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PUBLIC EVENT PERMIT APPLICATION
City of Somerville, Commonwealth of Massachusetts

Event name Brian Higgins Road Race (7th year)

Description 4.2 Mile Road Race - Proceeds benefit the special needs children of Somerville

Location (attach a map if applicable) Map attached starts and ends at 682 Broadway

Is this location on or abutting a public park? N Y Name of Park _____

Date(s) Sunday - Sept. 14, 2014 Rain date(s) _____

Event starts at (time) 9:00 AM Event ends at (time) 2:00 PM

Setup starts at (time) 8:00 AM Breakdown ends at (time) 3:00 PM

Has this event occurred before? N Y When was the most recent occurrence Sept. 2013

Estimated maximum attendance at any one time 250

Maximum number of attendees you will accommodate (if applicable) 350

Estimated total number of different people attending 50

Estimated total number of Somerville residents attending 200

Attendee fees or suggested donations \$ 20.00

Will food be served? Y N If yes, describe Hamburgers, Hot Dogs, Soda

Will alcohol be served? Y N If yes, describe _____

Will a grill or open-flame device be used? Y N If yes, describe a gas grill to cook

Will any streets be blocked? Y N If yes, describe Rogers Ave will be blocked from Broadway to Kidder Ave

Will any sidewalks be blocked? Y N If yes, describe _____

* Certified Food handlers from "The Pub" will be handling food and cooking

Describe any social/cultural benefits of this event for Somerville residents Proceeds benefit Special Needs Children of Somerville

Describe any financial benefits of this event for Somerville businesses or organizations The Higgins Foundation provides scholarships, pays tuitions for Youth Hockey, Little League, etc. for deserving families.

What is your budget for this event? \$300.00

Organization name The Brian Higgins Foundation

Mailing address (to mail the license) 9 Granite St Somerville, Ma 02143

Contact person Debra Higgins

Telephone 617 590-6184 cell Email debby@thebrianhigginsfoundation.org
617 625-3271 Home

Event name (taken from page 1) Brian Higgins Road Race

Have you made arrangements for:

Auxiliary Police? Yes ___ No If yes, describe Have Contacted the Auxiliary Police

Police Detail(s)? ___ Yes No If yes, describe _____

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

Restrooms? Yes ___ No If yes, describe will have use of facilities at "The Pub" 682 Broadway, Somerville

Liability Insurance? ___ Yes No If yes, describe _____

Alcohol License? ___ 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 any street/sidewalk closures or detours described in this application or conditions.
2. All street closures or detours must be created with devices specified by the Traffic and Parking Department. 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. All items placed on any street must be movable by city employees or firefighters at all times. Vehicles must not be used to block streets.
4. The applicant must not make permanent markings on the street or sidewalk using paint or other indelible materials, or else the applicant will be held liable for the cost of removing those markings. The use of chalk is acceptable for street or sidewalk markings.
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, any city officials, and the Board of Aldermen.
7. If any streets are closed, the applicant will contact the MBTA so they can review and adjust their bus routes as needed (jhegarty@mbta.com).
8. If any streets are closed, the applicant will provide written notice to each resident and business that abuts the area to notify them of the date and time of the event, and provide contact information for the event organizer(s) in case they have questions.

The applicant hereby states that this is a true description of the event and acknowledges and agrees to adhere to the conditions described above, as well as any conditions set forth by City Officials and by the Board of Aldermen.

