties for making false or fraudulent statements on this reporting form.

Filed By: ___________________________ Date: __________________
FEE COST FOR EVENT

Event Name: ________________________________

Responsible Person: __________________________

**Fees:**
(To be completed by Town staff only)

Event Fee: ........................................................................................................................... $____________

  0-12 persons = $15.00  13-24 persons = $25.00  25-48 persons = $50.00

  49-100 persons = $100.00  100+ persons = To be determined

Electricity: .......................................................................................................................... $____________

Security: ............................................................................................................................... $____________

Restrooms: (unlock/lock after hours) .................................................................................... $____________

Restrooms are open daily from 8am to 5pm, 7 days a week.

Clean Up: ............................................................................................................................. $____________

Traffic Control – Road Closure/Barricades: ................................................................. $____________

Extra Roll Cart(s): ................................................................................................................ $____________

Other Event Fees: .................................................................................................................. $____________

  Description of Other Event Fees:
  ____________________________________________________________________________
  ____________________________________________________________________________
  ____________________________________________________________________________
  ____________________________________________________________________________
  ____________________________________________________________________________

I have read and agree to the above additional fees.

____________________________________________  ____________________________
Signature of Applicant                           Date