

**CITY OF WEST SPRINGFIELD
SPECIAL EVENTS PERMIT APPLICATION**

2018



**William C. Reichelt, Mayor
City of West Springfield
26 Central Street, Suite 23
West Springfield, MA 01089-2785
P-(413)263-3041
F-(413)746-5592**

Please submit application to:
West Springfield Park and Recreation Department
26 Central Street – Suite 19
West Springfield, MA 01089
P - (413) 263-3284

SPECIAL EVENTS PERMIT APPLICATION – CITY OF WEST SPRINGFIELD

Welcome. The City of West Springfield appreciates your efforts in contributing to the heart and vitality of the City through your Special Event. We recognize that The City of West Springfield is fortunate to have many varied and beautiful parks, accessible water areas, and friendly streets and neighborhoods, all of which provide wonderful venues to hold Special Events.

To preserve the City's natural resources, while still offering enjoyment, the City may permit the temporary use of public properties and/or roadways for special activities. The City coordinates the review of these events with various City Departments to ensure that the events are conducted safely.

The Authorized User is required to demonstrate adequate provisions have been made for security, parking, insurance, set-up, maintenance and clean-up, emergency services, and safety of operations. A permit will not be issued unless these requirements are satisfied.

The Park and Recreation Department will be the primary contact for Authorized Users during the review process. Once the completed application is submitted the Park and Recreation Department will distribute the application to the necessary City Departments and/or agencies and will schedule a date for the applicable board, commission, agency, or department to review the application. After you complete the Permit Application, please return it to the office of Park and Recreation Department, 26 Central Street – Suite 19, West Springfield, MA 01089.

SPECIAL USE PERMIT APPLICATIONS SHALL BE SUBMITTED TO PARK AND RECREATION OFFICE NOT LESS THAN NINETY (90) DAYS PRIOR TO THE EVENT DATE.

****IMPORTANT** REVIEW ALL ADDENDUMS AT THE BACK OF THIS APPLICATION PACKAGE FOR INFORMATION REGARDING POLICIES, PERMITS AND FINANCIAL CHARGES FOR CERTAIN CITY SERVICES THAT MAY BE APPLIED TO YOUR SPECIAL EVENT.**

Event Summary

Event Title:

Description:

Event Categories:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Fundraiser | <input type="checkbox"/> Carnival/Circus |
| <input type="checkbox"/> Fair/Festival | <input type="checkbox"/> Special Attraction | <input type="checkbox"/> Parade/March | |
| <input type="checkbox"/> Exhibits/Miscellaneous | <input type="checkbox"/> Outdoor Market | <input type="checkbox"/> Family Gathering | |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Other | | |

| | <u>Day of the Week</u> | <u>Date</u> | <u>Time</u> |
|-----------------------|------------------------|-------------|-------------|
| <u>Set-up Starts</u> | | | |
| <u>Event Starts</u> | | | |
| <u>Event Ends</u> | | | |
| <u>Dismantle Ends</u> | | | |

Anticipated number of attendees? _____

Is this an annual event? _____

| |
|-----------------|
| Location |
|-----------------|

| |
|---|
| <p>Most park areas cannot be reserved for the exclusive use of the groups, and access to the area by the general public must be available at all times. This means that areas cannot be roped off or otherwise secured.</p> |
|---|

Site Plan & Route Map

To ensure appropriate review of your event, it is preferred you submit one or more of the following: blueprints or computer assisted drawings of your event site plan or a hand drawing of your site plan.

Temporary structures, including stages built by private parties shall conform to all applicable building codes and other City regulations, and the Authorized User shall obtain any required building permits from the Building Department (413)263-3059 and Fire Department (413) 263-3222. If a tent is erected, the Fire Department shall complete a Life safety inspection prior to the event. Health Department must be contacted for safe food handling and Food Permit (413) 263-3206.

Your event site plan/route map should be submitted and include but not be limited to:

An overview of the event venue, including the names of all streets or areas that are part of the surrounding area. If the event involves a moving route of any kind, indicate the direction of travel and all street or lane closures.

The provision of minimum twenty-foot (20') emergency access lanes throughout the event venue.

The location of first aid facilities.

The location of all stages, bleachers, grandstands, canopies, tents, portable toilets, booths, cooking areas, trash containers and dumpsters, and other temporary structures.

A detail of the food booth(s) and cooking area(s), including identification of all vendors cooking with flammable gases or barbecue grills.

Locations of generator(s) and/or source of electricity.

