



Town of Burrillville
Parks & Recreation Department

SPECIAL EVENT PERMIT APPLICATION

Please complete all data as required.

NAME OF ORGANIZATION: _____

APPLICANT NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

DAYTIME PHONE: (____) _____ EVE. PHONE: (____) _____ FAX#: (____) _____

E-MAIL: _____ Web Page: _____

CONTACT **ON SITE** DAY OF EVENT: _____ CELL # _____

*Any change in the above information, please notify Parks & Recreation immediately.

SPECIAL EVENT INFORMATION

Complete all data as required for event of any size.

Type of Event:

___ RUN/WALK ___ FUNDRAISER ___ PARADE ___ PHOTOS ___ SCHOOL SPONSORED

___ FAIR ___ CONCERT ___ PICNIC ___ OTHER (specify): _____

EVENT TITLE: _____

EVENT DATE(S): _____ ESTIMATED ATTENDANCE _____

REQUESTED PARK: ___ WHITE MILL ___ FREEDOM PARK ___ BRANCH RIVER ___ HAUSER
___ GAZEBO/TOWN COMMON

AREA OF PARK (Describe): _____

ACTUAL HOURS OF EVENT: _____ AM/PM - _____ AM/PM _____

SET UP TIMES: _____ AM/PM - _____ AM/PM TAKE DOWN TIMES: _____ AM/PM - _____ AM/PM

DESCRIPTION OF EVENT SET UP: _____

Please attach additional sheets as necessary, including plans, drawings, maps, etc.

(continued)

PLEASE INDICATE WHETHER THE FOLLOWING ITEMS PERTAIN TO YOUR EVENT.

YES	NO	
___	___	FOOD CONCESSION AND/OR FOOD PREPARATION AREA (S) (IF YOU INTEND TO COOK FOOD IN THE EVENT AREA) PLEASE SPECIFY METHOD: ___ GAS ___ ELECTRIC ___ CHARCOAL ___ OTHER: _____
___	___	FIRST AID FACILITY (IES) AND AMBULANCE (S)
___	___	WILL YOU SET UP TABLE (S) AND/OR CHAIR (S) HOW MANY? _____
___	___	DOES YOUR EVENT REQUIRE ELECTRICITY? SOURCE: _____
___	___	DOES YOUR EVENT REQUIRE WATER ___ AND/OR RESTROOMS FACILITIES _____

PLEASE INDICATE WHETHER THE FOLLOWING ITEMS PERTAIN TO YOUR EVENT.

YES	NO	
___	___	BOOTH (S), EXHIBIT (S), DISPLAY (S) AND/OR ENCLOSURE (S)
___	___	CANOPY (IES) AND/OR TENT (S). size/ dimensions: _____
___	___	SCAFFOLDING, BLEACHER (S), PLATFORM (S), GRANDSTAND (S) OR RELATED TRUCTURE
___	___	VEHICLE (S) AND/OR TRAILER (S). HOW MANY? _____
___	___	TRASH CONTAINER (S) AND/OR DUMPSTER (S) _____
___	___	PORTABLE TOILET (S) _____
___	___	STAGE (S) Please include dimension _____
___	___	ENTERTAINMENT please describe: _____
___	___	INFLATIBLE DEVICE (S), AMUSEMENT (S) _____
___	___	BANNER (S) _____
___	___	WILL THE EVENT BE ADVERTISED? HOW? _____
		* Please remember not to advertise your event prior to approval.
___	___	SPONSORSHIP/VENDING OR PROMOTIONAL ACTIVITY? Please describe: _____
___	___	AMPLIFIED SOUND if yes, please indicate START TIME: _____ and END TIME: _____

*Note: THE TOWN OF BURRILLVILLE DOES HAVE A NOISE ORDINANCE (CHAPTER 16, ARTICLE 2 OF THE GENERAL ORDINANCES OF THE TOWN OF BURRILLVILLE). IT IS THE RESPONSIBILITY OF THE APPLICANT TO BE FAMILIAR WITH THIS ORDINANCE AND ANY POTENTIAL FOR VIOLATION THAT THIS EVENT MAY HAVE. IT IS THE RESPONSIBILITY OF THE APPLICANT TO SECURE THE NECESSARY WAIVERS/EXCEPTIONS AND/OR APPROVAL FROM THE BURRILLVILLE POLICE DEPARTMENT.

