



# Alcohol Permits

NORTH CAROLINA DIVISION OF PARKS  
AND RECREATION

JUNE 2021

# Objectives

- ▶ Understand the overall process for receiving, reviewing and approving alcohol permits as part of a special activity permit
- ▶ Review the alcohol permit application
- ▶ Know what to look for when reviewing supplemental permit documents



# Special Activity Permit (SAP)

- ▶ Beginning July 1, 2021, State Parks will begin accepting SAP's that request to serve alcohol as part of the event.
  - ▶ Reservoirs have not yet been authorized to permit alcohol use from the Army Corps of Engineers. As soon as permission has been granted, the reservoirs may begin accepting permit requests with alcohol.
- ▶ This is the only alcohol use that is being permitted in the parks at this time.



# One more SAP Question



DEPARTMENT OF NATURAL AND CULTURAL RESOURCES  
NORTH CAROLINA DIVISION OF PARKS AND RECREATION  
**Special Activity Permit**

Park/Recreation Area Name: \_\_\_\_\_

Name of Group/Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Date of event: \_\_\_\_\_ to: \_\_\_\_\_ Time: \_\_\_\_\_ to: \_\_\_\_\_

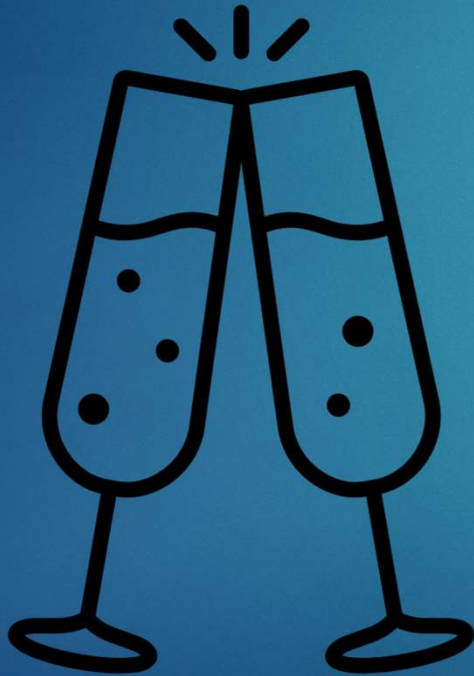
Description of event and activities planned. Attach additional pages if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Are you requesting to serve alcohol at this event? YES or NO





# NEW FORM – Alcohol Permit Application



- ▶ Same timeline as the SAP – must be completed at least 14 days in advance
- ▶ Final approval contingent on provision of all additional documentation
  - ▶ ABC Permit
  - ▶ Certificate of Insurance
  - ▶ \$\$\$\$





## N.C. Division of Parks and Recreation ALCOHOL PERMIT APPLICATION

The purpose of the Alcohol Permit Application is to gather details from event sponsors requesting to serve alcohol at a North Carolina State Park. The application fee is \$200. The Alcohol Permit Application, the Special Activity Permit request, and fees associated with the permits shall be submitted at least 14 days in advance of the scheduled event. Alcohol permits include special conditions that must be met by the applicant in order for the permit to be approved and valid. These include:

1. Obtain an Alcoholic Beverage Control (ABC)-issued permit; 2. Obtain a certificate of liability insurance for the event; and 3. Submit payment for any park staff service and fees for the event.

### APPLICATION INFORMATION

Park or Recreation Area Name: \_\_\_\_\_

Name of Group/Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Email Address \_\_\_\_\_

### SPECIAL EVENT INFORMATION

Name of Event \_\_\_\_\_ Event Date \_\_\_\_\_ Total Expected Attendance \_\_\_\_\_

### Alcohol

What type of alcohol will be served? Check all that apply including inventory amounts for each.