Placement of vehicles and/or trailers.

Exit locations for outdoor events that are fenced and/or locations within tents and tent structures.

Identification of all handicapped accessible areas that meet standards.

Other event components not listed above. Please describe: _____

Contacts/Organization Information

This section will allow the City Departments and agencies that have an interest in your event, to contact the appropriate individuals for any further information regarding your event. It will enable the City to ensure all your needs are met, and that the interests of the City’s venue(s) are considered. Please feel free to write-in or attach any further information that you feel would be important in this matter.

| | | |
|-----------------|------------|-------|
| Applicants Name | Phone/Cell | Email |
|-----------------|------------|-------|

| | | | | |
|-------------------|----------------|------|-------|-----|
| Organization Name | Address Street | City | State | Zip |
|-------------------|----------------|------|-------|-----|

| | | |
|-------------|--------------------|-------|
| Web Address | Organization Phone | Email |
|-------------|--------------------|-------|

Emergency Contacts: : In case of an emergency during the event, a person must be available to be contacted during the hours of the event. Please Identify:

| | | |
|------|------------|-------|
| Name | Cell Phone | Phone |
|------|------------|-------|

| | | |
|------|------------|-------|
| Name | Cell Phone | Phone |
|------|------------|-------|

Organization Status

TAX EXEMPT, NON-PROFIT: This refers to an organization that has been recognized as tax exempt by the Internal Revenue Service at least six (6) months prior to your event date and is in good standing with the IRS. If you are a bona fide tax exempt, nonprofit organization, a copy of your current tax exemption letter is required.

1. Is the Authorized user a commercial entity? Yes _____ No _____

2. Is the Authorized User a bona fide tax exempt, non-profit entity? IF yes, you must attach to this application a copy of your IRS tax exemption letter providing proof and certifying your currently tax exempt status. Yes _____ No _____

3. Are fees for admission, entry or participation required? If yes, please provide amount? Yes _____ No _____. If yes, what is amount? _____

4. Are fees for vendor or other required? Yes _____ No _____

Attach a Copy of the most recent financial statement for this event.

Security Plan

Have you made arrangements for security? If yes, please check all that apply:

- West Springfield Police Department (413) 263-3210
- Licensed Professional Security Company**
- Other* Please Describe: _____

*Certain activities require heightened security. The type of security will be determined by local, state and or federal officials.

**If using licensed Security Company, please complete the following:

(Licensed Professional Security Company shall provide the City with an insurance certificate naming the City of West Springfield as “Additional Insured.” A copy of such must be submitted no later than 10 days prior to the Event date.)

| | |
|---------|-------|
| Company | Phone |
|---------|-------|

| | | | |
|--------|------|-------|-----|
| Street | City | State | Zip |
|--------|------|-------|-----|

Private Operating License# _____

Medical Services/Safety Plan

EMS Plan

Due to the vast number of different types of events, along with the anticipated crowd sizes, any Authorized User shall contact the City of West Springfield Fire Department at (413) 263-3220 to determine the adequate resources needed for your event.

At a minimum, all events should have knowledge of 911 Access and someone who is certified in First Aid/CPR. Also, basic First Aid stations and/or kits SHALL be on site.

The following is the ratio of the number of ambulances needed for the number of people in attendance:

- 1 ambulance for: 1,000-10,000
- 2 ambulances for: 10,001-20,000
- 3 ambulances for: 20,001+ people

Have you made arrangements for Emergency Medical

Services/ Safety Arrangements?

- West Springfield Fire Department
- Licensed Professional Emergency Medical Services Provider*

If using licensed Medical Service provider, please complete the following:

| | |
|---------|-------|
| Company | Phone |
|---------|-------|

| | | | |
|--------|------|-------|-----|
| Street | City | State | Zip |
|--------|------|-------|-----|

Private Operating License# _____

Fire Safety Plan

Will your event include any of the following? Yes _____ No _____

- Tents
- Other Temporary Structures
- Bonfires
- Fireworks Displays
- Propane Use
- Any Open Flames (i.e. candles, other)

Above service is being provided by:

The Fire Department shall be contacted in advance for any event that will include, but not limited to, the items listed above. Permits are not transferable, and any change in use, operation or tenancy shall require a new permit. (527 CMR 1:04) The Chief of the Fire Department may revoke a permit or approval issued under the provisions of 527 CMR, if there is any violation of the Fire Code, or there have been any false statements or misrepresentations. Certain special events may require a fire watch detail-a fire inspector shall inspect the site of the event and determine the need for a fire watch detail. Please contact the Fire Department for guidelines and associated costs for fire watch details.

