

Town of Charlemont Special Event Permit Application

Before completing this application, please read the Charlemont Special Event Planning Guide that provides information about how to fill out this form, contact information for key people who can help you plan your event, and answers to questions you may have about holding an event in Charlemont. If you have additional questions, please contact the Charlemont Town Administrator, Peg Dean, at 413-339-4335, ext. 8, administrator@townofcharlemont.org.

Before Submitting your Application, ensure the following Checklist is complete:

- A. Site Plan
- B. Emergency Action Plan
- C. Proof of 1 Day Liquor License (if needed, see Attachment)
- D. Proof of Insurance (if needed)
- E. Proof of Food Permit

Event Name _____

Event Dates

This event will be held on _____ [day(s) of week] _____ [date(s)]
between the hours of _____ [start time] and _____ [end time].

Setup: Event setup will take place on _____ [day(s) of week] _____
[date(s)] between the hours of _____ [start time] and _____ [end time].

Breakdown: Event breakdown will take place on _____ [day(s) of week]
_____ [date(s)] between the hours of _____ [start time] and _____
[end time].

Applicant and Sponsoring Organization Information

Applicant Name _____ Position _____

Sponsoring Organization _____

Mailing Address: _____

City _____ State _____ ZIP _____

Daytime telephone: (____) _____ Cell phone: (____) _____

Email: _____ Fax number: (____) _____

Is the sponsoring organization a registered non-profit? Yes No

If yes, please submit proof of tax exemption status with this application.

Who will be your primary on-site contact for the Town of Charlemont during this event?

Same as applicant name above Different person

If you selected "different person," please provide a person's contact information:

Name _____ Position _____

Cell phone: (____) _____ Email: _____

Event Description

Which type of activity best describes the event you plan to hold?

- Street Fair/Festival
- Run – Walk
- Parade
- Trail Event
- Concert
- Road Bike Event
- Other _____

Please briefly describe the event with an overview of how the event will be organized and operated.

Event History

Please check the description that best applies to this event:

- First time event
- Annual event (Number of years in operation: ____)
- Other

Event Size

How many people do you anticipate attending and/ or participating in this event?

_____ Number of participants anticipated

_____ Number of spectators anticipated

Event Fees

Will a fee be charged for attendance or participation? ___ Yes ___No

If you answered "yes," please describe your fee structure and amounts: _____

Impact on the Community

Will this event cause significant public impacts, such as noise, crowds, traffic, and/or parking issues? ___ Yes ___No

Will this event disrupt of the normal routine of the community? ___ Yes ___No

Will your event include use of amplified music in/or adjacent to a residential neighborhood? ___ Yes ___No

If you answered "yes" to any of these questions, please describe:

A) Site Plan (see the Special Event Planning Guide for details)

Use of Town Property

Will this event require use of town property, including the Charlemont Fairgrounds or municipal buildings? Yes No

If you answered "yes," please describe which properties are needed:¹

Street Closures, Traffic Control, and Parking

This event will require partial or full street closure or use of public right of way.² Yes No

*If you answered "yes" to this question, please include within your site plan, showing a list of streets to be closed with your application. Details about completing this section of the application can be found in the Charlemont Special Event Planning Guide. **Applications for events requiring street closure(s) will not be approved without these materials.***

Where will event participants and spectators park? Please include on your site plan showing parking facilities to be used with this application.

Are you planning to provide transportation from remote parking locations to the event location for participants and/ or spectators? Yes No

If you answered "yes," who will provide this transportation service?

Name: _____

Contact Information: _____

¹ Please note that fees may apply for use of Town properties, not all facilities may be available, and a separate application may be required, see "responsibilities" at <http://www.charlemont-ma.us/town/park-and-recreation-commission>, see also p.16.

² Please note that closure of a State highway, including Route 2 and Route 8A, requires separate approval from the Massachusetts Department of Transportation (MassDOT). Acceptance of your application by the Town of Charlemont does not assume or provide approval from MassDOT, which you will need to receive separately from this application. Contact information for MassDOT can be found in the Charlemont Special Event Planning Guide.

