

PUBLIC EVENT PERMIT APPLICATION
City of Somerville, Commonwealth of Massachusetts

Event name Somerville Recreation Haunted House

Description _____

Location (attach a route if applicable) 19 Walnut Street

Date(s) 10/27/12 Rain date(s) _____

Start time (include setup) 2:00 pm End time (include breakdown) 10:00 pm

Estimated maximum attendance at any one time 90

Attendee fees or suggested donations \$1.00 per person

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 _____

Organization name Somerville Recreation

Mailing address (to mail the license) same

Contact person Jim Hanlon

Telephone 617 840 4951 Email jhanlon@somerville.ma.gov

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 _____

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.

Close Gies Park to Hillside Park

- 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 James F. Hillman Date 10/25/12
 Print name Jim Hillman Phone _____ Email jhillman@somervillema.gov
 Event name (taken from page 1) Somerville Recreation Haunted Haop

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

| | |
|---|---|
| Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> Date <u>10/29/12</u> Signed: _____ Police Chief or Designee Added Conditions: _____ _____ _____ | Approved _____ Denied _____ Date _____ Signed: _____ Chief Fire Engineer or Designee Added Conditions: _____ _____ _____ |
| Approved _____ Denied _____ Date _____ Signed: _____ Traffic and Parking Director or Designee Added Conditions: _____ _____ _____ | Approved _____ 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: _____
- Fax the application to the City Clerk at 617 625-4239.