Fire Safety Plan

- The Fire Department requires that the permit applications be filed at the Fire Prevention Bureau:
- Any inspection that is conducted after hours would require overtime for the inspector.
- Fireworks displays require a fire inspector to be present from the time that the fireworks arrive in the city until the end of the fireworks show.
- The fireworks permit is required to be in 15 days before the date of the show.

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| Accessibility Plan |
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1. Will there be a clear path of travel throughout your event venue? If no, please explain: _____
2. Have you developed a Disabled Parking and/or Transportation Plan (including the use of public transportation or shuttle services) for your event? If no, please explain: _____

3. Will there be accessible rest rooms at your event? If no, please explain: _____

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4. Will all food, beverage and vending areas be accessible? If no, please explain: _____

Entertainment and Related Activities

- Will you be erecting and using any tents or other temporary facility? _____
- Will sound checks be conducted prior to the event? When? _____
- Will sound amplification be used? Start date/time: _____ End date/time: _____
- Will there be fireworks? Fireworks require a fire inspector to be present from the time the fireworks arrive in the city until the end of the show. They may also require the erection of crowd control fencing.
- Will inflatable items, hot air balloons or similar devices be used? Please explain: _____
- Do your event plans include any casino games, bingo games, drawings or lottery opportunities?

Amusement Rides

Will you have amusement rides? Yes _____ No _____ If yes, please answer the following.

Number of rides _____

Dates of operation _____

Amusement Vendor (address & and phone #) _____

License # _____

* Amusement/Carnival Vendor shall carry liability insurance naming the City of West Springfield as "Additional Insured." A copy of such must be submitted not later than 10 days prior to the Event date.

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| Restrooms |
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Have you determined any facilities in the immediate area of your event which will be available to the public during the entire event? If yes, please explain where they are located and how you have determined their availability during the entire event _____

- Are the restrooms owned by the City of West Springfield?
- Are you providing portable restrooms?
- How many portable restrooms?

Name of Portable Restroom Company _____ Contact # _____

Address: _____ Phone _____

Set up time _____ Pick up time _____

Alcohol

Will there be any alcoholic beverages at your event? If yes, please check all that apply:

- Free/host alcohol
- Alcohol sales
- Host and sale alcohol
- Beer
- Beer and wine
- Beer, Wine and Distilled Spirits

Will there be a licensed bartender/caterer to serve the alcoholic beverages? If yes, please provide company name, address, phone.

Liquor Liability License#

Please explain your plan to ensure the safe sale or distribution of alcohol at your event

Will you be using wristbands?

Will you be supplying police detail?

Who will be responsible for checking I.D.'s? _____

Who will be responsible for making sure alcohol does not leave restricted areas? _____

Has anyone who will be serving or dispensing alcohol received TIPS certification or any other type of alcohol intervention training? If so, please provide their name(s) along with evidence of the certification.

| |
|-------------------------|
| Waste Management |
|-------------------------|

It is the responsibility of the Authorized User to ensure that all waste is properly disposed of during and after the term of the event. For multiple day events, all trash barrels must be emptied and waste removed from the site as needed and at the end of each day.

If the area is not properly cleaned, or if there is any damage to city property as a result of your event, you will be billed for the full cost of recovery, which will include rates for cleanup and repair. Further, failure to properly clean may result in disapproval of any future requests for a Special Event Permit, or may require a cash deposit and/or surety bond.

Will you be supplying your own trash barrels? Yes No

The Town of West Springfield will supply trash barrels, you must supply your own plastic linings for the trash barrels.

How many barrels will you be needing? _____

Should the proper disposal of waste at your event require a dumpster, the Authorized User is responsible to supply such item at its own cost.

Please identify the following:

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Number of dumpster(s) _____

If cooking on site you must arrange for proper disposal of cooking oil.

Recycling

Recycling is highly encouraged at your event. At a minimum, corrugated cardboard should be recycled at your event. The following items are banned from being disposed of in the trash according to the Massachusetts Department of Environmental Protection: recyclable paper (clean paper and cardboard), glass containers, metal containers, narrow necked plastic bottles, leaves and yard waste, lead acid batteries, white goods, whole tires, CRT's (computer monitors and television) as well as construction and demolition debris.

Please submit your plan for recycling.

Food Concession or Preparation

You may be required to apply for a health permit if food or beverages are sold or given away during your special event.

