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Lewis Weatherspoon Mayor Gerry Vincent Town Manager Veronica Hardaway Town Clerk

Temporary Use Permit Application

Types of Events (Check ALL that Apply) Special Event Permit Town recognized event Over 100 People in attendance Live Band or Amplified Sound	O Requires closure of Town Street O Sale of agricultural products grown off-site O Involves Town Property O Requires Security
2nd Annual Christmas Vendo Name of Event FC	19 EOST OLOCT STREET Location of Event (Exact Street Address)
Applicant Name Angil Chamble	E-mail Address ang il Cangil Chamber on
Address 24 East Olpot St.	Zip Code <u>2750</u>
Phone Number 919-039-2500	Event Date 12/07/19
Event Start Time 9 am	Event End Time 1 OTT
Event Set Up Time 7 QM	Event Clean-up Time 2000
Sound Amplification Hours	Will Food or Goods be Sold? VES
Number of Food Trucks, if applicable 5 (Ma Agriculture Approval, and/or ABC Permit, if app	y Require a NC Sales & Use Certificate, NC Department of licable)
Will Any Town Property be Used? Olot 5	Equare
If Any Town Street Require Closure, please list all st	treet names. N/A
Shell Bloum Sh Applicant's Name (Print) Signatu	6-1.0
FOR STAFF USE ONLY	
Board of Commissioners Approval, if necessary (Da	te Approved)
Planning Director Approval Signature	_ Colon Date: 11/20/19

Post Office Box 278 • Angier, North Carolina 27501-0278 • (919) 639-2071



Town of Angier

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Christmas on the squar	19 East Olout Street Location of Event (Exact Street Address)
Applicant Name Appler Chamble	E-mail Address angiler Chamber org
Address a4 East Olact St.	Zip Code <u>2750</u>
Phone Number 919-639-2500	Event Date 12/12/19
Event Start Time 5:30 pm	Event End Time 8'00 pm
Event Set Up Time 10:00 Q	Event Clean-up Time 8.30 pm
Sound Amplification Hours MA	Will Food or Goods be Sold? NO
Number of Food Trucks, if applicable (May Require a NC Sales & Use Certificate, NC Department of Agriculture Approval, and/or ABC Permit, if applicable)	
Will Any Town Property be Used? Oloot 5quar, Oloot, 5tage	
If Any Town Street Require Closure, please list all street names.	
Shelby Blockmon Sw Applicant's Name (Print) Signature	11/19/19 Date
FOR STAFF USE ONLY	
Board of Commissioners Approval, if necessary (Date Approved)	
Planning Director Approval Signature:	John Date: 11/20/19

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