



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

Event name Prospect Hill Block Party & Potluck  
Description Neighbors bring covered dishes and play music. There will be a few grills available for grilling.  
Location (attach a map if applicable) Munroe St. between Prospect Hill Pkwy and Greenville St.

Is this location on or abutting a public park? N  Name of Park Prospect Hill Park

Date(s) Sat. Sept. 13th Rain date(s) Sunday Sept. 14th  
↳ 3pm - 7pm RAINDATE

Event starts at (time) 4pm Event ends at (time) 8pm TIME

Setup starts at (time) 3pm Breakdown ends at (time) 9pm

Has this event occurred before? N  When was the most recent occurrence Sept. 2013

Estimated maximum attendance at any one time 100

Maximum number of attendees you will accommodate (if applicable) 100 +

Estimated total number of different people attending \_\_\_\_\_

Estimated total number of Somerville residents attending 50-100

Attendee fees or suggested donations n/a

Will food be served?  N If yes, describe potluck + grills

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

Will a grill or open-flame device be used? Y  N If yes, describe 2 or 3 neighbors will

Will any streets be blocked?  Y N If yes, describe Put grills on the street  
Munroe St. blocked from Prospect Hill Pkwy to Greenville St.

Will any sidewalks be blocked? Y N If yes, describe ? Anyone can  
pass through on the sidewalks

Describe any social/cultural benefits of this event for Somerville residents It brings  
neighbors to gether, promotes community + diversity

Describe any financial benefits of this event for Somerville businesses or organizations ?

What is your budget for this event? \$100 - 200

Organization name Prospect Hill Neighbors

Mailing address (to mail the license) 15 Munroe St. Somerville MA 02143

Contact person Michelle Nicholasen

Telephone 617 515 7829 Email nicholasen@uiname.net

Event name (taken from page 1) Prospect Hill Block Party + Potluck


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 these 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  Date June 23<sup>rd</sup> 2014  
 Print name Michelle Nicholasen  
 Telephone 617 515 7829 Email nicholasen@uname.net

Event name (taken from page 1) PROSPECT HILL BLOCK PARTY

**FOR CITY HALL USE ONLY:**

<p><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>6/24/14</u> Signed: <u>[Signature]</u> Police Chief or Designee Added Conditions: _____ _____</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Chief Fire Engineer or Designee Added Conditions: _____ _____</p>
<p><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>6/25/14</u> Signed: <u>[Signature]</u> Traffic and Parking Director or Designee Added Conditions: _____ _____</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ DPW Commissioner or Designee Added Conditions: _____ _____</p>
<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Health Inspector or Designee Added Conditions: _____ _____</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Dept: _____ Added Conditions: _____ _____</p>

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<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Police Chief or Designee Added Conditions: _____ _____ _____</p>	<p><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>6-24-14</u> Signed: <u>[Signature]</u> Chief Fire Engineer or Designee Added Conditions: <u>Multiple</u> <u>Barriers Only</u></p>
<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Traffic and Parking Director or Designee Added Conditions: _____ _____ _____</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ DPW Commissioner or Designee Added Conditions: _____ _____ _____</p>
<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Health Inspector or Designee Added Conditions: _____ _____ _____</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signed: _____ Dept: _____ Added Conditions: _____ _____ _____</p>