Does the event cross over town lines? ___ Yes ___ No

If you answered "yes," which towns?³

- Buckland Colrain Florida Heath Hawley
 Rowe Savoy Shelburne

If your event does cross into another town, you will need to receive permission to hold your event for that town in addition to permission from the Town of Charlemont. Approval by the Town of Charlemont does not imply approval by any other town. Contact information for these towns can be found in the Charlemont Special Event Planning Guide.

Toilet Facilities

Depending on the size, scope and location of this event the Board of Health/ Regional Health Agent may require additional public facilities. Your enclosed site plan must include the location of these public facilities.

Waste Management & Recycling

The Town of Charlemont encourages sustainable efforts in Waste Management including the recycling of as much event waste as possible. Please refer to the Charlemont Event Planning Guide for a list of local recyclers to find out how they may assist you. All applications must include a waste management plan that includes pre and post event details.

Please describe your waste management and recycling plan here:

Temporary Structures & Improvements

Do you plan to use temporary structures during the event? ___ Yes ___ No

If you answered "yes," which of the following do you plan to use? (Please select all that apply.)

- Bleachers Inflatables Canopies Stage(s)
- Temporary Lighting Tent(s) < 200 sq ft Tent(s) > 200 sq ft
- Trailer(s) Structures over 6' in height

What is the purpose of these structures?

Will your event have special electrical needs? ___ Yes ___ No

Do you propose to use generators? ___ Yes ___ No

Please note that all temporary structures and improvements must be included on a site plan submitted with this application. These temporary structures also must be approved and inspected by the Building Inspector before your application can be approved.

Signage

Will there be temporary signs at the event? ___ Yes ___ No

If yes, attach a Sign Plan briefly describing sign content, sizes and locations. (Temporary Signs are allowed but shall be removed promptly upon completion of the activity to which they relate. They are not to exceed 6 sq feet in area and not stand more than 6 feet at their tallest point.)

Animals

Will there be animals at the event? ___ Yes ___ No

If yes, attach a description of your plan to address nuisances or health hazards associated with the animals.

Communication Needs

Will there be installation of antenna for communications? ___ Yes ___No

If yes, please attach a site plan showing antenna location, as well as antenna specifications.

Fireworks and Flammable Materials

Will you be using flammable materials, including fuels and gasses? ___ Yes ___No

Will you be requesting permits for fireworks? ___ Yes ___No

If yes to either above question, a Fire Permit Application must be submitted 20 days prior to the event.

Public Safety

Does your event require Law Enforcement services beyond routine patrol? ___ Yes ___No

B) Emergency Action Plan

Security and Crowd Control specifics, Fire District and Access Information, First Aid & EMT requirements:

C) Proof of 1-day liquor license (if needed)

Will alcohol be served at your event? Yes No

Does your event require a 1-day liquor license? (Please see the Charlemont Special Event Planning Guide for requirement details.) Yes No

If your event requires a 1-day liquor license, please include the 1-day liquor license application with this application, see application on page 11. Applications requiring a 1-day liquor license will not be approved without this application included.

D) Proof of insurance (if needed)

Proof of insurance must be submitted to the Charlemont Town Administrator at least 25 days prior to the event start date. The Town of Charlemont requires proof of liability Insurance in the minimum amount of \$1 - 3 million dollars and the applicant shall name the Town of Charlemont, 157 Main Street, Charlemont, MA 01339, as additionally insured. Information about additional insurance requirements are available in the Charlemont Special Events Planning Guide.

E) Proof of temporary food permits (if needed)

Please indicate which (if any) of the following items will be available at your event:

Food (either for sale or provided on a complementary basis)

- Will food items be pre-packaged? Yes No
- Will food items be cooked at event? Yes No
- Will food items be prepared off site? Yes No

Food vendors can obtain a temporary food service permit from the Town of Charlemont's Board of Health on-line permitting, <http://frcog.org/inspections-permits/health/>. Please see the Charlemont Special Event Planning Guide for details.

Event Marketing

Proper marketing your event is vital to its success. Refer to Charlemont Special Event Planning Guide for answers to the most frequently asked event related questions about marketing your Charlemont event.

Who is the target market for this event?