☐ Draft Beer-Inventory Amount \_\_\_\_\_ ☐ Can/Bottle Beer-Inventory Amount \_\_\_\_\_

☐ Wine-Inventory Amount \_\_\_\_\_ ☐ Liquor- Inventory Amount \_\_\_\_\_

Location(s) alcohol will be served and consumed \_\_\_\_\_ Alcohol service: Start time \_\_\_\_\_ End Time \_\_\_\_\_



**Release/Indemnity:** Permittee assumes all risk associated with the service, use and consumption of alcohol at the event noted above. Permittee hereby releases and forever discharges N.C. Division of Parks and Recreation (Division), N.C. Department of Natural and Cultural Resources (Department) and the State of North Carolina, and their employees, officials, and agents, from any and all claims, demands, damages, actions, causes of action, rights, costs, expenses and compensation whatsoever, including attorney's fees, or suits of any kind or nature whatsoever, both known or unknown, arising from or related to this permit and the permissions granted hereby. Permittee shall indemnify, defend, and hold harmless the Division, the Department and the State of North Carolina, and their employees, officials, and agents, from and against all claims, costs, expenses, damages, and/or liability for injury, death, or damage, to persons or property arising from or relating to the service, use and/or consumption of alcohol by permittee or those participating in the event noted above, or resulting from any breach or default in the performance of permittee's obligations under this permit, including, but not limited to, attorney's fees and court costs.

I hereby acknowledge my full and complete understanding of the General Conditions required by the North Carolina Division of Parks and Recreation, and any and all special conditions with which this event must comply. I agree to abide by all conditions of the Alcohol Permit.

Signature of responsible party/official \_\_\_\_\_ Title: \_\_\_\_\_

FOR OFFICE USE ONLY

Permit Number: \_\_\_\_\_ Date of Issue \_\_\_\_\_

Special provision, conditions of issuance \_\_\_\_\_

☐ See attached sheet

Fees: Permit: \$ \_\_\_\_\_

Additional Charges: \$ \_\_\_\_\_

Total Fees \$ \_\_\_\_\_

Signature of approving official \_\_\_\_\_





### Special Conditions

1. All fees must be paid prior to the scheduled event date. Approval to serve alcohol is contingent upon providing all required supporting documentation listed as attachments on this form.

#### ATTACHMENTS

- ☐ ABC Permit      ☐ Certificate of Liability Insurance      ☐ Security Staffing/Park Overtime fees if applicable
- ☐ Check (Make check payable to N.C. State Parks)      ☐ Map of Event      ☐ Other \_\_\_\_\_

2. Permittee is responsible for ensuring that all required alcoholic beverage permits have been obtained and for ensuring compliance with all applicable statutes, rules, permits, and policies related to alcohol or the North Carolina Alcohol Beverage Commission.
3. Alcohol must be kept in approved designated area(s) only. ABC permit rules and regulations must be followed at all times. ABC permit must be openly and conspicuously displayed where alcohol is served.
4. Temporary fencing may be required for outdoor areas where alcohol distribution and consumption occur. Permittee shall provide the required fencing at their own expense. Temporary fencing must be approved by the Division prior to use.
5. Permittee must provide adequate security and staffing for the event. Permittee shall provide personnel to ensure that NO alcohol will be served by or to, or possessed or consumed by, anyone under the legal drinking age of 21 years. Self-service of alcoholic beverages is prohibited. Open containers of alcoholic beverages may not leave the facilities or designated space.





6. Based on the size and nature of the event, additional park staff presence may be necessary to support the event, at the Division's sole discretion. The permittee shall be responsible for all additional staffing and overtime costs associated with the event.
7. The permittee agrees to procure and maintain the following insurance coverages and limits at their own sole cost and expense:
  - a. General Liability insurance with minimum amount of \$1,000,000.00 per single occurrence. Defense costs shall be in excess of the limit of liability.
  - b. Liquor Liability insurance with minimum amount of \$2,000,000.00.

All such insurance shall meet all laws of the State of North Carolina. Such insurance coverage shall be obtained from companies that are authorized to do business in North Carolina. The permittee shall at all times comply with the terms of such insurance policies, and all requirements of the insurer under such insurance policies.

