"I Have a Great Idea for a Downtown Event!"

EVENT PLANNING GUIDE

The City of Monroe Downtown Department and The City of Monroe Parks and Recreation loves hearing about new event ideas! Listed below are some points to consider to help you get started and plan for a successful event!! A reminder: in order for the City of Monroe to add a new event to its existing promotional calendar, the City of Monroe needs to consider the following:

a) Will the event produce a positive impact on the Downtown Monroe Community and coordinate well within the existing promotions calendar?
b) Will the event have the financial support necessary to carry out operations of the event or will it require additional funding sources?
c) How will the local businesses be impacted by the event? (Including street closures, new traffic/pedestrian patterns, and participants).
d) Does the event generate enough interest to draw in people from within the City of Monroe and the surrounding area?

Contact Information

Name of Person Submitting Event:

Email:
Phone Number:

Description of Event

Event Name:

Brief Description below or add attachment:

What month(s), day(s), and time of the week do you see the event taking place?

How often do you propose the event will take place?

Is there a direct way to tie this event to the Downtown Monroe businesses? Explain:

Marketing

Who is the target market for this event?

Core message of the campaign:

Please describe how this event would be promoted.

Below describe each method of promotion in detail.

Medium or Channel	Length of Time	Start Date of Promotion	Specific Target Group

Pre-Planning Management

Please describe the steps involved in the actual pre-planning process- where, when, hours and time, activities involved, groups who will participate in planning.

Food: ☐YES ☐NO Will the food be: ☐GIVEN AWAY ☐SOLD (County Permit Required if YES)

List of Vendors and Businesses in Attendance

Vendors	Food/Merchandise Type	Specific Target Group

***NOTE:* Event Organizers and Vendors must complete the applications and permits through the Union County Public Safety Division. Please contact the Environment Health Department for additional information. (704)283-3553**

*Will the event require street or parking lot closings? ☐YES ☐NO (City Permit Required if YES)

***NOTE:* If yes, please provide a map showing which streets will need to be closed & exactly where barricades will need to be located.**

*Will the event require a tent or temporary structure? ☐YES ☐NO (City Permit Required if YES)

*What is the square feet of the tent or temporary structure?

*Will the tent structure be used by 10 or more occupants?

***NOTE:* Building and fire permits are required for tents or other temporary structures erected for a period of less than 180 days and that has an area greater than 120 square feet or is to be used by 10 or more occupants.**

Attached is the City of Monroe Temporary Use Permit template and the Fire Special Use Permit template.

Please describe in detail the labor needs on the day of the event. This could range from security, volunteers to clean up.

Funding

Please give a budget for expenses related to this event. Attach separate sheet if necessary. Income generators /revenue streams include such activities as ticket sales, vendor space rentals, beverage sales, sponsorships, etc.:

Description of Expenses	Amount
_____	_____
_____	_____
_____	_____
_____	_____
Total Expenses	_____

Description of Income Generators	Amount
_____	_____
_____	_____
_____	_____
_____	_____
Total Income	_____
Net Income (Total Income minus Total Expenses):	_____

Have you included sponsorships as one of your income generators? If so do you have the ability to raise these sponsorships?

☐YES ☐NO

Thank you for taking the time to share your event idea with us. This information will be shared with the Downtown Department and City of Monroe Committees. You may be asked to attend the scheduled meeting of the committees to further discuss your idea. We appreciate your interest in bringing people to Downtown Monroe!

