



PUBLIC EVENT PERMIT APPLICATION 2014 JUN -9 A 11:27
 City of Somerville, Commonwealth of Massachusetts

CITY CLERK'S OFFICE
SOMERVILLE, MA

Event name Senior Thesis
 Description Capturing moths using a Skinner Trap

Location (attach a map if applicable) Bailey Park

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

Date(s) Sites will be randomized, once all sites are obtained, dates will be known and will inform police Rain date(s) June 10th - July 15th

Event starts at (time) 10pm Event ends at (time) 2am

Setup starts at (time) 9:30am Breakdown ends at (time) 4:30am

Has this event occurred before? N Y When was the most recent occurrence _____

Estimated maximum attendance at any one time Two

Maximum number of attendees you will accommodate (if applicable) None

Estimated total number of different people attending Two

Estimated total number of Somerville residents attending None

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 or open-flame device be used? Y N If yes, describe _____

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

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

Describe any social/cultural benefits of this event for Somerville residents None

Describe any financial benefits of this event for Somerville businesses or organizations None

What is your budget for this event? \$0

Organization name Framingham State University

Mailing address (to mail the license) 18 claudette circle

Contact person Zachary Poillio

Telephone 609-938-6246 Email Zpoillio@fsu.edu

Event name (taken from page 1) Senior Thesis

Have you made arrangements for:

Auxiliary Police? Yes ___ No If yes, describe Will notify police when I will be there
Police Detail(s)? Yes ___ No If yes, describe will notify police what will be there
Parking (for Attendees)? Yes ___ No If yes, describe I need a parking permit
Restrooms? ___ Yes No If yes, describe _____
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 Zachary Paolillo Date 6/6/2014
Print name Zachary Paolillo
Telephone 508-439-6746 Email zpaolillo@yahoo.com

My name is Zachary Paolillo and I am a Student at Framingham State University in Framingham, Massachusetts. I was wondering if I could use Bailey Park for my senior thesis. My senior thesis is seeing if there is a difference in moth communities in both urban and rural areas. I am trying to find 3 urban and 3 rural sites that have similar vegetation. I will be using home made Skinner traps. These traps will be made from a Rubbermaid container with a lamp inside as well as egg cartons to allow the moths to rest. I will be using a generator/battery pack to power the trap. I would like to conduct my experiment from mid- June to mid- July. I am planning on setting my trap up at 10pm and collecting my moths around 2am. I will be staying with my trap throughout the 4 hours. If you have any further questions feel free to contact me.

I will be arriving at Bailey Park at 10 at night in order to collect samples. I will be collecting the samples using ac Skinner trap. The Skinner trap will consist of a Rubbermaid container, egg cartons for the moth to rest on, a lamp, a black light, and a generator/battery pack. I will be collecting my samples by placing them into a 70% ethyl alcohol solution to preserve them. I will be collecting them at 2 in the morning. I will be staying with the trap from 10 to 2.

Event name (taken from page 1) SENIOR THESIS

FOR CITY HALL USE ONLY:

<p><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>6/9/14</u> Signed: <u>[Signature]</u> Police Chief or Designee Added Conditions: _____ _____ _____</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Chief Fire Engineer or Designee Added Conditions: _____ _____ _____</p>
<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Traffic and Parking Director or Designee Added Conditions: _____ _____ _____</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ DPW Commissioner or Designee Added Conditions: _____ _____ _____</p>
<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Health Inspector or Designee Added Conditions: _____ _____ _____</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Dept: _____ Added Conditions: _____ _____ _____</p>

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