



## OAK BLUFFS PARKS AND RECREATION DEPT.

# Special Event Permit Application

P.O. Box 1327 Oak Bluffs, MA 02557 Telephone: (508) 693-0072 Fax: (508) 696-6472

### APPLICANT AND SPONSORING ORGANIZATION INFORMATION

*Please complete all data as required.*

Name of Organization(s): \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Eve. Phone: (\_\_\_\_) \_\_\_\_\_ FAX#: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Web page: \_\_\_\_\_

Manager **ON SITE** Day of Event: \_\_\_\_\_ Cell/ Pager: (\_\_\_\_) \_\_\_\_\_

*\*Any Change in the above information, please notify the Parks Department/Highway Department immediately.*

### SPECIAL EVENT INFORMATION

*Complete all data as required for the event of any size*

#### Type of Event:

\_\_\_\_\_ Run/Walk \_\_\_\_\_ Planned Picnic/Party \_\_\_\_\_ Market/Fair  
\_\_\_\_\_ Concert \_\_\_\_\_ Wedding Ceremony/Photos \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Event Title:** \_\_\_\_\_ **Event Date(s):** \_\_\_\_\_ **Rain date:** \_\_\_\_\_

Requested Park: \_\_\_\_\_

Area of Park (describe physical boundaries) \_\_\_\_\_

Actual Hours of Event: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

Set up times: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM Take down times: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

Description of Event set up: \_\_\_\_\_

\_\_\_\_\_

Number of people expected: \_\_\_\_\_

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

Is applicant a Town of Oak Bluffs taxpayer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**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 tables(s) and or Chairs? How many?: _____
___	___	Fencing, Barrier(s), and/or Barricade (s)
___	___	Does your event require Electricity source?: _____ <i>Note: No power source at East Chop Lighthouse</i>
___	___	Booth(s), exhibit(s), display(s) and or enclosure(s)
___	___	Canopy (ies), and/or tent(s) <b>Please include dimensions:</b> _____
___	___	Scaffolding, bleacher(s), platform (s), grandstand(s), stage(s) <b>include number and dimensions:</b> _____
___	___	Vehicle(s) and/or trailer(s). How many? _____
___	___	Trash Containers and/or Dumpster(s). Number? _____
___	___	<b>If yes, indicate Company providing units.</b> _____
___	___	Portable Toilet(s). Number _____ <b>If yes, indicate Company providing units.</b> _____
___	___	Entertainment. Please describe: _____
___	___	Inflatable Device (s), Amusements. Describe _____
___	___	Banner(s)
___	___	Will the event be advertised? How? _____
___	___	<b>Please note you cannot post or advertise your event prior to approval</b>
___	___	Sponsorship/Vending or Promotional Activity? Please Describe _____
___	___	Amplified Sound If yes, please indicate Start Time: _____ and End Time: _____ Town of Oak Bluffs requires that noise levels not exceed _____ decibels after _____ 11pm in a residential or Commercial zone.

**Fees (determined by the Park Commissioners)**

_____	Large Events (non-profit)	_____	Large Events (for profit)
_____	Weddings (parks)	_____	
_____	Other	_____	

**Deposit**

There will be a separate deposit of \$ 100.00 fee paid in advance, by cash or bank check, 2 weeks prior to the event being held. This will be refunded if the cleaning after said event is done to the satisfaction of the Park Commissioners and the Highway Superintendent.

**Voluntary Donations**

*Donations are accepted for the use of Oak Bluffs Parks and Recreation Department and town property. Contributions support a broad array of recreational activities for residents and visitors of all backgrounds and help to maintain the parkland. Would you like to make a Voluntary Donation to the Fund for OB Parks and Recreation* \_\_\_\_\_ yes \_\_\_\_\_ no  
 Details. Amount: \_\_\_\_\_ Specifications: \_\_\_\_\_

**Other Permits**

Please note that all components of the event are subject to Parks Dept. approval and may require approval by and/or permits from other town agencies. Parks Dept. approval does not constitute permission from other departments. Events that impact other town depts. will be referred to Police, and Fire, and Emergency dept. as necessary. It is the responsibility of the applicant to secure all necessary town of Oak Bluffs permits (see page 3).

**Insurance Requirements**

Evidence of Insurance will be required before final permit approval for larger events. 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 Oak Bluffs, the Oak Bluffs Parks and Rec. Dept. and the Oak Bluffs Park Commission. Some events may require a higher limit of insurance. Additionally, permittee must list the aforementioned parties as additional insureds on their certificate of insurance. Each event is evaluated on its risk exposure. The town of Oak Bluffs is not responsible for any accidents or damages to persons or property resulting from the issuance of this permit.

**Affidavit of Application**

Everything that I have stated on this application is correct to the best of my knowledge. I have read, understand, and agree to abide by the policies and rules and regulations listed on this form as they pertain to the requested usage. By signing this application, the applicant agrees to follow all rules and regulations. The permit, if granted, is not transferable and is revocable at any time at the absolute discretion of the Parks Dept. and/or Parks and Recreation Commission. The Parks and Rec. Dept./Park Commissioners may require a CORI form completion for all public events. All programs and facilities of the Oak Bluffs Parks and Recreation Dept. are open to all citizens regardless of race, sex, age, color, religion, national origin or handicap.

Name of Applicant(s) \_\_\_\_\_  
(print)

Signature(s): \_\_\_\_\_ date: \_\_\_\_\_

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*Official Use Only*

OTHER DEPARTMENT SIGNATURES:

YES	NO				
___	___	POLICE DEPARTMENT	_____	_____	_____
			Police Chief Only	Date	Cost
___	___	FIRE DEPARTMENT	_____	_____	_____
			Fire Chief Only	Date	Cost
___	___	BOARD OF HEALTH	_____	_____	_____
			Health Agent Only	Date	Cost
___	___	BUILDING INSPECTOR	_____	_____	_____
			Building Inspector Only	Date	Cost

\_\_\_ Approved Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_ Denied \_\_\_\_\_  
\_\_\_\_\_

Signatures: \_\_\_\_\_  
Park Commissioners: Nancy F. Phillips Richard R. Combra Jr. Allan Buddy deBettencourt