TEMPORARY USE PERMIT

_____ _____-_____-_____

EVENT ADDRESS **TAX MAP PARCEL #**

Proposed Use of the Property/Business Description:_____

Dates of Event/Use:_____ Times of Event:_____

Food: ☐ **YES** ☐ **NO**

NOTE: ***If yes, contact Union County Environmental Health @ 704-283-3553***

*Will the event require street closings? ☐ **YES** ☐ **NO**

NOTE: ***If yes, please provide a map showing which streets will need to be closed & exactly where barricades will need to be located.***

*Will the event require a tent or temporary structure? ☐ **YES** ☐ **NO**

*What is the square feet of the tent or temporary structure?_____

NOTE: ***Building and fire permits are required for tents or other temporary structures erected for a period of less than 180 days and that has an area greater than 120 square feet or is to be used by 10 or more occupants.***

*Will the tent or temporary structure be used by 10 or more occupants?_____

Is the event in Downtown Monroe? ☐ **YES** ☐ **NO**

NOTE: ***If yes, contact Downtown Monroe @ 704-292-1705***

Is the event in a City of Monroe Park or Facility? ☐ **YES** ☐ **NO**

NOTE: ***If yes, contact Parks & Rec @ 704-282-4651***

If the event will be held on a City maintained street or City property, you will be required to submit a Certificate of Insurance with this application. See 2nd page for Certificate of Insurance requirements. For questions, please call Gerrell Wall @ 704-282-4597.

Business Name: _____

Business Address: _____

Applicant's Name:_____Telephone: _____

Applicant's Address:_____Fax #: _____

PERMITTEE ACKNOWLEDGES THE POSSIBILITY OF SEVERE WEATHER CONDITIONS THAT MAY INCLUDE: RAIN, WIND, THUNDERSTORMS AND OR HAIL. SOME AREAS OF THE CITY, ESPECIALLY DOWNTOWN, ARE PRONE TO DAMAGING GUSTY WINDS. PERMITTEE ACKNOWLEDGES THE RISKS AND HAZARDS ASSOCIATED WITH SEVERE WEATHER CONDITIONS AND ASSUMES FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES ASSOCIATED WITH THE PERMITTED EVENT. THE CITY WILL NOT BE RESPONSIBLE FOR ANY WEATHER RELATED DAMAGES OR INJURIES THAT MAY ARISE.

I hereby certify that the information provided hereon is, to the best of my knowledge, correct and complete. I understand that providing false or incomplete information or violating an approved zoning permit may be grounds for revocation of the permit and any associated building permit.

_____ _____

Applicant's Signature and Date Property Owner's Signature and Date

Certificate of Insurance Requirements:

Applicant shall maintain insurance policies at all times with minimum limits as follows:

COVERAGE	MINIMUM LIMITS
Workers' Compensation	Statutory Limits
Employers' Liability	$500,000
General Liability	$1,000,000 per occurrence/$2,000,000 aggregate
Automobile Liability	$1,000,000
Professional Liability (E & O)	$1,000,000 per occurrence/$2,000,000 aggregate

Applicant shall provide the City with a Certificate of Insurance for review prior to the issuance of any contract or Purchase Order. This should be an ACORD form. All Certificates of Insurance will require thirty (30) days written notice by the insurer or applicant's agent in the event of cancellation, reduction or other modifications of coverage. In addition to the notice requirement above, Applicant shall provide the City with immediate written notice of cancellation, reduction, or other modification of coverage of insurance. Upon failure of the Applicant to provide such notice, Applicant assumes sole responsibility for all loses incurred by the City for which insurance would have provided coverage. The insurance certificate shall be for the initial contract period of one (1) year and shall be renewed by the applicant for each subsequent renewal period of the contract.

The City shall be named as an additional insured and it is required that coverage be placed with "A" rated insurance companies acceptable to the City. Statement should read "City of Monroe is to be added as an additional insured as evidenced by an endorsement attached to this certificate."

APPLICATION FOR FIRE SPECIAL USE PERMIT

Business Name: _____

Address:_____City_____State_____Zip _____

Mailing Address: _____City_____State_____Zip _____

Name and Title of Person making Application: _____

Area Code & Telephone Number (s): (____)_____(____)_____

Date(s) Requested for Permit: _____

Specify the event and/or purpose of a Special Use Permit: _____

_____

_____

Location of Event: _____

PLEASE INDICATE THE TYPE OF USE PERMIT APPLIED FOR: (CHECK ONLY ONE)

Additional Information may be required. Please contact the Fire Inspection Division for information.