The permittee shall provide documentation of adequate insurance coverage with a certificate of insurance listing the NC Division of Parks and Recreation as Additional Insured. The name and address on the certificate shall read:

NC Division of Parks and Recreation  
121 West Jones Street  
1615 Mail Service Center  
Raleigh, NC 27699-1615

8. All N.C. Division of Parks and Recreation rules and Special Activity Permit considerations apply.



# ABC Permits

- ▶ Retail Permit
  - ▶ Special One-Time Permit (non-profits/political organizations)
  - ▶ Limited Special Occasion Permit (Reception, Wedding, Party)
  - ▶ Off-Premises Permits (Wine and Malt Beverages)
  - ▶ Mixed Beverages Catering Permit
- ▶ Commercial Permit
  - ▶ Winery/Brewery Special Event





# CERTIFICATE OF LIABILITY INSURANCE

OP ID LF

DATE (MM/DD/YYYY)

01/31/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Moore & Johnson Agency PO Box 17867 Raleigh NC 27619 Phone: 919-781-0200 Fax: 919-582-1999	CONTACT NAME: PHONE (AC, No, Ext): FAX (AC, No): E-MAIL: ADDRESS: PRODUCER: CUSTOMER ID #: SOUTH-8
INSURED	Southeastern Emergency Equipment, Inc. P.O. Box 1196 Wake Forest NC 27588	INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)
<b>GENERAL LIABILITY</b>					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		37105696EUC	06/18/10	06/18/11
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				
A		X	37105696EUC	06/18/10	06/18/11
GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. SECT <input type="checkbox"/> LOC				
<b>AUTOMOBILE LIABILITY</b>					
	<input type="checkbox"/> ANY AUTO				
	<input type="checkbox"/> ALL OWNED AUTOS				
	<input type="checkbox"/> SCHEDULED AUTOS				
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
<b>UMBRELLA LIAB</b>					
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR			
	<input type="checkbox"/> DEDUCTIBLE	<input type="checkbox"/> CLAIMS-MADE			
	<input type="checkbox"/> RETENTION \$				
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N			
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A			
A	Property Section		37105696EUC	06/18/10	06/18/11
A	Data Processing				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					
The City of Raleigh is listed as an Additional Insured as their interests may appear.					
<b>LIMITS</b>					
	EACH OCCURRENCE				\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 1,000,000
	MED EXP (Any one person)				\$ 10,000
	PERSONAL & ADV INJURY				\$ 1,000,000
	GENERAL AGGREGATE				\$ 2,000,000
	PRODUCTS - COMPIOP AGG				\$ Excluded
	Empl Bene				\$ 1,000,000
	COMBINED SINGLE LIMIT (Ea accident)				\$
	BODILY INJURY (Per person)				\$
	BODILY INJURY (Per accident)				\$
	PROPERTY DAMAGE (Per accident)				\$
					\$
					\$
					\$
	EACH OCCURRENCE				\$
	AGGREGATE				\$
					\$
					\$
	WC STATUTORY LIMITS				OTHER
	E.L. EACH ACCIDENT				\$
	E.L. DISEASE - EA EMPLOYEE				\$
	E.L. DISEASE - POLICY LIMIT				\$
	BUILDING				500000
	PROPERTY				1500000

CERTIFICATE HOLDER	CANCELLATION
City of Raleigh Abbie Emory P.O. Box 590 Raleigh NC 27602	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Sara Selinger

ACORD 25 (2009/09)

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**PRODUCER**

Moore & Johnson Agency  
PO Box 17867  
Raleigh NC 27619  
Phone: 919-781-0200 Fax: 919-582-1999

**CONTACT  
NAME:**

**PHONE**  
(A/C, No, Ext):

**FAX**  
(A/C, No):

**E-MAIL  
ADDRESS:**

**PRODUCER  
CUSTOMER ID #:** SOUTH-8

**INSURER(S) AFFORDING COVERAGE**

**NAIC #**

**INSURED**

Southeastern Emergency  
Equipment, Inc.  
P.O. Box 1196  
Wake Forest NC 27588

**INSURER A:** Federal Insurance Company

**INSURER B:**

**INSURER C:**

**INSURER D:**

**INSURER E:**

**INSURER F:**





## COVERAGES

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REVISION NUMBER:

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							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ Excluded
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						Empl Bene	\$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Property Section			37105696EUC	06/18/10	06/18/11	BUILDING	500000
A	Data Processing						PROPERTY	1500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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City of Raleigh  
Abbie Emory  
P.O. Box 590  
Raleigh NC 27602

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AUTHORIZED REPRESENTATIVE

*Laura Falanga*

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# Fees

- ▶ Application Fee: \$200
- ▶ Staffing Fees: \$35/hour for each additional employee
  - ▶ Can include an OA, maintenance or seasonal staff to keep a facility open after normal operating hours
  - ▶ Can include a ranger or superintendent to perform law enforcement responsibilities