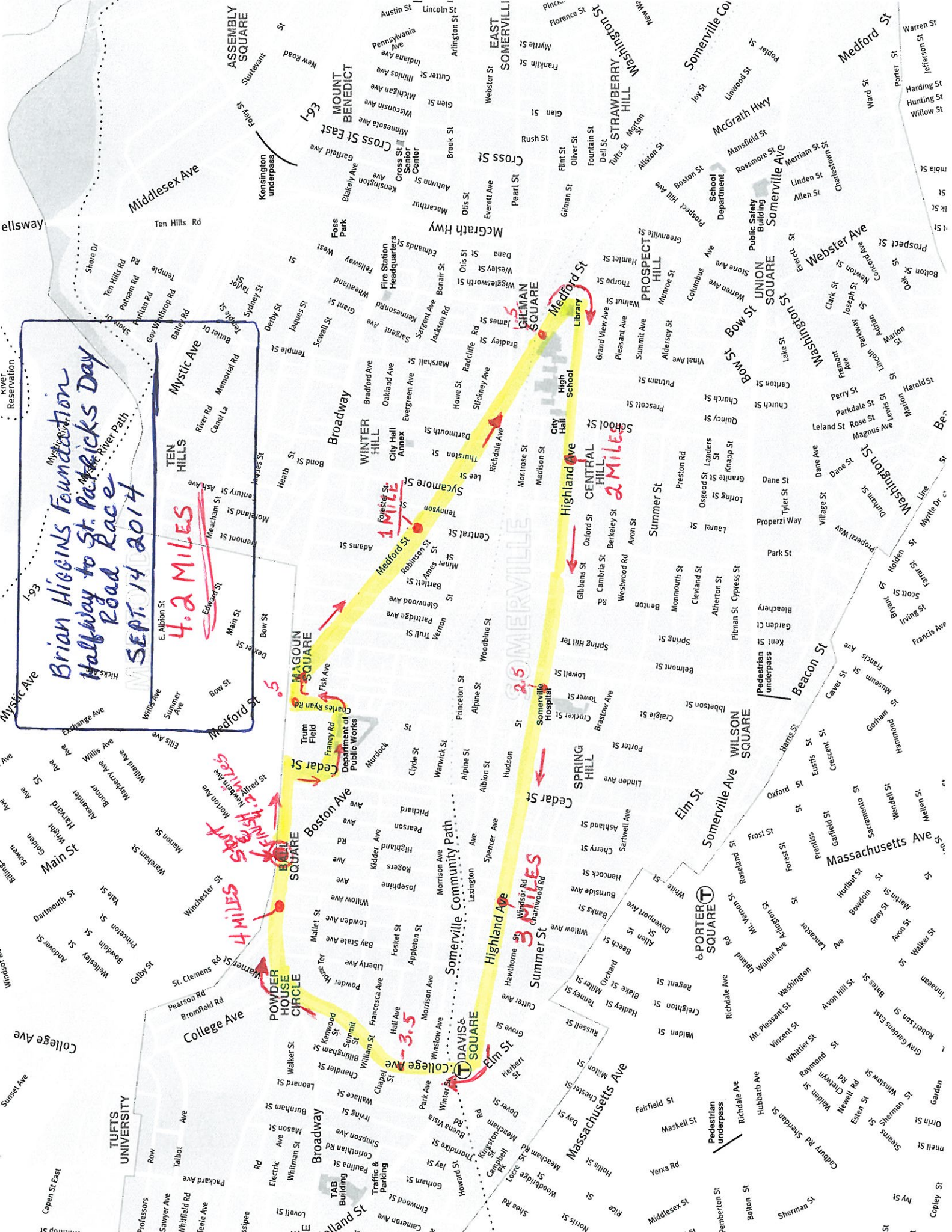
Applicant signature Bruce Desmond Date 6/11/2014

Print name Bruce Desmond

Telephone 617 800-3401 Email BruceMDesmond@yahoo.com

**Brian Higgins Foundation
 Halfway to St. Patrick's Day
 Road Race**

SEPT. 14 2014



4.2 MILES

4 MILES

3.5 MILES

3 MILES

1 MILE

2.5 MILES

2 MILES

TUFTS UNIVERSITY

POWDER HOUSE CIRCLE

MAGOUN SQUARE

GILMAN SQUARE

DAVIS SQUARE

SPRING HILL

SOMERVILLE

ASSEMBLY SQUARE

MOUNT BENEDICT

WINTER HILL

CENTRAL HILL

PROSPECT HILL

UNION SQUARE

SOMERVILLE CO

Event name (taken from page 1) _____

FOR CITY HALL USE ONLY:

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>6-12-14</u> Signed: <u>C. Ferris</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: _____ _____ _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Health Inspector or Designee Added Conditions: _____ _____ _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Dept: _____ Added Conditions: _____ _____ _____

Event name (taken from page 1) _____

FOR CITY HALL USE ONLY:

<p><u> </u> Approved <u> </u> Denied Date _____ Signed: _____ Police Chief or Designee Added Conditions: _____ _____ _____</p>	<p><input checked="" type="checkbox"/> Approved <u> </u> Denied Date <u>6/12/14</u> Signed: <u>[Signature]</u> Chief Fire Engineer or Designee Added Conditions: _____ _____ _____</p>
<p><u> </u> Approved <u> </u> Denied Date _____ Signed: _____ Traffic and Parking Director or Designee Added Conditions: _____ _____ _____</p>	<p><u> </u> Approved <u> </u> Denied Date _____ Signed: _____ DPW Commissioner or Designee Added Conditions: _____ _____ _____</p>
<p><u> </u> Approved <u> </u> Denied Date _____ Signed: _____ Health Inspector or Designee Added Conditions: _____ _____ _____</p>	<p><u> </u> Approved <u> </u> Denied Date _____ Signed: _____ Dept: _____ Added Conditions: _____ _____ _____</p>

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<p>___ Approved ___ Denied Date _____ Signed: _____ Police Chief or Designee Added Conditions: _____ _____</p>	<p>___ Approved ___ Denied Date _____ Signed: _____ Chief Fire Engineer or Designee Added Conditions: _____ _____</p>
<p><input checked="" type="checkbox"/> Approved ___ Denied Date <u>6/17/14</u> Signed: <u>[Signature]</u> Traffic and Parking Director or Designee Added Conditions: _____ <u>Please contact Suzanne with</u> <u>no parking restrictions.</u></p>	<p>___ Approved ___ Denied Date _____ Signed: _____ DPW Commissioner or Designee Added Conditions: _____ _____</p>
<p>___ Approved ___ Denied Date _____ Signed: _____ Health Inspector or Designee Added Conditions: _____ _____</p>	<p>___ Approved ___ Denied Date _____ Signed: _____ Dept: _____ Added Conditions: _____ _____</p>

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