- ☐ Exhibit and Trade Shows
- ☐ Festivals (Fairs, Carnivals, etc.)
- ☐ Tent or Air Supported Structure(s)
- ☐ Tent, Structure or Stand for Firework Sales (7 days)
- ☐ Tent, Structure or Stand for Firework Sales (21 days)
- ☐ Special Amusement Building
- ☐ Fumigation or Thermal Insecticidal Fogging
- ☐ Other _____

These answers have been given to the best of my ability and knowledge. I hereby understand that any answers deliberately falsified or misrepresented shall be justification for revocation for the Special Use Permit.

_____ _____ _____

Signature *Title* *Da*

Return To: ***City of Monroe Permit Center***
300 West Crowell Street
Monroe, NC 28112
Telephone: 704-282-4524

Rev. 3-2018

APPLICATION TYPE:

☐
☐

Environmental Health 500 N. Main Street Suite #47
Monroe, NC 28112

T. 704.283.3553
unioncountyeh@unioncountync.gov
www.unioncountync.gov

Application Request

NEW FOOD SERVICE ESTABLISHMENT ($250) - Complete Plan Review application
MOBILE FOOD UNIT / PUSHCART ($150) - Complete Plan Review application.
LIMITED FOOD SERVICE - (Concession Stands / Lodging) ($75) - Submit menu.
TEMPORARY FOOD ESTABLISHMENT ($75) - Submit menu. **Name of EVENT:** _____
NEW SWIMMING POOL ($250) - Submit plans and specification sheets.
SWIMMING POOL OPERATION PERMIT ($275) – Submit State Application for Public Swimming Pool Operation Permit, and
LODGING - Submit plans and menu.
RESIDENTIAL CARE - Inspection request.

☐ HOSPITAL, NURSING HOME AND OTHER INSTITUTIONS **Circle applicable Establishment**

- Hospital
- Nursing Home
- Adult Day Care
- School
- Local Confinement

☐ CHILD CARE CENTER - Complete Plan Review application
☐ TATTOOS ($200) Complete NC application for Tattooing Permit
☐ CAMPS Complete Plan Review application

Additional information may be requested.

BUSINESS AND CONTACT INFORMATION

Establishment Name: _____

Current Establishment Name (If applicable):_____

Address:_____City:_____State:_____Zip:_____

Owner Name:_____Company:_____

Mailing Address:_____City:_State:_____Zip:_____

Owner Phone: (_____)_____ E-Mail:_____

Designer/Contractor/Operator:

Name:_____Company:_____

Mailing Address:_____City:_____State:_____Zip:_____

Phone: (_____)_____ E-Mail:_____

CONTACT PERSON FOR PLAN STATUS NOTIFICATION:

Contact Person:_____Contact Phone: (_____)_____

E-Mail: _____

ESTABLISHMENT INFORMATION

Projected Start Date:_____ Projected Date for Completion OR Dates of Operation:_____

PUBLIC SEWER: YES NO **PUBLIC WATER**: YES NO **SEPTIC SYSTEM:** YES NO

Provide documentation that Establishment is on Public Sewer and/or Public Water **Occupancy:**

I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this application and plans are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. I also agree to conform to all conditions, orders, and directions, issued pursuant to the North Carolina Rules. I understand that if the plans are incomplete due to a lack of any of the required information, the plans will be rejected.

