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617 591 2172

P. 2

Done

PUBLIC EVENT PERMIT APPLICATION
City of Somerville, Commonwealth of Massachusetts

Date 7-28-10

To the Honorable, the Board of Aldermen of the City of Somerville:

The undersigned requests permission to conduct the following event. This permission will only be effective for the listed location and time, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Board of Aldermen and/or City Departments. Any charges incurred will be the sole responsibility of the applicant and must be paid in full prior to the event.

Event name OPEN AIR CIRCUS FUNDRAISER

Description YARD SALE

Location ~~XXXXXXXXXX~~ BEHIND DAVIS SQUARE T-STATION - SEVEN HILLS PARK

Date and time September 11th ~~XXXXXXXXXX~~ 9^{AM} - 4^{PM}

Rain date and time (if applicable) September 25th - 9^{AM} - 4^{PM}

Estimated maximum attendance at any one time 25

Attendce fees or suggested donations \$0.

Organization name OPEN AIR CIRCUS

Mailing address 5 Ossipee Road Somerville, MA 02144

Telephone 617 629-8300

Have you made any arrangements for:

- Auxiliary Police? Yes No If yes, describe _____
- Security? Yes No If yes, describe _____
- Parking? Yes No If yes, describe _____
- Food? Yes No If yes, describe _____
- Restrooms? Yes No If yes, describe _____
- Liability Insurance? Yes No If yes, describe _____

Note the following Conditions:

1. The event must not obstruct or inhibit the flow of vehicles or pedestrians except for road closures or detours permitted herein, or as directed by Police Officers or Auxiliary Police Officers.
2. Any road closures or detours must be approved in advance by the Traffic and Parking Director, and must be implemented with traffic controls specified by the Traffic and Parking Department. Such controls, and any displays or items placed on any street, shall be movable at all times. Vehicles will not be used as traffic controls. If the applicant requires the use of signage loaned by the Traffic and Parking Department, a security deposit will be required to ensure that the signage is returned.

AUG-04-2010 WED 11:40 AM SOMERVILLE POLICE DETECTIVE

FAX: 617 776 9234
617 591 2174

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3. If the event is a road race, the applicant will provide race monitors where required by the Police. The applicant will not make permanent marks on the roadway or sidewalk using paint or other indelible materials. Use of chalk will be acceptable. The applicant will pay the cost of removing any indelible marks placed on the roadway or sidewalk.
4. If the event is a carning drive, the applicant will provide adult monitors at each location, and will maintain a copy of the approved permit at each location.
5. If the event includes a musical performance, the performance will not occur before 9:00 AM or after 10:00 PM, nor at any time on Sunday, nor within 500 feet of any building from which an occupant asks that the performance desist.

The applicant hereby states that this is a true description of the event and acknowledges and agrees to adhere to the conditions described above and in the Departmental approvals below.

Applicant signature [Signature] Date 7-28-10
 Applicant name (print) DAVIDA CHAVIS Applicant phone 617-629-8300
 Event name (taken from page 1) OPEN AIR CIRCUS FUNDRAISER

Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/14/2010</u> Police Chief or Designee Conditions: _____ _____ _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Chief Fire Engineer or Designee Conditions: _____ _____ _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Traffic and Parking Director or Designee Conditions: _____ _____ _____	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ DEW Commissioner or Designee Conditions: _____ _____ _____

Obtain the signatures below if the applicant will be providing food to attendees. Not needed for block parties.

<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Health Inspector or Designee Conditions: _____ _____ _____

Once signed, the Department should:

- ___ Contact the applicant at the phone number above to arrange for pick-up.
- ___ Fax the application (no cover page) to the following fax number: _____
- ___ Fax the application to the City Clerk at 617 625-4239.

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- 3. If the event is a road race, the applicant will provide race monitors where required by the Police. The applicant will not make permanent marks on the roadway or sidewalk using paint or other indelible materials. Use of chalk will be acceptable. The applicant will pay the cost of removing any indelible marks placed on the roadway or sidewalk.
- 4. If the event is a canning drive, the applicant will provide adult monitors at each location, and will maintain a copy of the approved permit at each location.
- 5. If the event includes a musical performance, the performance will not occur before 9:00 AM or after 10:00 PM, nor at any time on Sunday, nor within 300 feet of any building from which an occupant asks that the performance desist.

The applicant hereby states that this is a true description of the event and acknowledges and agrees to adhere to the conditions described above and in the Departmental approvals below.

Applicant signature [Signature] Date 7-28-10
 Applicant name (print) DAVIDA CHAVIS Applicant phone 617-629-4300
 Event name (taken from page 1) OPEN AIR CIRCUS FUNDRAISER

Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.

<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Police Chief or Designee Conditions: _____ _____ _____	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/29/10</u> <u>[Signature]</u> Chief Fire Engineer or Designee Conditions: _____ _____ _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Traffic and Parking Director or Designee Conditions: _____ _____ _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ DPW Commissioner or Designee Conditions: _____ _____ _____

Obtain the signatures below if the applicant will be providing food to attendees. Not needed for block parties.

<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Health Inspector or Designee Conditions: _____ _____ _____

Once signed, the Department should:

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- 4. If the event is a canning drive, the applicant will provide adult monitors at each location, and will maintain a copy of the approved permit at each location.
- 5. If the event includes a musical performance, the performance will not occur before 9:00 AM or after 10:00 PM, nor at any time on Sunday, nor within 300 feet of any building from which an occupant asks that the performance desist.

The applicant hereby states that this is a true description of the event and acknowledges and agrees to adhere to the conditions described above and in the Departmental approvals below.

Applicant signature [Signature] Date 2-28-10
 Applicant name (print) DAVIDA CHAVIS Applicant phone 617-629-8300
 Event name (taken from page 1) OPEN AIR CIRCUS FUNDRAISER

Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.

<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Police Chief or Designee Conditions: _____ _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Chief Fire Engineer or Designee Conditions: _____ _____
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-2-10</u> <u>[Signature]</u> Traffic and Parking Director or Designee Conditions: <u>no Parking Requirements</u>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ DPW Commissioner or Designee Conditions: _____ _____

Obtain the signatures below if the applicant will be providing food to attendees. Not needed for block parties.

<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Health Inspector or Designee Conditions: _____ _____
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- Fax the application (no cover page) to the following fax number: _____
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