



PUBLIC EVENT PERMIT APPLICATION
City of Somerville, Commonwealth of Massachusetts

Event name Deanna Cremin Remembrance Ceremony
 Description Brief ceremony (30-45min) in remembrance of seven year old murder victim Deanna Cremin. Friends and Family will be in attendance.
 Location (attach a route if applicable) Deanna Cremin Sq. (corner of Temple and Jacques St.)
Just one horse is needed block vehicle access from Temple to Jacques St.
 Date(s) 3/29/2014 Rain date(s) None
 Start time (include setup) 2:30pm End time (include breakdown) 3:15pm
 Estimated maximum attendance at any one time 60
 Attendee fees or suggested donations None
 Will food be served? Y N If yes, describe _____
 Will alcohol be served? Y N If yes, describe _____
 Will a grill/open-flame device be used? Y N If yes, describe _____
 Will streets or sidewalks be blocked? Y N If yes, describe We are requesting to block a small portion of Jacques St. @ Temple for safety reasons.
 Organization name Friends of Deanna Cremin
 Mailing address (to mail the license) 22 Wheelwright Rd Medford, MA 02155
 Contact person Jesse Clingen
 Telephone 617-290-1904 Email friends of Deanna Cremin@gmail.com

Have you made arrangements for:

Auxiliary Police? Yes No If yes, describe but I can and will if need be.
 Police Detail? Yes No If yes, describe _____
 Parking (for Attendees)? 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. 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.

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 3/24/14
 Print name James J. Clark Phone 617-290-1234 Email James.Clark@cityofsomerville.com
 Event name (taken from page 1) Drum Corps Competition Ceremony

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>3-24-14</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: _____ _____

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.
5. Any fees charged by the city are the sole responsibility of the applicant and must be paid in full prior to the event.
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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 3/24/14
 Print name James J. Chung Phone 617-290-1904 Email Friends of Anna Cermin@gmail.com
 Event name (taken from page 1) Drama Cermin Remembrance Ceremony

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>3/24/14</u> Signed: <u>[Signature]</u> Chief Fire Engineer or Designee Added Conditions: <u>Multiple BARRIERS ONLY.</u> _____ _____
<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.

Approved Denied Date _____
 Signed: _____
 Health Inspector or Designee
 Added Conditions: _____

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: _____.
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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 2/24/14
 Print name Jeanne [Signature] Phone 617-251-1344 Email [Signature]
 Event name (taken from page 1) St. Dominic's Parish Penitential Ceremony

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 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>3/24/14</u> Signed: <u>[Signature]</u> 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: _____ _____

Once signed, the Department should:

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3/24/2014

Somerville, MA 02145 - Google Maps

Somerville, MA 02145

Street View

History