Authorized Signature: Date:

Print Name and Title Here:

Union County Government
EST. 1842

Environmental Health
500 N. Main Street
Suite #47
Monroe, NC 28112

T. 704.283.3553
www.unioncountync.gov

EVENT ORGANIZER APPLICATION

The Event Organizer Application and all Temporary Food Event (TFE) Applications must be submitted 15 calendar days prior to the event. It is the Event Coordinator's responsibility to ensure all TFE vendor applications are completed before submitting to Union County Environmental Health. Fees can be submitted by the Coordinator or by each vendor directly to Union County Building Code Enforcement [ucinspection@unioncountync.gov].

Organizer Information

Organizer Name: _____

Mailing Address:_____City:_____State:_____Zip:_____

Phone (8am-5pm): (_____)_____ After 5pm): (_____)_____

E-Mail:_____

Event Information

Name of event: _____

Event Address:_____City:_____State:_____Zip:_____

Parcel ID Number:_____

Dates and hours of operation:

Event Date(s):		to			Hour(s):		to	
Rain Date(s):		to						

Admission Charged: Yes☐ No☐

Will event last for at least 6 consecutive hours? Yes☐ No☐

Maximum Attendance: _____

Will the sewage disposal be: (Check one that applies) Municipal (public)☐ Septic system☐ Portable Toilets☐
Is there a septic system on the property Yes☐ No☐ Will the system be used for the Event Yes☐ No☐

Will the organizer be supplying water to the food booths? Yes☐ No☐

If yes, what is the water source? ☐ City/Public ☐ Private Well
Note: A food grade hose is required for all water connections.

Date/time food vendor(s) will be allowed on site for setup:

Attach a map of the event grounds showing the location for each food booth, toilet facilities, water connections, existing septic systems, well on property, and parking, etc.

Please list **ALL participating FOOD VENDOR INFORMATION** below. Use additional pages as needed.

Name of Booth	Owner/Operator	Phone Number/E-mail	General Menu
Example Food Booth	Jane Doe	704-000-0000 email@email.com	Funnel Cakes, blooming onions, sandwiches, hamburgers, and corn on the cob.

Please list **ALL participating Nonprofit FOOD VENDOR INFORMATION** below.

G.S. 130-250 (7) Allows establishments that are incorporated as nonprofit corporations in accordance with Chapter 55 of the General Statues or are exempt from federal income tax under the Internal Revenue Code as defined in G.S. 105-228.90 or that are political committees as defined in G.S. 163-278.6(14) to prepare or serve food and/or drink for pay no more than once a month for a period of two consecutive days.

Nonprofit Name	Contact Person	Phone Number/E-mail	Registration Number

STATEMENT: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from Union County Environmental Health may nullify final approval and prevent issuance of permits to participating food vendors. I understand that a pre-opening inspection of each food vendor is required and if the food vendor is not in compliance with 15A NCAC 18A .2635 a temporary food establishment permit will not be issued.

Print Name _____ Signature _____ Date _____

Union County Public Health
Environmental Health Section
500 N. Main St. Suite 47
Monroe, NC 28112

TEMPORARY FOOD EVENT APPLICATION

TEMPORARY FOOD EVENT (operates in connection with a fair, carnival, circus, public exhibition or other similar gathering) (TFE) VENDOR APPLICATONS MUST BE SUBMITTED BY THE EVENT COORDINATOR. An application includes a Temporary Food Establishment Application(s) and a $75 fee for each proposed TFE permit. Both the TFE application(s) and the required fee ($75 for each proposed permit) must be received by Union County Environmental Health at least fifteen (15) calendar days prior to the event, or the application shall be denied. Any application and/or fee received after the permit deadline shall be denied.

Your Organization or Booth Name: _____

Event: _____

Event Address: _____ City: _____ State: _____ Zip: _____

Applicant Information

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-Mail: _____

Cell Phone: (_____) _____

Dates/time of operation:

_____ / _____ _____ / _____

_____ / _____ _____ / _____

Indicate the distance and time for transporting food or beverages to the food service site.
Distance: _____ Time: _____

Do you have an Employee Health Policy as required? ☐ Yes ☐ No

How will the food temperatures be maintained during transportation?

