



TOWN OF HARVARD

Special Event Permit Application

Applicant and Sponsoring Organization Information

Name of Organization / Sponsor: _____ Non-Profit____ Profit____

Applicant name: _____ Tax ID #: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____

E Mail: _____ Web Site: _____

Event Site Manager: _____ Cell Phone: _____

Other Contact person/s: _____ Cell Phone: _____

Special Event Information - *Complete all data as required for event of any size.*

Type of Event: ☐ Run/Walk ☐ Rally ☐ Parade ☐ School Fair ☐ Concert ☐ Carnival ☐ Filming
☐ Street Fair ☐ Street Fair ☐ Other

Event Title: _____

Event Date & Time(s): _____ Estimated Attendance: # _____

Open to the Public: Yes ☐ No ☐ Admission Fee: \$ _____

Location: _____

Set Up Date/Time & Description: _____

Breakdown Date /Time & Description: _____

Event Details

Please indicate whether the following items pertain to your event.

YES NO

—	—	Food Concession and/or Food Preparation Area (s)
—	—	First Aid Facility (ies) and Ambulance (s).
—	—	Will you set up table(s) and/or chair(s)? How many? _____
—	—	Fencing, Barrier(s) and/or Barricade(s), Traffic Cones.
—	—	Does your event require electricity? Source: _____
—	—	Will you be holding a raffle at your event? Describe: _____
—	—	Booth(s), Exhibit(s), Display(s) and/or Enclosure(s).
—	—	Canopy (ies) and or Tent(s). Please describe dimensions: _____
—	—	Scaffolding, Bleacher(s), Platform(s), Grandstand(s) or related structure(s).
—	—	Vehicle(s) and/or Trailer(s).
—	—	Sleeping Trailer(s) and/or other accommodations.
—	—	Trash Container(s) and/or Dumpster(s).
—	—	Portable Toilet(s). If yes, please indicate the company providing units: _____
—	—	Entertainment. Please describe: _____
—	—	Amusement Rides. Please List and describe: _____
—	—	Banner(s) and/or Sign(s).
—	—	Street Closure(s) Please list: _____
—	—	Will the event be advertised? How? _____
—	—	Please note you cannot advertise your event before approval.
—	—	Sponsorship/Vending or Promotional Activity? Please Describe: _____
—	—	Will your event have animals? If yes, specify: _____
—	—	Will your event require lights? If so, specify hours: _____

Other Permits

Please note that all components of the event are subject to approval by the Town Administrator's Office and may also require approval by and/or permit(s) from other Town agencies and departments. It is the responsibility of the applicant to secure all necessary Town of Harvard permits, and to submit and payment required for permits.

Insurance Requirements

Evidence of Insurance will be required before final permit approval. Please provide a Certificate of insurance, which shows a minimum of \$1,000,000.00 in Commercial General Liability Insurance and a Policy Endorsement, which indemnifies and holds harmless the Town of Harvard, and all of its agencies and departments. Some events may require a higher limit of insurance. Applicant must list the aforementioned parties as additional insured on their Certificate of Insurance. Each event is evaluated on its risk exposure. Any and all damages resulting from the event are the responsibility of the applicant and the applicant will work through designated staff to determine the most appropriate means for repair. The Town of Harvard is not responsible for any accidents or damages to persons or property resulting from the issuance of this permit.

Affidavit of Applicant

My signature below indicates that everything I have stated in this application is correct to the best of my knowledge. I have read, understand and agree to abide by the policies, rules and regulations of the Town of Harvard as they pertain to the requested usage. The permit, if granted is not transferable and is revocable at any time at the absolute discretion of the Town of Harvard's Town Administrator (or designee). All programs and facilities of the Town of Harvard are open to all citizens regardless of race, sex, age, color, religion, national origin or disability.

Name of Applicant: _____ (Please print)

Signature of Applicant: _____ Date: _____

THIS SECTION FOR TOWN USE ONLY

***The following is required by your organization to insure the safety and health of all participating in this event:**

Note: You do not need to contact the departments below if it is not required.

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Police Detail - estimated cost-\$_____per/day. Days Required_____(Contact Police)
Comments:_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire / Ambulance Detail – estimated cost - \$_____per/day. Days Required_____(Contact Fire)
Comments:_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Trash removal - \$_____per/day. Days required_____(Contact DPW -Parks) |
| <input type="checkbox"/> | <input type="checkbox"/> | Portable toilets - Number required_____. Fees paid directly to company of your choice. All toilets must be serviced each evening. Placement and servicing coordinated in cooperation with the Park & Recreation Commission or DPW. |
| <input type="checkbox"/> | <input type="checkbox"/> | Extra waste containers - \$20.00 per day (10). Days Required_____(Contact DPW -Parks) |
| <input type="checkbox"/> | <input type="checkbox"/> | Temporary Food Permit – (Contact Board of Health) |
| <input type="checkbox"/> | <input type="checkbox"/> | Raffle Permit/License - (Contact Town Clerk's Office) |

Fire Dept. - 977 -456-3648* Police Dept. – 978-456-8276 * Health Dept. – 978-456-4100 ext. 328 *

Town Clerks Office – 978-456-4100 ext. 316 * DPW Dept. – 978-456-4130

Park & Recreation Commission – visit website for contact information – harvardparkandrec.org

Town Department Use Only Approvals and Notifications

Insurance Certificate Received: ☐ YES – Date: _____ ☐ NO

Park & Rec Commission: Approved Denied Date: _____ Town Clerk's Office Approved Denied Date: _____

Town Administrator's Office: Approved Denied Date: _____ Police Department: Approved Denied Date: _____

Fire Department: Approved Denied Date: _____ Health Division: Approved Denied Date: _____