The target market for this event is (please select all that apply):

Local Regional National International

Will this event be televised? Yes No

If yes, please describe the type of coverage you expect to receive:

Local Regional National International

Please list print advertisements including newspapers and magazines:

Which of the following best describes your marketing budget?

< \$100 \$100 - \$500 \$500 - \$1000 > \$1000

Applicant Agreement and Signature

I, the undersigned representative, have read the rules and regulations with reference to this application and am duly authorized by the organization to submit this application on its behalf. The information contained herein, including supporting documentation is complete and accurate.

Name (Printed) _____

Signature _____

Date _____

ATTACHMENT – 1 Day Liquor License Application

Special Alcohol (One Day) Licenses

The Local Licensing Authorities may issue special licenses for the sale of wines and/or malt beverages to any enterprise however, special licenses for the sale of **all alcoholic beverages may be issued to non-profit organizations only.**

The Local Licensing Authorities cannot grant special licenses to:

- a. Any person for more than a total of 30 days per calendar year,
- b. To any person that has an on premises license application pending before it,
- c. Any premises that has an alcoholic beverages license.

Special Licensees must purchase alcoholic beverages from a licensed supplier. **Special licensees CANNOT purchase alcoholic beverages from a package store and CANNOT accept donations of alcoholic beverages from anyone.**

Please complete and sign the Special Permit Application and return to the Board of Selectmen's Office, 157 Main Street, P.O. Box 677, Charlemont, MA 01339. Please be advised that the License Applications are reviewed during scheduled Selectmen's meetings.

TOWN OF CHARLEMONT

Board of Selectmen

157 Main Street

P.O. Box 677

Charlemont, MA 01339

APPLICATION FOR SPECIAL LIQUOR LICENSE

Date: _____

Fee: \$25.00

To the licensing authorities:

The undersigned hereby applies for a (circle one) Special Wine and Malt License / Special All Alcohol License

With the provisions of the Statues relating thereto:
License

Note: Only Non-profits eligible for All Alcohol

Name of Organization

Address

Name of Applicant (s), Address & Telephone number

(Individual serving as anger for event)

Date(s) for which license is requested: _____

Hours of sales: _____

Event for which license is requested: _____

Profit or non-profit? _____

Location of Event: _____

Designated area to which alcohol will be contained:

LIABILITY DISCLAIMER FOR SPECIAL ONE DAY LICENSES

By exercising the privileges of this license in serving persons with alcoholic beverages, the licensee is potentially exposed to significant liability for injuries and damages to persons served or to others who are injured or damaged by the persons served. Your acceptance and exercise of this license will be deemed to be acknowledgement that you are aware of this potential liability. You are encouraged to discuss the risks associated with exercising your privileges of the license and the precautions appropriate to avoid injuries, damage and liability to others with your legal advisor. The Town of Charlemont and the Board of Selectmen as local licensing authority, shall not be liable to the licensee or others if injury or damage shall result from the exercise of the license.

EVENTS HELD ON TOWN PROERTY*

Permission from the Parks and Recreation Commission must be received if the event will be held at the Fairgrounds or Tennis Courts.

An insurance certificate with liquor liability, naming the Town of Charlemont as additionally insured, must be received by the Town before the license will be issued.

Rate Sheet

Police, Fire, Ambulance - Private Detail Policy

Personnel*

The Town of Charlemont Police, Fire, and Emergency Medical Technicians detail rate is equal to the Massachusetts State Police detail rate, \$44 per hour for a minimum of (4) four hours. Overtime = \$66 per hour, for every hour after (8) hours worked.

Emergency Vehicle Rate*

The Charlemont Police vehicle rate is \$10 per hour. Charlemont's Emergency Services Ambulance or Fire Engine vehicle rate is \$150.00 for the first 8 hours in a 24-hour period, and \$18.75 per hour for the remaining 16 hours. If an event goes beyond the 24 hours, the billing cycle will be billed out in the above manner in 24 hour increments. The Town of Charlemont will charge for the Fire Engine or Ambulance when it is highly anticipated the vehicle will be needed. Emergency vehicles may be onsite at no cost to ensure Emergency Services are better able to respond should there be a local response.

