

Town of Charlemont
157 Main Street
PO Box 677
Charlemont Massachusetts 01339

Special Event Permit Application

Please complete the application form, sign, date and attach a legible site plan for your event. Your application will not be processed without a completed form and applicant signature. You must consult with all the required Town Departments, contact information can be found at the end of this application packet.

What requires a Special Event Permit application? In general, any scheduled outdoor public gathering regardless of size, involving the use of, or having an impact on, town property, town facilities, town parks, town streets (including roadside parking), town sidewalks, town parking lots and town-owned open space requires a Special Event Permit.

You may be required to obtain police details or other additional municipal services. Costs for these are the responsibility of the applicant and prepayment, or a deposit, may be required. Approval of the permit is based upon the Board of Selectmen's determination that the event will not pose a risk of endangering public health, safety, or welfare, based upon their application of public safety criteria.

Example of events that may require a Special Event Permit from the Board of Selectmen are:

- Road Races
- Motor Cross and Off-Road Vehicle Activities
- Cycling Events
- Festivals
- Outdoor Events (concerts, weddings, etc.)
- Parades

This application with supporting documentation must be submitted to the Town of Charlemont.



Charlemont Massachusetts

Countfield, Viscount Charlemont

Special Event Permit Application

APPLICANT INFORMATION

Organization: _____ Date: _____

Name: _____ Phone #: _____

Address: _____

Email: _____

Name of Event: _____

Type of Event: _____

Event Location: _____

Event Date: _____ Start Time: _____ End Time: _____

Proposed Rain Date: _____ Number of People: _____

Please answer the following: 1. Clearly describe your event (Please attach letter if more space is required)

2. Please attached an event map and site plan with the following indicated:

- Detailed event layout/route with directional arrows and street names
- Identify roads or sidewalks that will be blocked or closed.
- Placement of collection of signage, traffic control devices, barricades
- Location of event staff, volunteers along the proposed locations where police details are required, emergency medical stations, food service, port-a potties, etc.
- Trash generated by the event must be removed immediately after the event. Event signage, port-a potties, and all other equipment should be removed within 48 hours.
- Emergency Evacuation plan

3) Proof of insurance (if needed): Events using Town property need to carry insurance. The current requirements for insurance coverage in these instances are shown in the table below. A sample of the certificate required is at the end of this application.

Event	Aggregate Amt.
FIREWORKS	3 / 5 mil
DEMOLITION DERBY	1 / 3 mil
TRACTOR/TRUCK PULLS	1 / 2 mil
MECHANICAL RIDES	1 / 2 mil
RODEO	1 / 2 mil
ANIMAL RIDES	1 mil
HORSE/OXEN	1 mil
PETTING ANIMALS	300 k
OWNER PET DOGS/ANIMALS	300 k
ENTERTAINMENT	
MUSICIANS, ARTISTS, PERFORMERS	100 k / umbrella
AUCTION, TAG SALES, BINGO	100 k / umbrella
ALCOHOL, BEER & WINE	1 / 3 mil
BEER,WINE	1 / 3 mil
FOOD	1 mil
CRAFTERS, PRODUCT	100 k / umbrella
DISPLAYS	
EXHIBIT HALL, PRODUCT	100 k / umbrella
WEDDINGS / PARTIES	
(Private or Specific Group)	
BIRTHDAY/ANNIVERSARY/SOCIAL No Alcohol	100 k / umbrella
BIRTHDAY/ANNIVERSARY/SOCIAL Alcohol	1 mil

RELEASE/HOLD HARMLESS AGREEMENT (REQUIRED FOR USE OF TOWN PROPERTY ONLY):

I, _____, a representative from _____, does hereby acknowledge that in the course of its use of property owned by the Town of Charlemont, namely _____ located at _____, Charlemont, Massachusetts, for the purpose described above, and more particularly by virtue of the presence of its agents, servants, employees and invitees, (hereinafter collectively referred to as _____), in any manner whatsoever shall operate at its own risk on said property of the Town of Charlemont. For and in consideration of the use of _____, _____ does for itself and on behalf of its agents, servants, employees and invitees, hereby, jointly and severally, remise, release and forever discharge the Town, it's agents, servants and employees (hereinafter collectively referred to as the "Town"), of and from all debts, demands, actions, and any and all claims or demands whatsoever of any kind for damages or injuries to property or person, which may arise by virtue of _____ use of _____.

