



PUBLIC EVENT PERMIT APPLICATION

2014 JUN 16 A 11: 4 | City of Somerville, Commonwealth of Massachusetts

CITY OF SOMERVILLE OFFICE MADISON STREET BLOCK PARTY

Description: INFORMAL BLOCK PARTY FOR RESIDENTS, FAMILY AND FRIENDS OF MADISON ST

Location (attach a map if applicable): ENTIRE STREET BEGINNING AT SYCAMORE AND ENDING AT SCHOOL

Is this location on or abutting a public park? [X]N []Y Name of Park

Date(s): 7/26/2014 Rain date(s): 7/27/2014

Event starts at (time): 2 pm Event ends at (time): 8 pm

Setup starts at (time): 2 pm Breakdown ends at (time): 9 pm

Has this event occurred before? []N [X]Y When was the most recent occurrence: 7/27/2013

Estimated maximum attendance at any one time: < 150 ppl

Maximum number of attendees you will accommodate (if applicable):

Estimated total number of different people attending: RESIDENTS MAKE UP MANY NATIONALITIES, LIFESTYLES, ETC

Estimated total number of Somerville residents attending: < 150 ppl?

Attendee fees or suggested donations: N/A

Will food be served? [X]Y []N If yes, describe: THE EVENT WILL BE POTLUCK

Will alcohol be served? [X]Y []N If yes, describe: RESIDENTS MIGHT ENJOY DRINKS ON THEIR PORCHES

Will a grill or open-flame device be used? [X]Y []N If yes, describe: RESIDENTS MIGHT GRILL FOOD ONSITE

Will any streets be blocked? [X]Y []N If yes, describe: THE ENTRANCE TO MADISON AT SYCAMORE WILL BE BLOCKED BUT RESIDENTS MAY TRAVEL DOWN THE STREET

Will any sidewalks be blocked? []Y [X]N If yes, describe:

Describe any social/cultural benefits of this event for Somerville residents: MANY LONG-TERM RESIDENTS LIVE ON THIS STREET; LAST BLOCK PARTY WAS THE FIRST TIME MANY HAD MET.

Describe any financial benefits of this event for Somerville businesses or organizations: LAST YEAR'S WARD 3 ALDERMAN BOB MCWATERS VISITED OUR STREET; WORKED OUT FOR HIM. THERE IS AN IDEA TO SOLICIT DONATIONS FOR A RAFFLE TO FUND FUTURE BLOCK PARTIES

What is your budget for this event? \$0, VOLUNTEER, DONATED FOOD

Organization name: N/A

Mailing address (to mail the license): (LAUREN BELL) 8 MADISON ST, SOMERVILLE, MA 02143

Contact person: LAUREN BELL

Telephone: (617) 718-0501 Email: seilebell5@gmail.com

Event name (taken from page 1) MADISON STREET BLOCK PARTY

Have you made arrangements for:

- Auxiliary Police? Yes No If yes, describe _____
- Police Detail(s)? Yes No If yes, describe _____
- Parking (for Attendees)? Yes No If yes, describe _____
- 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 Lauren M. Bell Date 7/16/2014
Print name LAUREN BELL
Telephone (617) 718-0501 Email Sellebell5@gmail.com

Event name (taken from page 1) MADISON ST BLOCK PARTY

FOR CITY HALL USE ONLY:

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>6/20/14</u> Signed: <u>[Signature]</u> Police Chief or Designee Added Conditions: <u>Alcohol to be kept on private property</u>	<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: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Health Inspector or Designee Added Conditions: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Dept: _____ Added Conditions: _____

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FOR CITY HALL USE ONLY:

<p>Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date _____ Signed: _____ Police Chief or Designee Added Conditions: _____ _____</p>	<p><i>N</i> Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> Date <u>5-18-11</u> Signed: <u>[Signature]</u> Chief Fire Engineer or Designee Added Conditions: <u>May 18th</u> <u>Barriers Only</u></p>
<p>Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date _____ Signed: _____ Traffic and Parking Director or Designee Added Conditions: _____ _____</p>	<p>Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date _____ Signed: _____ DPW Commissioner or Designee Added Conditions: _____ _____</p>
<p>Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date _____ Signed: _____ Health Inspector or Designee Added Conditions: _____ _____</p>	<p>Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date _____ Signed: _____ Dept: _____ Added Conditions: _____ _____</p>

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<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____</p> <p>Signed: _____</p> <p>Police Chief or Designee</p> <p>Added Conditions: _____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____</p> <p>Signed: _____</p> <p>Chief Fire Engineer or Designee</p> <p>Added Conditions: _____</p> <p>_____</p> <p>_____</p>
<p><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>6/19/14</u></p> <p>Signed: <u>AE Kufner</u></p> <p>Traffic and Parking Director or Designee</p> <p>Added Conditions: _____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____</p> <p>Signed: _____</p> <p>DPW Commissioner or Designee</p> <p>Added Conditions: _____</p> <p>_____</p> <p>_____</p>
<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____</p> <p>Signed: _____</p> <p>Health Inspector or Designee</p> <p>Added Conditions: _____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____</p> <p>Signed: _____</p> <p>Dept: _____</p> <p>Added Conditions: _____</p> <p>_____</p> <p>_____</p>

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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>6-20-14</u> Signed: _____ DW Commissioner or Designee Added Conditions: _____ _____ _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Health Inspector or Designee Added Conditions: _____ _____ _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Dept: _____ Added Conditions: _____ _____ _____