Administrative Fee*

A 10% administrative fee will be charged to the total bill.

Events

Request for an Ambulance or Fire Engine will be staffed by a minimum of two personnel per safety vehicle. The Police Chief, Fire Chief, and Ambulance Director reserve the right to determine if more personnel are required at the event for the best interest of the personnel and public safety, to be paid for by the event organizers. The Charlemont Police, Fire, or Ambulance under the direction of the Police Chief, Fire Chief, or Ambulance Director can schedule training for its members to take place during the event. The Town of Charlemont Emergency Services – Police, Fire, and Ambulance will respond to local emergencies as needed.

Payment

The Town of Charlemont reserves the right to require pre-payment for services from the event organizers in advance of the event taking place.

**The derived total only, based on these rates, will appear on your final bill.*

Revised policy: approved 04-25-16

**Application for Facility Reservation
CHARLEMONT PARK & RECREATION COMMISSION**

**Return by mail or drop box: Town of Charlemont, PO Box 465 Charlemont, Ma 01339
Phone 413-339-4335 Fax 413-339-0320**

Complete and return application to above address at least 60 days in advance of requested dates; because of the high demand, 5 to 6 weeks is recommended. See details & regulations for use.

Please answer all questions.

Enclose deposit, payable to the Town of Charlemont. The deposit will be applied to the total cost, based on facility & other charges.

1. Name of Organization (Lessee) _____
2. Contact Person (Event Coordinator) _____
3. Daytime Phone _____ Cell or secondary phone _____
4. Mailing Address _____
5. Email Address _____ @ _____
6. Name & Address if different than above _____
7. Event Name/Purpose _____
8. Facility requested: ___ Fair Grounds ___ Exhibit Hall ___ Oxen/Horse Draw Building ___ Courts
9. Specify other areas: ___ Rest Rooms Open (where available) ___ Electricity (where available)
10. Date(s) _____ Rain Date(s) _____
11. Time Start _____ am/pm Time End _____ am/pm Days of Week SU M TU W TH FR SA
12. Estimated Attendance _____ Estimated # of adults _____ # of children
13. Please list and or explain on back provisions for setup, supervision & cleanup
14. Is alcohol being served ___Y___N Food ___Y___N

Please seek appropriate Board for licensing If approved, THIS SHALL SERVE AS YOUR PERMIT, AND SHOULD BE CARRIED WITH YOU. All permits carry these conditions: (a) All (including any staff & volunteers) must park in proper areas; (b) Before you leave, trash shall be picked up and removed from facility by lessee.

15. Do you agree that youth groups will be supervised by your agency during this time? _____
16. Do you agree to meet all these conditions and Park Regulations? _____ Your Park & Recreation Liaison will be:
Name: _____ Contact # _____ - _____

TERMINATION OF AGREEMENT Any violation of the Charlemont Park & Recreation Commission policies or regulations for use of facilities will result in the termination of this agreement.

The Charlemont Park & Recreation Commissions decisions regarding terminations are final.

Office Use Only	
Rec'd ___/___/___	Disposition _____
BY _____	Amount Due \$ _____ Deposit received \$ _____
Balance \$ _____ due by ___/___/___	

BELOW IS FOR TOWN USE ONLY:

Town of Charlemont Application Approvals Sheet

Please sign in the order listed below and pass to the next board/ department ASAP. If you have concerns or comments about this application, please call the Charlemont Town Administrator, Peg Dean, at 413-339-4335, ext. 8.

Park & Recreation

Name (printed): _____

Signature: _____

Date: _____

Fire Department

Name (printed): _____

Signature: _____

Date: _____

Ambulance

Name (printed): _____

Signature: _____

Date: _____

Police

Name (printed): _____

Signature: _____

Date: _____

Highway Department

Name (printed): _____

Signature: _____

Date: _____

Board of Health

Name (printed): _____

Signature: _____

Date: _____

Select Board

Name (printed): _____

Signature: _____

Date: _____

Provided to Shelburne Control Dispatch on Date: _____

**Mutual aid to be established for times when emergency services are working a special event.*