Will the sewage disposal be: (Check one that applies) Municipal (public) ☐ Septic system ☐

Will the water supply be: (Check one that applies) Municipal (public) ☐ Well ☐

Will vendor prepare food prior to the event? (*This includes washing vegetables, marinating meat, or cooking)*

☐ Yes -All food must be prepared in an approved Food Service Establishment, not a home kitchen. Must include a letter from the FSE owner/operator listing what will be prepared, contact information. If this FSE is out of state please call UCHD before completing this application

☐ No

Describe equipment to be used for:

Cold holding:

Cooking:

Hot holding:

Reheating:

Menu - LIST ALL FOOD TO BE SERVED.

Food items not listed will result in a delay of issuance or denial of a permit.

FOOD	Food Supplier or Source	Prepared and Cooked How?	Cold or Hot Holding Where?
Example: Hamburgers	*Prepackaged Frozen patties from Sam's Club*	*Cooked on grill at the event*	*Hold hot in a crock pot with beef broth*

*ATTACH ADDITIONAL SHEETS IF NECESSARY

Layout of your Booth

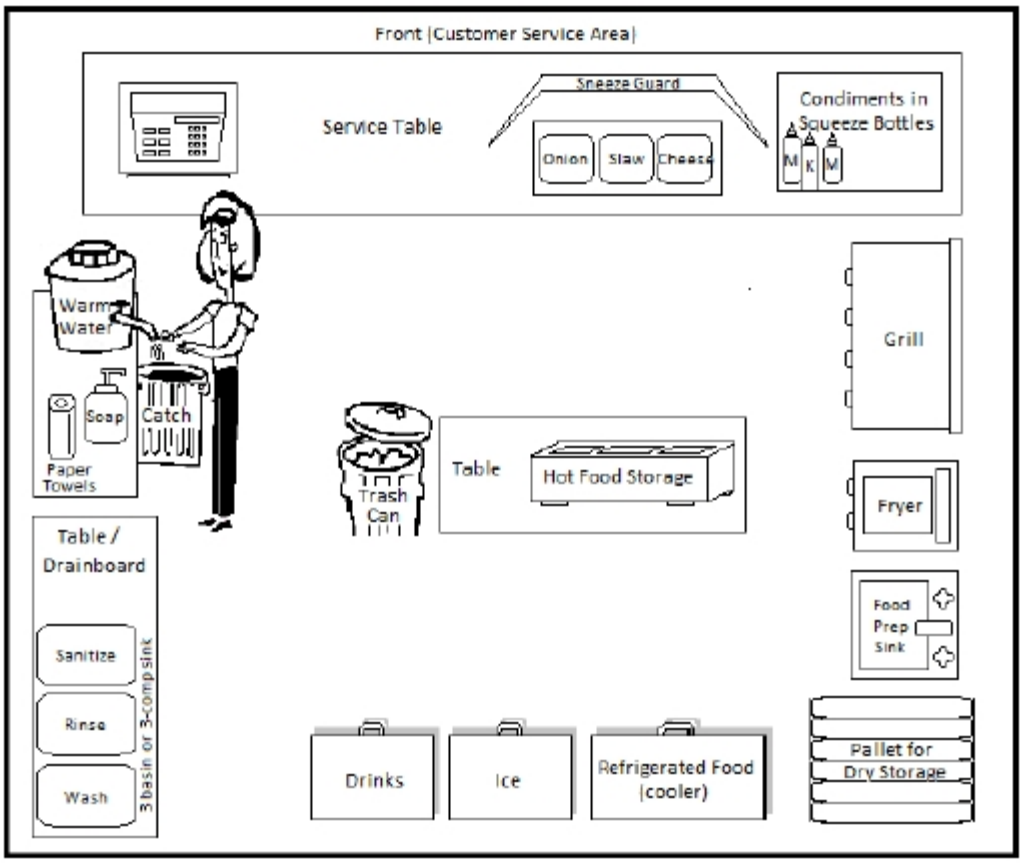
Please indicate ALL equipment that you will be using including what will be used to store cold foods and hot foods

Temporary Food Establishments (Checklist for Vendors)

The following is a checklist to assist a vendor in setting up a Temporary Food Establishment (TFE). All items on the checklist are necessary to obtain a permit for a TFE; however, additional requirements may be applicable.

