## PUBLIC EVENT PERMIT APPLICATION

City of Somerville, Commonwealth of Massachusetts

Event name REUNION Somerville Picnic		
Description Church Picnic		
Location (attach a route if applicable) Hodgkins Park		
Date(s) 9 - 29 - 13  Rain date(s) 10 - 13		
Start time (include setup) 1 am End time (include breakdown) 4 pm		
Estimated maximum attendance at any one time 100 - 150		
Attendee fees or suggested donations to, we don't charge for it		
Will food be served? Y_N If yes, describe picnic food (not grilled @ pack)		
Will alcohol be served? _Y \( N \) If yes, describe		
Will a grill/open-flame device be used? _Y _N If yes, describe not allowed in parks		
Will streets or sidewalks be blocked?Y \( \subseteq N \) If yes, describe		
Organization name REUNION Christian Church		
Mailing address (to mail the license) 30 The Fennay, Boston, MA 02215		
Contact person Joel Daniels		
Telephone (865) 748-3724 Email Joel @ reunian boston. com		
Have you made arrangements for:		
Auxiliary Police? Yes ~No If yes, describe		
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 we have insurance through the church		

## 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.

- 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.

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Applicant signature	Date 7-31-13
Print name Jeel Bluvels Phone 865)	
Event name (taken from page I) REVOIDO &	ionarialle Piznic
	the City Clerk for consideration by the Board of Aldermen.
Approved Denied Date & 14 2 Signed:	ApprovedDenied Date Signed:
Police Chief or Designee	Chief Fire Engineer or Designee
Added Conditions:	Added Conditions:
ApprovedDenied Date	ApprovedDenied Date
Signed:	Signed:
Traffic and Parking Director or Designee Added Conditions:	DPW Commissioner or Designee Added Conditions:
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	1.
Obtain the signature below if the applicant will be providing food to attendees. Not needed for block parties.	
ApprovedDenied Date Signed:	
Health Inspector or Designee	*
Added Conditions:	
Once signed the Department shoulds	e.
Once signed, the Department should:	7-11
Contact the applicant at the phone number/em	
Fax the application (no cover page) to the foll	
Fax the application to the City Clerk at 617 62	25-4239.

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Applicant signature Leo Daniel	Date 7-31-13
Print name Joel Wiels Phone 86	5)748-3224 Email bel @ revivabostan.c
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Fax the application (no cover page) to the f	following fax number:
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Applicant signature Dhond 8h5)	748-3224 Email joel @ revisionbostan.com
Print name Joel Iskurely Frionacco	Para la Para
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