



PUBLIC EVENT PERMIT APPLICATION City of Somerville, Commonwealth of Massachusetts

Event name Connexion Community Easter Egg Hunt

Description Public Easter Egg hunt for families

Location (attach a route if applicable) Chuckie Harris Park

Date(s) April 19, 2014 Rain date(s) None

Start time (include setup) 12:00 PM End time (include breakdown) 4:00 PM

Estimated maximum attendance at any one time 40

Attendee fees or suggested donations None

Will food be served? Y X N If yes, describe _____

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

Will a grill/open-flame device be used? Y X N If yes, describe _____

Will streets or sidewalks be blocked? Y X N If yes, describe _____

Organization name Connexion (College Ave UMC)

Mailing address (to mail the license) 149 Broadway, Somerville, MA 02144

Contact person Justin Hildebrandt

Telephone 781-354-6094 Email pastor@connexionumc.org

Have you made arrangements for:

Auxiliary Police? Yes X No If yes, describe _____

Police Detail? Yes X No If yes, describe _____

Parking (for attendees)? Yes X No If yes, describe _____

Restrooms? X Yes No If yes, describe Church facility one block away

Liability Insurance? X Yes No If yes, describe Ample coverage for liability

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 *Justin Hildebrandt* Date 2/27/2014
 Print name Justin Hildebrandt Phone 781-354-6094 Email pastor@connexionumc.org
 Event name (taken from page 1) Connexion Community Easter Egg Hunt

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>3-2-14</u> Signed: <u><i>Charles J. Ferraro</i></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: _____ DFW 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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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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 Signed: _____
 Health Inspector or Designee
 Added Conditions: _____

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Signed: _____
 Health Inspector or Designee


Added Conditions: _____

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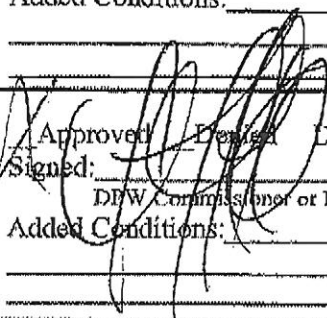
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