

Holden Beach.	n	and the To	own of
Event Description:			
If a Business, please circle type: 501c3	For profit	Non-profit	
If 501c3 include #	and atta	ach a copy of your authorizati	on.
Responsible Party/Organization:			
Mailing Address:			
Telephone Number:			
Date of Event:	Start Time:	End Time:	
Approximate Number of People Attendin	ng Event:		
Briefly Describe Impacts to Community (road closures, parking	, bridge closures):	
Will Holden Beach Police Presence Be Re If yes above, what is the extent of your re Will other Town services be required (tra If yes above, please explain:	equest (please indicators)	rations, etc.)? Yes No	
Will a Town of Holden Beach Facility nee	d to be used as a stagi	ing area for the event: Yes	No
If yes above, please list all facilities:			
I, the undersigned, agree to abide by all rand will be responsible for any and all da agree to be present at all times during the	mages and/or person	• •	
Signature of Responsible Party:		Date:	
Signature of Holden Beach Town Manage	er or Designee:		

FOR TOWN USE – User Fee Amount:	Payment Method: Date Paid:	

NOTE: Proof of liability insurance with the Town listed as additional insured must accompany this application. A detailed parking plan and a clearly defined route and site map of the event must also accompany the application. Incomplete applications will be returned.