

Special Event Permit Application



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): _____

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

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.

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 dimensions _____
_____	_____	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?
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Please describe: _____

_____	_____	AMPLIFIED SOUND if yes, please indicate START TIME: _____ and END TIME: _____
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Field/Facility Use Fees

Burrillville Based Youth Leagues	\$25.00 per field or facility or Maintain in lieu of fee
90% Burrillville Residents	\$25.00 per field/facility (max. – 4hours)
Less than 90% residents	\$50.00 per field/facility (max. – 4hours)
Non- Burrillville Based Youth	\$50.00 per field/facility (max. - 4 hours)
One Time Use (Burrillville residents)	\$50.00 per field/facility (max. – 4 hours)
(Non-resident)	\$100.00 per field/facility (max. – 4 hours)
Adult Leagues	
90% Burrillville Residents	\$25.00 per field/facility (max. – 4hours)
Less than 90% residents	\$50.00 per field/facility (max. – 4hours)
Lights for Leagues	\$15.00 per field/facility per day/night
Deposit	A deposit may be required equal to use fee, to be returned upon inspection following use.

Groups are allowed to utilize only those specific fields which they have reserved in this permit or additional fees will be charged. Failure to pay said fees will risk cancellation of permit.

*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.

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