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PUBLIC EVENT PERMIT APPLICATION
City of Somerville, Commonwealth of Massachusetts

Event name MEMPHIS SOUL SK FOR M.S.

Description AFTER PARTY FOR SK EVENT IN GRACE ST
PARKING LOT

Location (attach a route if applicable) GRACE ST PARKING LOT AT BACK OF
BURNEN

Date(s) 8/26/12 Rain date(s) _____

Start time (include setup) 9 AM End time (include breakdown) 6:00 PM

Estimated maximum attendance at any one time 500

Attendee fees or suggested donations 30 fee for ROAD RACE

Will food be served? ☒ Y ☐ N If yes, describe BBQ

Will alcohol be served? ☒ Y ☐ N If yes, describe BEER ONLY

Will a grill/open-flame device be used? ☒ Y ☐ N If yes, describe GRILL

Will streets or sidewalks be blocked? ☐ Y ☒ N If yes, describe _____

Organization name GALWEGAN INC DBA THE BURNEN

Mailing address (to mail the license) 247 ELM ST SOMERVILLE MA 02144

Contact person DESMOND RUSHE

Telephone 781 858 6037 Email desyrushe@gmail.com

Have you made arrangements for:

Auxiliary Police? ☒ Yes ☐ No If yes, describe PAUL COLICIA HAS DONE THIS

Police Detail? ☒ Yes ☐ No If yes, describe PAUL COLICIA HAS DONE THIS - PAUL TO ELISA

Parking (for Attendees)? ☐ Yes ☒ No If yes, describe _____

Restrooms? ☒ Yes ☐ No If yes, describe THORNE DEPOT

Liability Insurance? ☒ Yes ☐ No If yes, describe HARTFORD INSURANCE

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. All 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, must be movable at all times. Vehicles must not be used as traffic controls. If the applicant requires the use of signage loaned by the Traffic and Parking Department, a security deposit must be paid to ensure that the signage is returned.
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.

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4. 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, except as permitted, nor within 300 feet of any building from which an occupant asks that the performance desist.
5. Any fees charged by the city are the sole responsibility of the applicant and must be paid in full prior to the event.
6. This permit is valid only for the listed location and time, and is subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, these conditions, and any other conditions prescribed by the Board of Aldermen and/or stated in the Departmental approvals below.

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 8/30/12
 Print name DESMOND RUSHE Phone 781 858 6037 Email desmyrushe@comcast.com
 Event name (taken from page 1) Memphis Soul 5K for M.S.

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>8/4/12</u> Signed: <u>[Signature]</u> Police Chief or Designee Added Conditions: _____ _____ _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Chief Fire Engineer or Designee Added Conditions: _____ _____ _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Traffic and Parking Director or Designee Added Conditions: _____ _____ _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ DPW Commissioner or Designee Added Conditions: _____ _____ _____

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

<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Health Inspector or Designee Added Conditions: _____ _____ _____
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Once signed, the Department should:

- ☐ Contact the applicant at the phone number/email address 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.

4. 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, except as permitted, nor within 300 feet of any building from which an occupant asks that the performance desist.
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Applicant signature Desmond Rushe Date 8/30/12
Print name DESMOND RUSHE Phone 781 858 6037 Email desmyrushe@comcast.com
Event name (taken from page 1) Memphis Soul 5K Run MS.

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 _____ Signed: _____ Police Chief or Designee Added Conditions: _____ _____ _____	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/3/12</u> Signed: <u>James J. Kelly</u> Chief Fire Engineer or Designee Added Conditions: _____ _____ _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Traffic and Parking Director or Designee Added Conditions: _____ _____ _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ DPW Commissioner or Designee Added Conditions: _____ _____ _____

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<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Health Inspector or Designee Added Conditions: _____ _____ _____
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Applicant signature *Desmond Rushe* Date 8/30/12
Print name DESMOND RUSHE Phone 781 858 6037 Email desmyrushe@comcast.net
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<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Police Chief or Designee Added Conditions: _____ _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Chief Fire Engineer or Designee Added Conditions: _____ _____
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/2/12</u> Signed: _____ Traffic and Parking Director or Designee Added Conditions: _____ <u><i>[Signature]</i></u>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ DPW Commissioner or Designee Added Conditions: _____ _____

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

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

Assembly you are already raising the bleachers off lot.
[Signature]

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Applicant signature [Signature] Date 8/30/12
 Print name DESMOND RUSHE Phone TEL 858 6037 Email desm.rushe@cityofma.com
 Event name (taken from page 1) MEMPHIS SOUL 5K RUN M.S.

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Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date _____ Signed: _____ Police Chief or Designee Added Conditions: _____ _____ _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date _____ Signed: _____ Chief Fire Engineer or Designee Added Conditions: _____ _____ _____
Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date _____ Signed: _____ Traffic and Parking Director or Designee Added Conditions: _____ _____ _____	Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> Date <u>8-1-12</u> Signed: <u>[Signature]</u> E.P.W. Commissioner or Designee Added Conditions: _____ _____ _____

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/28/2012

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 Malcolm & Parsons Ins. Agcy. Inc. 6 Freeman St. P.O. Box 527 Stoughton, MA 02072	CONTACT NAME:	
	PHONE (A/C, No, Ext): 781.344.3200	FAX (A/C, No): 781.344.1425
INSURED Galwegan, Inc. DBA: The Burren 247 Elm Street Somerville, MA 02144-2934	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Hospitality Mutual	NAIC #
	INSURER B: The Hartford	087634
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: Master 2011/12

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)	LIMITS
A	GENERAL LIABILITY			00060220GL	11/16/2011	11/16/2012	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMPROP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
B	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"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			08WECNJ7486	11/16/2011	11/16/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability			00060222LL	11/16/2011	11/16/2012	Aggregate \$2,000,000 Per Occurrence \$1,000,000

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

Tavern

CERTIFICATE HOLDER

FAX: 617.625.4239

City of Somerville
93 Highland Avenue
Somerville, MA 02143

CANCELLATION

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

Anne Parsons

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TRANSACTION REPORT

AUG-03-2012 FRI 02:12 PM

TX (MEMORY)

#	DATE	START TIME	RECEIVER	COM. TIME	PAGES	TYPE/NOTE	FILE
001	AUG-03	02:11 PM	8176254239	0:00:55	4	SCB OK	635
TOTAL				0:00:55	4		



Thomas Pasquarello
Chief of Police

**City of Somerville
Police Department**

220 Washington Street
Somerville, MA 02143-1307
(617) 625-1600
www.somervillema.gov/spd



Memo

To: Chief Thomas Pasquarello
From: Lt. Stephen Carrabino (SC)
Date: 8/3/2012
Re: Memphis Soul 5K BBQ Run After-Party (August 26th)

I have spoken with Paul Collyer about this event. He has agreed to hire detail officers to assist with the road race and the after-party in the parking lot behind the Burren. We will likely close Grove Street between Highland Avenue and Elm Street to ensure public safety. I would recommend approval of this event.