

# TOWN OF BERLIN -

**SELECT BOARD** 

23 Linden Street, Berlin, MA 01503 (978) 838-2442

## **SPECIAL EVENT APPLICATION** (FOR EVENTS HELD ON TOWN-OWNED PROPERTIES & PUBLIC WAYS)

APPLICANT AND SPONS	ORING OF	RGANIZATIO	N INFORMAT	ION	
Fully-complete & submit to Select Board's Office at least	three (3) we	eeks prior to the	event, and only a	after obtaining page 2 sign-offs	
Name of Organization:					
Applicant Name:					
Address:	City:		State:	ZIP Code:	
Daytime Phone: ( )	Evening Ph		one: ( )		
E-Mail:		Website/Facebook:			
Manager <b>ON SITE</b> Day of Event:		Cell: ( )			
EVENT INFORMATION					
Event Type: □Run/Walk □Community Gathering/Fundraiser □Fair □Picnic □Concert □Other					
Event Title:					
Event Date:		Estimated Attendance:			
Location:					
Actual Hours of Event: am/pm to am/pm		Set Up:		Take Down:	
Description of Event Set Up (Attach sheets as necessary, including plans, maps, etc.)					
Do you plan:					
<ul> <li>□ Tent¹</li> <li>□ Sign</li> <li>□ staging/scaffolding 1</li> <li>□ 1-D</li> <li>□ Fireworks²</li> <li>□ Search lights</li> <li>□ portable parking</li> <li>□ Electricity/Generator</li> <li>□ Fencing/Barriers</li> <li>□ 0</li> </ul>	lot lighting				
☐ Trash Receptacles <sup>2</sup> ☐ Amplified Sound ☐ In	ıflatable Am	usement Devic	es		
□Other					
$^{1}$ Tents over 700 sq. ft. & staging requires a permit & inspection	prior to the ev	vent (contact Build	ing Commissioner	at <u>buildinginsp@townofberlin.com</u> )	
<sup>2</sup> Fireworks, LP Gas & dumpster permits required (contact the Fi	re Marshall Off	fice at <u>fireprevention</u>	on@townofberlin.c	<u>om</u> )	
<sup>3</sup> 1-Day Liquor Licenses require separate application/review/app	roval by the Be	erlin Select Board a	s Local Licensing A	Authority (LLA)	
<sup>4</sup> Food booths/vendors/trucks must be Serve Safe Certified (contact the Nashoba Associated Boards of Health (978) 772-3335 ext. 304)					

(continued)

## TOWN OF BERLIN SPECIAL EVENT GUIDELINES

Please circulate this form to the below-listed departments for their comment and approvals based on the criteria below before filing said application with the Berlin Select Board for final approval. On-site inspections may be conducted before, during and after the event. Application to the Select Board's Office required at least three (3) weeks prior to event. On-site inspections may be conducted before, during and after the event.

**POLICE** –Police officials shall oversee elements of public safety, including but not limited to: the need for paid/private police detail(s), security, crowd and/or traffic controls, etc.

FIRE/EMS –Fire/Emergency Medical Services officials shall determine need for fire prevention, medical & safety measures.

**HIGHWAY** –Highway shall determine needs within its domain, including but not limited to: safety lighting, traffic controls, trash receptacles, portable toilets, electricity, parking facilities, etc.

**BOARD OF HEALTH** – Separate application may be required to the BoH to determine which, if any, State and local food handling regulations apply including but not limited to: portable toilets, trash receptacles, food booths/vendors, etc.

**BUILDING COMMISSIONER** – Separate application may be required to the B.I. Office to determine which, if any, permits are required or laws/regulations/fees apply, including but not limited to the erection of any structures, tents, staging, signage, sound levels/systems, lighting, pyrotechnics, etc.

### SELECT BOARD

Chair

• All appropriate ABCC/local documentation & certificates of insurance must be submitted herewith

Vice Chair

- Requires an unconditional Certificate of Insurance required for 1-Day Liquor licenses, listing the "Town of Berlin, 23 Linden Street, Berlin, MA 01503" as an Additional Insured with Liquor Liability insurance of at least \$500,000 and at General Liability coverage of at least \$1M/\$2M (and/or more if circumstances warrant, at the Select Board's reasonable discretion).
- No alcoholic beverages shall be sold/served/consumed unless the appropriate license has been Select Board and/or ABCC approved. Plan accordingly on time needed for various types of alcohol licenses and state review time, if applicable.

I certify that all relevant Town Departments and each of the various Location/Property Owner(s) have been contacted and have authorized this filming in advance of Select Board consideration. I/we hereby agree to comply with any requirements imposed by Town officials, and acknowledge that failure to do so may result in revocation of permit(s) and/or cancellation of event(s) at any time.

SIGNATURE: Applicant	Date:	
PRINTED: Applicant Name (Clearly, with Title)		
SIGNATURE: Location/Property Owner	Date:	
PRINTED: Owner Name (Clearly, state legal authority/ capacity)		
** TOWN USE ONLY HEREAFTER **	_	
Police Chief - chiefgalvin.pd@townofberlin.com	Date:	
Conditions:		
Fire/EMS Chief - firechief@townofberlin.com	Date:	
Conditions:		
Highway Supt highway@townofberlin.com	Date:	
Conditions:		
Board of Health – <u>boardofhealth@townofberlin.com</u>	Date:	
Conditions:		
Building Commissioner - buildinginsp@townofberlin.com	Date:	
Conditions:		
<b>APPROVED</b> by BERLIN SELECT BOARD on, 20		

Clerk