

✓

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

Event name RUN 4 A CURE 5K

Description Road race for ALS

Location (attach a route if applicable) Begins & Ends at ~~Oliver~~ HODGKIN'S PARK HOLLAND ST SOM.

Date(s) NOV. 2 2013 SATURDAY Rain date(s) N/A

Start time (include setup) 11 AM End time (include breakdown) 1 PM

Estimated maximum attendance at any one time 100

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 RUN 4 A CURE 5K

Mailing address (to mail the license) 19 RICHGARD AVE WALTHAM MA

Contact person DOMINIC PONTOWIC

Telephone 781-858-5333 C. Email \_\_\_\_\_

Have you made arrangements for:

Auxiliary Police? ☒ Yes ☐ No If yes, describe JERRY CARVALLO

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 Dominic Pontoliva Date 9/16/13  
 Print name Dominic Pontoliva Phone 781-858-5333 Email \_\_\_\_\_  
 Event name (taken from page 1) RUN 4 A CURE ROAD RACE ALS

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

<p>Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> Date <u>9/23/13</u>          Signed: <u>[Signature]</u>          Police Chief or Designee          Added Conditions: <u>NO more security events for this race</u></p>	<p>Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> Date <u>9/26/13</u>          Signed: <u>[Signature]</u>          Chief Fire Engineer or Designee          Added Conditions: _____</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>

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

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

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.
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 Dominic Pontonio Date 9/16/13  
 Print name Dominic Pontonio Phone 781-858-5333 Email \_\_\_\_\_  
 Event name (taken from page 1) R4W 4 A CURE ROAD RACE ALS

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: _____ _____
<input checked="" type="checkbox"/> Approved _____ Denied _____ Date <u>9/17/13</u> Signed: <u>J. Schuler</u> Traffic and Parking Director or Designee Added Conditions: <u>I need to have</u> <u>Route and No parking restrictions.</u>	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: _____ _____
---

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.
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 Domjic Pontonio Date 9/16/13  
 Print name Domjic Pontonio Phone 781-858-5333 Email \_\_\_\_\_  
 Event name (taken from page 1) R4W 4 A CURE ROAD RACE ALS

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 <u>9-19-13</u> 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.
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 Domjic Pontolio Date 9/16/13  
 Print name Domjic Pontolio Phone 781-858-5333 Email \_\_\_\_\_  
 Event name (taken from page 1) R4W 4 A CURE ROAD RACE ALS

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

Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date _____ Signed: _____ Police Chief or Designee Added Conditions: _____ _____ _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date _____ Signed: _____ Chief Fire Engineer or Designee Added Conditions: _____ _____ _____
Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date _____ Signed: _____ Traffic and Parking Director or Designee Added Conditions: _____ _____ _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/> 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.