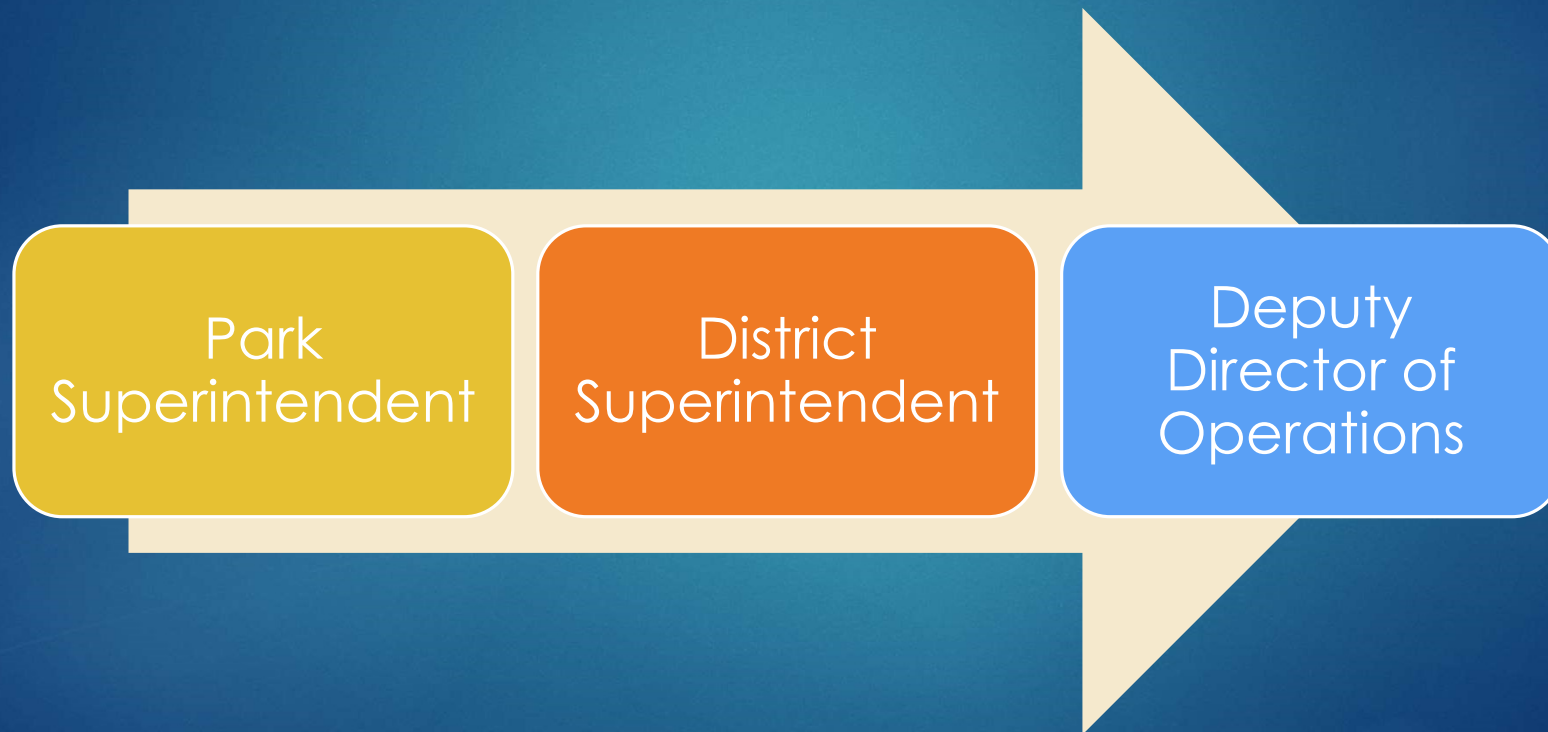
# Overtime for staff

- ▶ Special events requiring additional staff can pay staff working the event overtime if approved in advance by the Deputy Director of Operations
- ▶ Event time must be above and beyond the normal 40 hours physically worked during the week





# Permit Approval



Questions?

