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PUBLIC EVENT PERMIT APPLICATION
City of Somerville, Commonwealth of Massachusetts

Event name TASTE OF SOMERVILLE
Description SAMPLINGS OF LOCAL RESTAURANTS, FARMERS & BREWERIES
TO BENEFIT SOMERVILLE HOME, INC
Location (attach a route if applicable) BUENA VISTA PARKING LOT
JUNE 4
Date(s) WEDNESDAY MAY 21, 2014 Rain date(s) 5/28 4/ 6/11 6/18
Start time (include setup) 7:00 A.M. End time (include breakdown) 12 MIDNIGHT
Estimated maximum attendance at any one time 1,000
Attendee fees or suggested donations \$40
Will food be served? Y N If yes, describe SAMPLINGS
Will alcohol be served? Y N If yes, describe LIMITED SAMPLINGS TIPS CERTIFIED
Will a grill/open-flame device be used? Y N If yes, describe GRILLS
Will streets or sidewalks be blocked? Y N If yes, describe 10 ADJUTING PARKING SPACES
Organization name Somerville Home, Inc.
Mailing address (to mail the license) 117 Summer St.
Contact person Kelley Sperrazza
Telephone 617-629-5010 Email ksferrazza@somervillehome.org

Have you made arrangements for:

Auxiliary Police? Yes No If yes, describe _____
Police Detail? Yes No If yes, describe WORKING WITH POLICE
Parking (for Attendees)? Yes No If yes, describe WORKING WITH T&P, ATTENDEES OF THEIR OWN
Restrooms? Yes No If yes, describe PORTABLE UNITS
Liability Insurance? 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 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 Kelley Sferrazza Date 2/25/14
 Print name Kelley Sferrazza Phone 617-629-5010 Email KSferrazza@somervillema.org
 Event name (taken from page 1) TASTE OF SOMERVILLE

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>3-4-14</u> Signed: <u>Mark J. Ferraro</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: _____ _____ _____

Obtain the signature below if the applicant will be providing food to attendees. Not needed for block parties.

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

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.

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.
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Applicant signature Kelley Serrazzo Date 2/25/14
 Print name Kelley Serrazzo Phone 617-629-5010 Email KSerrazzo@somervillema.gov
 Event name (taken from page 1) TASTE OF SOMERVILLE

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<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Police Chief or Designee Added Conditions: _____ _____ _____	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>3-5-14</u> Signed: <u>[Signature]</u> 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: _____ _____ _____

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Applicant signature Kelley Ferrazzo Date 2/25/14
 Print name Kelley Ferrazzo Phone 617-629-5010 Email KSferrazzo@somervillema.gov
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<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Police Chief or Designee Added Conditions: _____ _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Chief Fire Engineer or Designee Added Conditions: _____ _____
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>2/28/14</u> Signed: _____ Traffic and Parking Director or Designee Added Conditions: <u>* Please contact Suzanne for no parking restrictions.</u> _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ DPW Commissioner or Designee Added Conditions: _____ _____

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<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Health Inspector or Designee Added Conditions: _____ _____

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 Print name Kelley Sferrazzo Phone 617-629-5010 Email KSferrazzo@somervillehome.org
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<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____</p> <p>Signed: _____</p> <p style="text-align: center;">Police Chief or Designee</p> <p>Added Conditions: _____</p> <p>_____</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____</p> <p>Signed: _____</p> <p style="text-align: center;">Chief Fire Engineer or Designee</p> <p>Added Conditions: _____</p> <p>_____</p>
<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____</p> <p>Signed: _____</p> <p style="text-align: center;">Traffic and Parking Director or Designee</p> <p>Added Conditions: _____</p> <p>_____</p>	<p><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>3-3-14</u></p> <p>Signed: _____</p> <p style="text-align: center;">DPW Commissioner or Designee</p> <p>Added Conditions: _____</p> <p>_____</p>

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Approved Denied Date _____

Signed: _____

Health Inspector or Designee

Added Conditions: _____

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Applicant signature Kelley Sperrazzo Date 2/25/14
 Print name Kelley Sperrazzo Phone 617-629-5010 Email KSperrazzo@somervillekama.org
 Event name (taken from page 1) TASTE OF SOMERVILLE

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<u>Approved</u> <u>Denied</u> Date _____ Signed: _____ Traffic and Parking Director or Designee Added Conditions: _____ _____ _____	<u>Approved</u> <u>Denied</u> 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.

<u>Approved</u> <u>Denied</u> Date <u>2/25/14</u> Signed: _____ Health Inspector or Designee Added Conditions: <u>Apply for temporary food permits</u> _____ _____

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