



## 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

### EVENT NOTIFICATION FORM

Events Utilizing Town Roads

#### EVENT DETAILS

Event Date(s): \_\_\_\_\_

Event Title: \_\_\_\_\_

Location: \_\_\_\_\_

Route map is required. Please see below.

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? \_\_\_\_\_

Does your event include fireworks? \_\_\_\_\_

	EVENT HOURS		
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? \_\_\_\_\_

### 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 also include a plan for use of police details on said route. Applications without a route map will not be considered.

Questions regarding police detail requirements should be directed to the Chief of Police, Freetown Police Station, 225 Chace Road, East Freetown, MA, 02717, or 508-763-4017.

**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. If permission is granted, I, or my representative, agree to be present during the entirety of the event. My signature below signifies that I agree to abide by all of the conditions of this application, and of any permit issued based on 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.

I understand that my designee or I am 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.

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Signature

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Date

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Print Name

## TOWN APPROVAL

For Town of Freetown Officials Use Only

For Events Utilizing State Roads, sign-offs on MassDOT form can be substituted for this page.

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Police Chief

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Date

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Fire Chief

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Date

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Highway Surveyor

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Date

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Board of Health Agent

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Date

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Freetown Board of Selectmen

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Date