Employee Requirements			
	Employee health policy		Hat, hair net or other hair restraint
Tent/Overhead Protection			
	All items of food operation must be under tent or cover		Smokers used to cook large whole cuts of meat are not required under cover – the lid to unit acts as cover
Food Protected and Secured			
	Food secured at all times to prevent tampering and contamination		Public access restricted to all areas of the food establishment except dining areas.
	No food exposed to customers (side guards or sneeze guards if needed)		Open displays of food must be protected from contamination by sneeze guards, or other effective barriers. (Grills, fryers, hot holding areas, ice bins, etc. are examples of such areas)
	Approved self-service condiments		
	All food stored and transported in food grade containers		
Water Supply			
	Approved water source		Backflow preventer required if directly connected to water supply. Hoses must be for Potable water.
	Must have means to heat water for utensil and hand washing		
Waste Water Disposal			
	Disposal in an approved sewage system		Buckets/grey water containers must be labeled
Food Temperatures			
	Provide accurate thin probe thermometer		Consumer advisory required for foods cooked to order
	Cold holding at 41F and below		Hold holding at 135F and above
Insect and Dust Protection			
	3 sided tent or mesh sides		Fly fans
	Ground cover in absence of asphalt, concrete, or grass		
Utensil Washing			
	Plumbed 3 compartment sink, 3 utility sinks or 3 basins. Must be large enough to submerge the largest utensil		Drain board or counter space for air drying
	Soapy water, rinse water and sanitizer		Sanitizer test strips
Hand Washing Station			
	At least 2 gallons of hot water under pressure		Free-flowing faucet/stopcock
	Soap and disposable towels		Wastewater catch bucket – must be labeled
Food From Approved Source, Protected and Secured			
	Approved source/food invoices		Food storage off ground
	No salads that contain ingredients that have been cooked and cooled (e.g. tuna salad, potato salad, egg salad, etc.) may be served unless commercially prepared.		All raw meat, poultry, and seafood must be purchased ready to cook.
	Approved & adequate supply of ice. Ice used for drinks should be kept in separate cooler from foods. Ice scoops are required when dispensing ice to customers.		Food prepared at a previous event or potentially hazardous food (time/temperature control for safety food) removed from original packaging shall not be served.
Fresh Fruit/Vegetable			
	Produce must come in prewashed or a separate produce sink is required		
	Produce sink is for produce washing only		
Lighting			
	Heat lamps protected against breakage		All lights shatterproof or shielded above food prep or storage
Permitting			
	Vendor is expected to be ready at permitting time given		
	DO NOT PREPARE FOOD BEFORE RECEIVING A PERMIT; any food pre-prepped will be discarded. Any foods requiring preparation prior to the event must be prepared in a kitchen that has been approved by EHS.		
	The permits must be posted in a conspicuous place designated by the regulatory authority.		

EXAMPLE LAYOUT



Handwash Station - If a standard sink is not used.

1. Fill a container that has a spout or dispensing valve (e.g. tea urn) with warm water that is at a comfortable temperature for washing your hands. An insulated container will help to maintain the water temperature. The dispensing valve should be able to remain open during the handwashing procedure.
2. Provide a pump dispenser of antimicrobial soap. Hand sanitizers cannot be substituted for soap but can be used in addition to soap.
3. Provide single use paper towels for drying hands.
4. Provide a bucket or other receptacle for collecting the water as hands are washed. This waste water is to be disposed of in a public sewer or septic system. Do NOT pour this water into a storm drain or side ditch.