OTHER PERMITS

PLEASE NOTE THAT ALL COMPONENTS OF THE EVENT ARE SUBJECT TO PARKS & RECREATION DEPARTMENT APPROVAL AND MAY REQUIRE APPROVAL BY AND/OR PERMITS FROM OTHER TOWN DEPARTMENTS. DEPARTMENT APPROVAL DOES NOT CONSTITUTE PERMISSION FROM OTHER GOVERNMENT AGENCIES AND DEPARTMENTS. IT IS THE RESPONSIBILITY OF THE APPLICANT TO SECURE ALL NECESSARY TOWN/STATE PERMITS NECESSARY FOR FINAL EVENT APPROVAL. THESE INCLUDE AND ARE NOT LIMITED TO ANY ENTERTAINMENT OR VICTUALLING LICENSE FROM THE TOWN CLERK'S OFFICE; POLICE AND/OR FIRE DEPARTMENT APPROVAL; AS WELL AS RI DEPARTMENT OF HEALTH APPROVAL WHERE APPLICABLE. IN THE CASE OF REQUESTS FOR BRANCH RIVER PARK FOR A NON-SCHOOL OR TOWN SPONSORED EVENT, A VARIANCE FROM THE ZONING BOARD MAY BE REQUIRED.

(continued)

INSURANCE REQUIREMENTS

EVIDENCE OF INSURANCE WILL BE REQUIRED BEFORE FINAL PERMIT APPROVAL. PLEASE PROVIDE A CERTIFICATE OF INSURANCE WHICH SHOWS A MINIMUM OF \$1 MILLION IN COMMERCIAL GENERAL LIABILITY INSURANCE AND A POLICY ENDORSEMENT WHICH INDEMNIFIES AND HOLDS HARMLESS THE TOWN OF BURRILLVILLE, BURRILLVILLE PARKS AND RECREATION DEPARTMENT AND THE BURRILLVILLE RECREATION COMMISSION. THE APPLICANT MUST LIST THE AFOREMENTIONED PARTIES AS ADDITIONAL INSURED ON THEIR CERTIFICATE OF INSURANCE. THE TOWN OF BURRILLVILLE IS NOT RESPONSIBLE FOR ANY ACCIDENTS OR DAMAGES TO PERSONS OR PROPERTY RESULTING FROM THE ISSUANCE OF THIS PERMIT.

AFFIDAVIT OF APPLICANT

BY SIGNING THIS APPLICATION THE APPLICANT IS STATING THAT EVERYTHING ON THIS APPLICATION IS CORRECT TO THE BEST OF HIS/HER KNOWLEDGE. I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE POLICIES AND RULES AND REGULATIONS LISTED ON THIS FORM AND THE GENERAL RULES/REGULATIONS GOVERNING THE USE OF ANY TOWN RECREATIONAL FACILITY. THIS PERMIT, IF GRANTED, IS NOT TRANSFERABLE AND IS REVOCABLE AT ANY TIME AT THE ABSOLUTE DISCRETION OF THE PARKS AND RECREATION DEPARTMENT DIRECTOR AND/OR RECREATION COMMISSION.

NAME OF APPLICANT: _____
(please print)

SIGNATURE: _____ DATE: _____

(OFFICE USE ONLY)

APPROVED SIGNED: _____ DATE _____

DENIED SIGNED: _____ DATE: _____

*NOTES: _____

FEES COLLECTED \$ _____ CHECK # _____ CASH