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PUBLIC EVENT PERMIT APPLICATION
City of Somerville, Commonwealth of Massachusetts

Event name Oak Street Block Party
Description POTLUCK AND GET-TOGETHER

Location (attach a map if applicable) OAK STREET between Houghton and Bolton

Is this location on or abutting a public park? N Y Name of Park _____

Date(s) Saturday August 16 2014 Rain date(s) none

Event starts at (time) 3 p.m. Event ends at (time) 7 p.m.

Setup starts at (time) 2 p.m. Breakdown ends at (time) 8 p.m.

Has this event occurred before? N Y When was the most recent occurrence September 7 2013

Estimated maximum attendance at any one time 60

Maximum number of attendees you will accommodate (if applicable) n/a

Estimated total number of different people attending not sure what this means (different?)

Estimated total number of Somerville residents attending 60

Attendee fees or suggested donations none

Will food be served? Y N If yes, describe POTLUCK

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

Will a grill or open-flame device be used? Y N If yes, describe perhaps, but no plans at present

Will any streets be blocked? Y N If yes, describe OAK STREET BETWEEN HOUGHTON AND BOLTON

Will any sidewalks be blocked? Y N If yes, describe _____

Describe any social/cultural benefits of this event for Somerville residents _____

community-building

Describe any financial benefits of this event for Somerville businesses or organizations none

What is your budget for this event? no budget

Organization name Oak Street Neighbors

Mailing address (to mail the license) 40 Aileen Bellwood 37R Oak Street Rear House

Contact person AILEEN BELLWOOD

Telephone 617-623-0097 Email AILEENBELLWOOD@AOL.COM

L 40 Aileen Bellwood
37R Oak Street Rear House
Somerville MA 02143

Event name (taken from page 1) Oak 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 Aileen Bellwood Date 16 JUNE 2014

Print name AILEEN BELLWOOD

Telephone 617-623-0097 Email AILEENBELLWOOD@AOL.COM

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FOR CITY HALL USE ONLY:

<p><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>6-18-14</u> Signed: <u>[Signature]</u> Police Chief or Designee Added Conditions: _____ _____</p>	<p>____ Approved ____ Denied Date _____ Signed: _____ Chief Fire Engineer or Designee Added Conditions: _____ _____</p>
<p>____ Approved ____ Denied Date _____ Signed: _____ Traffic and Parking Director or Designee Added Conditions: _____ _____</p>	<p>____ Approved ____ Denied Date _____ Signed: _____ DPW Commissioner or Designee Added Conditions: _____ _____</p>
<p>____ Approved ____ Denied Date _____ Signed: _____ Health Inspector or Designee Added Conditions: _____ _____</p>	<p>____ Approved ____ Denied Date _____ Signed: _____ Dept: _____ Added Conditions: _____ _____</p>

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