

**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 or Washington Park</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: _____

**Fee Schedule**

Small Events – Minimum of \$300  
Large Events – Minimum of \$1,000 per day  
Town events – Varies

*Note: The Park Commission retains the right to determine the fee of any event and to waive any and all fees*

**Deposit**

**\$200 deposit; which will be nonrefundable once application is approved by Commissioners.** Balance will be due no later than 30 days prior to the event. If unable to use park area due to rain, the Park & Recreation Department will refund money except deposit.

**Notifications**

At least sixty (60) days prior to any large event, the applicant must notify direct abutters of the park they are requesting to use and must provide proof of USPS mailings to the Park & Recreation Department.

**Other Permits – Thirty (30) day notification**

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, Fire/EMS, Building and Board of Health as necessary. **It is the responsibility of the applicant to secure all necessary Town of Oak Bluffs permits (see page 3) at least thirty (30) days prior to event.**

**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: \_\_\_\_\_

---

---

*Official Use Only*

PRELIMINARY APPROVAL:

Date: \_\_\_\_\_

Signatures: \_\_\_\_\_

Commissioners: Amy Billings Richard Combra Jr. Antone Lima

OTHER DEPARTMENT SIGNATURES:

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

FINAL APPROVAL:

\_\_\_ Approved Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_ Denied \_\_\_\_\_

Signatures: \_\_\_\_\_

Park Commissioners: Amy Billings Richard Combra Jr. Antone Lima