Ways to Prevent Foodborne Illnesses
1. Proper handwashing must be completed after smoking, eating, visiting toilet facilities, before returning to work, and as necessary to prevent contamination
2. Don't work when you are sick
3. No smoking or tobacco use allowed inside Temporary Food Establishment (TFE).
4. No jewelry on arms and hands except plain ring

PROMOTION PLANNING CHECKLIST

Planning

- ☐ Current Calendar
- ☐ Event Purpose
- ☐ Timing
- ☐ Target Audience

- ☐ Budget
  - ☐ Income
  - ☐ Expenses

- ☐ Event Schedule

- ☐ Site Selection
  - ☐ Space

- Cost
- Acoustics

- Site Map
  - Vendor Locations
  - Entertainment Locations
  - Gates
  - Parking
  - Ticket Booths
  - Restrooms

- Business Tie-ins
  - Advertising
  - Window Displays
  - In-Store Displays
  - Sponsorships
  - Volunteer Efforts

- Volunteers
  - Committee
  - Civic Groups
  - Other Related Organizations
  - Businesses

- Workplan

Insurance

- General Liability
- Liquor Liability
- Weather
- Prize

Event Funding

- Sponsorships
- Donations

- Fees
- Merchandise sales
    - General
    - Commemorative

Publicity

- Participant Communication
    - Co-sponsors
    - Sponsors
    - Businesses
- Media Coverage
    - Media Releases
    - Interviews
    - On-Site Coverage
- Advertising
- Posters, Fliers, Bag Stuffers
- Banners
- Social Media Outreach (Facebook, Twitter, Other)
- E-Newsletters to Targeted Audiences

Vending

- Contracts
- Signs
- Regulations
- Vendor Insurance

- Food & Beverage
    - Food Booths
    - Safety
    - Tickets/Cash

- Alcoholic Beverages
    - Philosophical Issues
    - Licensing

- Control/Safety
- Server Training
- Security
- Other Organizations to Involve

- Merchandise Booths
  - Exhibitors
  - Product Booths
  - On-site Sales vs. Orders

Prizes

- Advertising
- Gaming Regulations

Entertainment

- Contracts
- Music Licensing
- Stages
- Sound Systems
- Street Performers

Security/Crowd Control

- Fire codes/capacity
- Security Officers

Safety

- Accessibility
- Emergency vehicles
- First Aid

Parking/Traffic Management

- Parking Areas

- ☐ Shuttles
- ☐ Signs
- ☐ Traffic Directors

Sanitation

- ☐ Restroom Facilities
- ☐ Trash Collection

Site Set-up

- ☐ Electricity
- ☐ Water
- ☐ Tenting
- ☐ Tarps
- ☐ Seating
- ☐ Fencing
- ☐ Porta-potties
- ☐ Booths/Tables
- ☐ Vendor Locations
- ☐ Entertainment
    - ☐ Staging
    - ☐ Sound Equipment
- ☐ Directional Signs
- ☐ Admission gates

Implementation

- ☐ Work plan
- ☐ Pre-Event Meeting
- ☐ Walk-Through
- ☐ Drive-Through
- ☐ Communication
- ☐ Trouble-Shooting
- ☐ Last Minute Authorizations

Clean-Up

- ☐ Staffing
- ☐ Timing

Thank You's

- ☐ Volunteers
- ☐ Sponsors
- ☐ Co-sponsors
- ☐ Donors
- ☐ Media

Evaluation

- ☐ Participants
- ☐ Workers
- ☐ Businesses

Record Keeping

- ☐ Work plans
- ☐ Bills/receipts
- ☐ List of Volunteers
- ☐ List of Vendors
- ☐ Agendas
- ☐ Publicity Materials
- ☐ Evaluations
- ☐ Wish List for Next Year

Other

- ☐
- ☐
- ☐