

# PUBLIC EVENT/SPECIAL ALCOHOL LICENSE APPLICATION

City of Somerville, Commonwealth of Massachusetts

Application #: PEL25-000139

File #: 25-006439

**Event Name:** 9/11 CEREMONY

**Business Name:** CITY OF SOMERVILLE VETERANS' SERVICES

**Application Type:** Public Event License

**Location:** 167 holland st 3rd floor

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## APPLICANT

**Company Name:** DEPARTMENT OF VETERAN SERVICES-  
admin

**Contact Name:** MICHAEL MANOOGIAN

**Business Address:**  
167 HOLLAND ST 3RD FLOOR  
SOMERVILLE, MA 02144

**Home Address:**  
167 HOLLAND ST 3RD FLOOR  
SOMERVILLE, MA 02144

**Work Phone:**

**Home Phone:**

**Email:** MMANOOGIAN@SOMERVILLEMA.GOV

**Describe any accessibility features available to attendees/participants:** N/A

**Estimated maximum attendance at one time :** PUBLIC EVENT ATTENDEES

**Estimated total number of people attending:** ENTIRE CITY WITHIN SAFETY

**Estimated total number of Somerville residents attending :** ENTIRE CITY WITHIN SAFETY

**Maximum number of attendees you will accommodate:** ALL ARE WELCOME WITHIN SAFETY

**Attendee fees or suggested donations :** NO

**Will this event be open to the public?:** Yes

**Describe your outreach/publicity:** WORD OF MOUTH, SOCIAL MEDIA, FLYERS

**Will food be served?:** No

**Will a grill/open-flame device be used? :** No

**Will any streets be blocked? :** No

**Will any sidewalks be blocked? :** No

**Will any public parks be used? :** No

**Has this event occurred in the last two years? :** Yes

**If yes, prior dates :** 9/11/23, 9/11/24

**Police Detail :** No

**Parking for Attendees :** No

**Restrooms :** No

**Liability Insurance :** No

**# of days:** 1

**Does this event occupy a public space or significantly affect nearby residents?:** Yes

**Are you the party applying for the Public Event License?:** Yes

**Describe the location in detail:** DAVIS SQUARE IN FRONT OF MIKE'S PIZZA

**In the last 5 years, have you been found guilty, liable, or responsible, in any judicial or administrative proceeding,**

for any violation of the City Wage Theft Ordinance or any State or Federal laws or regulations regulating the payment of wages? [City Wage Theft Ordinance](#): No

**Date:** 09/11/2025

**Event Setup Begins:** 05:30 PM

**Start Time:** 06:00 PM

**End Time:** 07:00 PM

**Event Cleanup Ends:** 07:30 PM

**Do You Have a Proposed Rain Date for Your Public Event?:** No

**Organization name; if none, your name:** CITY OF SOMERVILLE VETERANS' SERVICES

**Describe any social or cultural benefits of this event for Somerville residents :** PUBLIC AWARENESS OF 9/11

**Describe any financial benefits of this event for Somerville businesses or organizations:** N/A

**What is the budget for this event?:** 1200.00

**Complete Mailing Address :** 167 HOLLAND ST 3RD FLOOR SOMERVILLE,MA 02144

**Contact name for follow-up questions (Will be available to the public):** DIRECTOR JEROME THOMAS

**Email:** JTHOMAS@SOMERVILLEMA.GOV

**Phone (Will be available to the public):** 617 625 6600X4710

**Event Name :** 9/11 CEREMONY

**Describe the Event:** PUBLIC AWARENESS OF 9/11

**Describe any Entertainment at the Event (if none, type None):** NONE

**Describe any tents, inflatables, or other temporary structures to be used (if none, type None):** NONE

**Approval Conditions:**

**Reviewer:** CS Mayor, Mayor's Office, Approved

**Reviewer:** Kevin Roche, Engineering, Approved

**Reviewer:** CS Traffic and Parking, Traffic and Parking, Approved

**Reviewer:** Eric Weisman, Public Works, Approved

**Reviewer:** Jesse Moos, Engineering, Complete

**Reviewer:** Charles Breen, Fire Prevention, Approved

**Reviewer:** Mackenzie Richardson, Police, Approved

**Reviewer:** Kimberly M. Wells, City Clerk, Approved