The Board of Health will determine if your event requires a food permit. If a licensed caterer will be serving food at the event the caterer must submit a copy of its food license to the City's Health Department, along with a copy of the menu and a notification form. Also, in the Commonwealth of MA a certified food protection manager certification and allergen certification is required. Guidelines for food facilities are provided by the City of West Springfield's Board of Health. These guidelines should assist you in planning for food handling, preparation and serving in the most responsible and legal manner.

Any questions, please contact the Health Department at 413-263-3206.

1. Does your event include food concession and or preparation areas? Please describe how food will be served and or prepared;

2. Will there be food vendors on site? Yes _____ No _____.
If yes, how many? _____

Ensure that a copy of this page is completed for each food vendor.

3. Do you intend to cook food in the event area? Yes _____ No _____ If yes, please specify the method (ie. Gas, Electric, Charcoal, etc...) (use of propane requires contact with the fire department).
4. Will you and/or the food concession vendor provide a sink to be used in the proper preparation of food? Yes _____ No _____.

If yes, will you be supplying your own licensed plumbers and electricians to set up and connect the sinks? Yes _____ No _____.

Food vendor Name _____ Phone _____

Address _____

Marketing/Advertisement

- Will this event be advertised?
- o Please Explain _____
- Will there be media coverage at the event?
- o Please Explain _____

Insurance and Security Deposit

Insurance

The Authorized User shall secure general liability insurance from an approved insurance company listing the City of West Springfield and the Park and Recreation Department or other applicable department as additional insured, and providing coverage of \$1 million per occurrence. Evidence of said insurance must be submitted to the Park and Recreation Department (or other applicable Department) no later than ten (10) working days prior to the Special Event.

Security Deposit

The Authorized User shall deposit the sum of \$5,000.00 in cash, certified funds or money order, with the City of West Springfield (or other applicable Department), at least five (5) working days prior to the Special Event. Said deposit shall act as security that the premises has to be returned to its original condition, immediately following the Special Event, wear and tear excepted. Rather than deposit said fund with the City, the Authorized User may obtain a surety bond in the amount of \$5,000.00 securing its performance of its obligations hereunder. Said deposit held by the City will not bear interest and shall be released upon determination by the City that the Authorized User’s obligations hereunder have been satisfied.

The City reserves the right to waive these requirements, depending upon the size and risk level of the event.

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|------------------|-------|
| Insurance Agency | Phone |
|------------------|-------|

| | | | |
|--------|------|-------|-----|
| Street | City | State | Zip |
|--------|------|-------|-----|

| | | | |
|--------------|-------------|---------------|---------------|
| Contact Name | Policy Type | Policy Amount | Policy Number |
|--------------|-------------|---------------|---------------|

| | |
|-----------------|-------|
| Bonding Company | Phone |
|-----------------|-------|

| | | | |
|--------|------|-------|-----|
| Street | City | State | Zip |
|--------|------|-------|-----|

| | | | |
|--------------|--------------|----------------|-------------|
| Contact Name | Bonding Type | Bonding Amount | Bond Number |
|--------------|--------------|----------------|-------------|

Applicant's Affidavit

Event Title _____

Event Date(s) _____ Times _____

I, on behalf of the organization I represent, certify that all the foregoing pages in this Special Event Permit Application have been completed, and for those pages for which are not applicable, it has been so noted on the appropriate sections. I attest that the information contained herein is accurate, to the best of my knowledge and belief.

I attest that I have read all the rules, regulations and guidelines specified herein and that which is included in the addendums to this Application.

I, acting on behalf of the organization I represent, am authorized to commit that organization to agree to abide by the rules, regulations and guidelines specified herein, and that I will accept all responsibilities for any payments for municipal services and/or resources as they have been outlined and as they may be utilized by me and the organization whom I am representing and the patrons who will be served by this Special Event.

Name of Applicant _____ Title _____

Organization Name _____

Email Address _____ Phone _____

Signature _____ Date _____

This Affidavit MUST BE SUBMITTED, **signed** and mailed (90 days prior to the event) to the following:
City of West Springfield Park and Recreation Department
c/o Special Event Permits
Park and Recreation - Administrative Offices
26 Central Street – Suite 19
West Springfield, MA 01089

**FAILURE TO RETURN THIS SIGNED AFFIDAVIT WITH THE COMPLETED PERMIT APPLICATION SHALL
CAUSE THIS
SPECIAL EVENT APPLICATION TO BE DEEMED INCOMPLETE**