

**PUBLIC EVENT PERMIT APPLICATION**  
**City of Somerville, Commonwealth of Massachusetts**

Event name 3rd Thursday Block Parties

Description 3 Music, Crafts, Dance Demos in the park

Location (attach a route if applicable) Chuckie Harris Park  
3-17 Cross St. East Somerville, 02145

Date(s) 6/19, 7/17, 8/21, 9/18 Rain date(s) \_\_\_\_\_

Start time (include setup) 3:45 End time (include breakdown) 9pm

Estimated maximum attendance at any one time 100-150

Attendee fees or suggested donations \_\_\_\_\_

Will food be served?  Y  N If yes, describe \_\_\_\_\_

Will alcohol be served?  Y  N If yes, describe \_\_\_\_\_

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 East Somerville Main Streets

Mailing address (to mail the license) 114 Broadway Somerville, MA 02145

Contact person Jenn Bliss

Telephone 617-620-9517 Email moonshipmail@gmail.com

Have you made arrangements for:

Auxiliary Police?  Yes  No If yes, describe \_\_\_\_\_

Police Detail?  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 \_\_\_\_\_

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 *Jennifer Bliss* Date 13 May '14  
 Print name Jennifer Bliss Phone 617-620-9517 Email \_\_\_\_\_  
 Event name (taken from page 1) 3rd Thursday Block Parties

Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.

___ Approved ___ Denied Date _____ Signed: _____ Police Chief or Designee Added Conditions: _____ _____ _____	___ Approved ___ Denied Date _____ Signed: _____ Chief Fire Engineer or Designee Added Conditions: _____ _____ _____
___ Approved ___ Denied Date _____ Signed: _____ Traffic and Parking Director or Designee Added Conditions: _____ _____ _____	___ Approved ___ 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: _____ _____ _____
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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.



quick find: File # Address

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Edit Category File # 14-000948 Licenses Reviews Inspections Activities Documents Contacts History

**Add**

Activity License #: PEL14-000027  
 Contact License Type: Public Event License Sub Type: Public Event License  
 Document Description: East Somerville Main Streets 3rd Thursday Block Parties  
 Email Status: Online Application Re Application Date: 05/15/2014  
 Letter Licensee: Somerville City Clerk's Approval Date:  
 Note Issue Date:  
 License Inspection Route

**View**

**Alerts** Total Amount: \$ 0.00 Last Inspection Date:  
**Reports** Amount Paid: \$ 0.00 Last Inspection Type:  
**Other** Balance Due: \$ 0.00 Expiration Date:  
 Non-Billable:  Close Date:

**Event Location**  
 If your event is not at a single address describe the location(s) below  
 Location Description: Chuckie Harris Park  
 3-17 Cross Street East

**Event Information**

Organization Name: East Somerville Main St  
 Briefly describe the social, cultural, and financial benefits of your event for Somerville: Community-building  
 Address we should mail the permit to: E. Somerville Main Streets  
 114 Broadway  
 Somerville, MA 02145  
 Contact Name for follow-up questions: Jenn Bliss Email: moonshpmail@gmail.c  
 Phone: 617-620-9517 Docket #:  
 Event Name: 3rd Thursday Block Parties Description: Music, Crafts, Dance  
 Demos at Chuckie Harris Park  
 Date(s): 6/19, 7/17, 8/21, 9/18 Rain Date(s): None  
 Setup for the event begins at (time): 3:45 PM The event itself begins at (time): 5 PM  
 The event itself ends at (time): 9 PM Cleanup after the event ends at (time): 9 PM  
 Estimated maximum attendance at one time: 150 Estimated total number of different people attending: 150  
 Estimated total number of Somerville residents attending: 150 Maximum number of attendees you will accommodate (if applicable): 200  
 Attendee fees or suggested donations: None  
 Will food be served?: No If yes, describe:1:  
 Will alcohol be served?: No If yes, describe:2:  
 Will a grill/open-flame device be used?: If yes, describe:3:

	<input type="button" value="No"/> ▾		<input type="text"/>
Will any streets be blocked?:	<input type="button" value="No"/> ▾	If yes, describe:4:	<input type="text"/>
Will any sidewalks be blocked?:	<input type="button" value="No"/> ▾	If yes, describe:5:	<input type="text"/>
Will any public parks be used?:	<input type="button" value="Yes"/> ▾	If yes, name of park(s):	Chuckie Harris Park
Has this event occurred in the last two years?:	<input type="button" value="Yes"/> ▾	If yes, prior dates:	Last Summer
Will you make arrangements for Auxiliary Police:	<input type="button" value="Yes"/> ▾	If yes, describe:6:	Not stated by applicant
Police Detail:	<input type="button" value="No"/> ▾	If yes, describe:7:	<input type="text"/>
Parking for Attendees:	<input type="button" value="No"/> ▾	If yes, describe:8:	<input type="text"/>
Restrooms:	<input type="button" value="No"/> ▾	If yes, describe:9:	<input type="text"/>
Liability Insurance:	<input type="button" value="No"/> ▾	If yes, describe:10:	<input type="text"/>
Alcohol License:	<input type="button" value="No"/> ▾	If yes, describe:11:	<input type="text"/>

Attach any brochures, posters, maps, or other explanatory material. You must attach a detailed street route or map if you are planning a road race, walk, or any other event that travels along a path.

While an attachment is not required, detailed information will expedite the review of this application.

Event Attachments:

You must read and accept the [public event conditions](#)

**I have read and accept the public event conditions:**

Fees

Quantity	Description	Custom Description	Amount	Total
0.0			0.0000	
			Application Fees:\$	0.00
			Other Fees:\$	0.00
			Total Fees:\$	0.00

Payments

Date	Type	Reference	Note	Receipt #	Received From	Amount
						0.00
						Amount Paid:\$ 0.00
						Balance Due:\$ 0.00