



TOWN OF FREETOWN BOARD OF SELECTMEN

3 NORTH MAIN STREET / P.O. Box 438

ASSONET, MA 02702-0438

PHONE: 508-644-2201, EXT. 1; FAX: 508-644-3342

APPLICATION FOR TEMPORARY USE OF TOWN PROPERTY / EVENT NOTIFICATION FORM

SUMMARY OF EVENT

Event Date(s): _____

Event Title: _____

Location: _____ Bandstand _____ Waterfront _____ Street & sidewalks*
(must include detailed map)

_____ Other: _____

Event Type: _____

Description: _____

Anticipated Attendance: Adults _____ Children _____ Total _____

Is the event open to the public? _____

Will an admission fee be charged? _____

Is this a fundraiser? _____

Will there be music? Live, DJ or recorded? _____

Will refreshments be served? _____

Will the event be catered? _____

Name of caterer _____ Phone _____

Will vendors be selling food? _____

Will vendors be selling goods? _____

Will alcohol be served? _____

Will event take place on Town Roads?*

If yes, please see Route Map section, below.

Does your event include fireworks? _____

HOURS OF USE

Set-up Time

Actual Time of Event

Clean-up Time

From: _____

From: _____

From: _____

To: _____

To: _____

To: _____

INDIVIDUAL APPLICANT OR HOST ORGANIZATION INFORMATION

Host Organization: _____

Primary Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Secondary Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Is the Host Organization a commercial entity? _____

Is the Host Organization a bona fide tax exempt, nonprofit entity? _____

If yes, please attach documentation confirming the status.

Is Applicant a resident of Freetown? _____

Insurance Coverage:

Proof of coverage must be submitted with application, with the Town of Freetown listed as holder. Minimum Coverage: \$1,000,000 General Liability / \$1,000,000 Property Liability

General Liability

_____ Company

_____ Amount (min. \$1,000,000)

Property Liability

Company

Amount (min \$1,000,000)

ROUTE MAP

Any application that includes street closures or use of public streets must be submitted at least 60 days before the event date.

Provide a map that outlines the entire event venue including the names of all streets or areas that are part of the venue. If the event involves a moving route of any kind, include the direction of travel and all street closures.

Please note: Special event permits are required for any use of a state highway whether or not traffic is diverted along an alternate route. Please contact the MA DOT District 5 at 10 Park Plaza, Suite 4160 Boston MA or call 1-877-623-6846

The Sunday before the event date, Event Organizers must notify the public via local print media of specifics regarding street closures Two weeks. Before the event, Event Organizers must distribute notice to property owners/tenants located on the closed streets either by hand delivery or direct mail. A copy of such notices must be submitted with application.

APPLICATION AGREEMENT

I, the undersigned, as applicant or on behalf of applicant, signify that the information provided on this application is true and correct and hereby accept full responsibility for any breakage or damage to property or building, and for deportment and conduct of those attending the function for which the facility is requested. I agree to indemnify and hold harmless the Town and its officers, officials, employees and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out of to the negligent act or omission of myself, any agent, anyone directly or indirectly, by them or anyone for whose acts by them may be liable, except where cause by the active negligence or willful misconduct of the Town. I also agree to provide the Town with a certificate of insurance listing the Town as the named insured. If permission is granted, I or my representative agrees to be present during the entire use of the facility. My signature below signifies that I agree to abide by all of the conditions of this application, the Facility Use Policy and of any permit issued based on this application.

Applicant agrees to contact the Freetown Police Department regarding the necessity and use of Police details. The Police Department will be advised of this application.

I also agree to pay to the Town of Freetown all costs the Town may incur as a result of any failure to comply with all these conditions including damages due to the failure to leave the premises in a rentable condition.

I understand that my designee or I is responsible for obtaining any and all permits or licenses that may be required by law, rule or regulation for the above listed event.

I understand that Town invoices related to this event must be paid in full prior to obtaining an authorized permit.

Signature

Date

Print Name

TOWN APPROVAL

_____ Conditions of approval are attached

Police Chief

Date

Fire Chief

Date

Highway Surveyor

Date

Freetown Board of Selectmen

Date