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PUBLIC EVENT PERMIT APPLICATION
City of Somerville, Commonwealth of Massachusetts

Event name KRYSTAL CAMPBELL MEMORIAL SCHOLARSHIP
Description An event organized by her family + friends to raise money for her scholarship fund.
Location (attach a route if applicable) GROVE ST PARKING LOT BEHIND BURREN
Date(s) JUNE 30th (SUNDAY) Rain date(s) _____
Start time (include setup) ~~9 AM~~ 2⁰⁰ PM End time (include breakdown) 9 PM.
Estimated maximum attendance at any one time 400-
Attendee fees or suggested donations \$20-
Will food be served? Y N If yes, describe _____
Will alcohol be served? Y N If yes, describe Beer and wine
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 THE BURREN
Mailing address (to mail the license) 247 Elm St Somerville MA 02144
Contact person DESMOND RUSHE
Telephone 781 858 6037 Email dessyrushe@hotmail.com

Have you made arrangements for:

Auxiliary Police? Yes No If yes, describe _____
Police Detail? Yes No If yes, describe Somerville police
Parking (for Attendees)? Yes No If yes, describe _____
Restrooms? Yes No If yes, describe THRONE DEPOT
Liability Insurance? Yes No If yes, describe HATFUND

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 Des Rushe Date 5/7/13
 Print name DESMOND RUSHE Phone 781 858 6037 Email desyrushe@hotmail.com
 Event name (taken from page 1) KRYSTAL CAMPBELL MEMORIAL SCHOLARSHIP

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>5/13/13</u> Signed: <u>[Signature]</u> Police Chief or Designee Added Conditions: <u>Police Details Required</u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>5/10/13</u> Signed: <u>[Signature]</u> Chief Fire Engineer or Designee Added Conditions: _____
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>35/15/13</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: _____
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Contact Susan Ruffert
 for NO Parking Signage
 ASAP. EXT 7915

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.

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Applicant signature Desmond Rushe Date 5/7/13
 Print name DESMOND RUSHE Phone 781 858 6037 Email desr/rushe@hotmail.com
 Event name (taken from page 1) KRYSTAL CAMPBELL MEMORIAL SCHOLARSHIP

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<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Traffic and Parking Director or Designee Added Conditions: _____ _____ _____	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>5/14/13</u> Signed: <u>[Signature]</u> DPW Commissioner or Designee Added Conditions: _____ _____ _____

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

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