_____ further agrees to defend and indemnify and hold harmless the Town from and against any claims of any nature whatsoever and the cost and expense, including, but not limited to, attorney fees and legal costs arising out of any claim in connection with its use of _____. Said indemnification shall not include claims arising from intentional malfeasance by the agents or employees of the Town of Charlemont. Signed this _____ day of _____, 20____, on behalf of _____ by _____, its _____.

X _____ Date: ____/____/____ Signature of the agent duly authorized by the Special Event Permit applicant to bind it.

APPLICATION CERTIFICATION

The applicant certifies that he/she has read and examined this application and agrees to comply with the terms and conditions contained herein.

Signature of Applicant: _____ Date: _____

***PUBLIC SAFETY SIGNATURES ***

Signature of Police Chief or Deputy Police Chief (Mandatory)

Conditions:

Signature of Fire Chief or Deputy Fire Chief (Mandatory)

Conditions:

Signature of Ambulance Director (Mandatory)

Conditions:

Signature from Highway/DPW Department (Mandatory)

Conditions:

Final Approval

Board of Selectman/Town Administrator

Complete application Yes No

Emergency Plan Yes No

Comments/conditions _____

Selectboard Approval _____ Date: _____

(Select Board Chair)

Contact Information:

Town Administrator	Application processing	413-339-4335 ext. 8 administrator@townofcharlemont.org
Ambulance Director	Ambulance	413-339-4335 dana.johnson@townofcharlemont.org
Fire Chief	Fireworks, Demolition Derby Temporary structures, Tents	413-522-2705 dennis.annear@townofcharlemont.org
Highway Superintendent	Road closures	413-339-4335 ext. 29 scott.sullivan@townofcharlemont.org
Police Chief	Police Details	413-625-8200 jason.pelletier@townofcharlemont.org
Town Administrator	Insurance and one day alcohol permits	413-339-4335 ext. 8 administrator@townofcharlemont.org
Board of Health	Food and sanitary	413-339-4335 Opt6,2 boh@townofcharlemont.org
Park and Recreation Commission	Charlemont Fairgrounds Rental	413-339-4200 parks@charlemont-ma.us
Building Inspector	Temporary structures, Tents	413-774-3167 x 110 https://frcog.org/project/franklin-county-cooperative-inspection-program/

Links:

https://charlemont-ma.us/files/1_Day_Liquor_License_Application.pdf

<https://frcog.org/project/cooperative-public-health-service/>



NH413114

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/30/2023

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 have **ADDITIONAL INSURED** provisions or 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	CONTACT NAME:				
	PHONE (A/C, No, Ext):	E-MAIL ADDRESS:		FAX (A/C, No):	
INSURED	INSURER(S) AFFORDING COVERAGE				NAIC #
	INSURER A :				
	INSURER B :				
	INSURER C :				
	INSURER D :				
	INSURER E :				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: See below

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 TR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ <i>1 Million</i>
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						GENERAL AGGREGATE \$ <i>3 Million</i>
	OTHER:						PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY <input type="checkbox"/>						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS <input type="checkbox"/>						PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS ONLY <input type="checkbox"/>						
	NON-OWNED AUTOS ONLY <input type="checkbox"/>						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/>		N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

A	Participant Accident						
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event Name:

Event Date(S):

Event Address:

CERTIFICATE HOLDER	CANCELLATION
Town of Charlemont 157 Main Street Charlemont, MA 01339	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