



Special Event Permit Application

Please fill out all information. Incomplete applications will be returned.

- To aid you in the completion of your application, refer to the Special Events Planning Guidebook. Each part of the application has a corresponding section in the guidebook.
- A Deposit is required towards the Police Department to obtain a Special Events permit (A deposit of 50% of the total cost or one must obtain a bond for the full amount of the anticipated cost of the police detail)
- The City of Worcester requires that the applicant submit proof of occurrence basis liability insurance with minimum coverage limits in the following amounts:
 - Commercial General Liability \$1,000,000 per occurrence/\$2,000,000 aggregate; and If alcohol will be sold or served, Liquor Liability \$1,000,000 per occurrence/\$2,000,000 aggregate; and Additional coverage may be required.
- No permit may be requested less than 90 days prior to the requested date of event, unless the event qualifies as an expressive event of a time sensitive nature (see page 12)
- Permit must be complete and signed with all approvals 14 days prior to event date
- After staff review of application, all additional permit fees must be submitted to obtain approval of application. Fee schedule for all permits can be found on page 31 of the Special Events Guidebook

SPONSORING ORGANIZATION

Select type of organization:

◆ Commercial (for profit) ◆ Non-Profit with 501(c)(3) exemption ◆ Non-Profit

Please attach to this application a copy of your IRS 501(C)(3) tax exemption letter providing proof and certifying your current tax exempt, non-profit status. **(REQUIRED)**

Organization: _____ Event Coordinator: _____

Address: _____

City, State, Zip: _____

Business Phone: (____) _____ Daytime Phone: (____) _____

Evening Phone: (____) _____ FAX #: (____) _____

Email Address _____

Contact Person(s) "on site": _____ Cell: _____

(Note: This person must be in attendance for the duration of the event and be immediately available to City Officials at all times)

Please list any professional event organizer or event service provider hired by your organization that is authorized to work on your behalf to produce this event.

REQUIRED: Please attach a letter or contract that authorizes this person to work on behalf of the applicant organization.

Professional Event Organizer Name: _____

Address: _____

City, State, Zip Code _____

Business Phone: (_____) _____ Daytime Phone: (_____) _____

Evening Phone: (_____) _____ FAX #: (_____) _____

Email Address: _____

EVENT SUMMARY

Event Title: _____

Event Date(s): _____ Event hours from: _____ am/pm to: _____ am/pm

(if applicable) Event day 2: _____ Event hours from: _____ am/pm to: _____ am/pm

(if applicable) Event day 3: _____ Event hours from: _____ am/pm to: _____ am/pm

Location(s): _____

Specify property type: Public Park Street Block Multiple Streets Private
 Other: _____

Number of Participants: _____ Number of Spectators: _____ **Total Anticipated Attendance:** _____

The number of attendees at your proposed event will determine what type of Proof of Liability Insurance you will need. See page 6 in the guidebook.

Type of Event: (Please check any and all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Concert | <input type="checkbox"/> Festival | <input type="checkbox"/> Carnival |
| <input type="checkbox"/> Block Party | <input type="checkbox"/> Farmers Market/Fair | <input type="checkbox"/> Parades /Procession |
| <input type="checkbox"/> Fine Arts Exhibits | <input type="checkbox"/> Run/Walk | <input type="checkbox"/> Rental of Public Building or Facility |
| <input type="checkbox"/> Picnic | <input type="checkbox"/> Circus | <input type="checkbox"/> Other – Please describe |

Set-up/Assembly/Construction:

Date: ____/____/____ Start Time: _____ am/pm

Breakdown

Date: ____/____/____ Completion Time: _____ am/pm

(Please describe the scope of your setup/assembly work/breakdown (specific details). Use additional pages if necessary.)

EVENT PLAN- TEMPORARY STRUCTURES

Will your event have any of the following?

- Fencing
- Tents larger than 10x10
- Staging
- Signs, banners, decorations
- Special Lighting

EVENT PLAN- VENDORS AND CONCESSIONS

Are you requiring admission fees / donations to enter your event?

Yes / if yes, cost of admission: _____ No

What kind of barriers will be used to close off the area?

Will there be vending? Food Beverage Goods Services Total Vendors: _____

Will food be sold, served, or given away? Yes No

Will items or services be sold at the event? *Yes, if YES, please describe:* No

PLEASE NOTE: The sale of manufactured/mass-produced goods will require a Hawkers and Peddlers Permit approved by the Worcester Police Department and the Commonwealth of Massachusetts (508) 799-8606

Will the event involve the sale or use of alcoholic beverages? Yes No

Location: _____

Do you have a letter of permission to have alcohol on the premises from the owner of the location where event will be?

Yes, if yes, please attach the letter to this application No

Do you have Copy of Server Training Certificate for each person who will be serving alcohol?

Yes, if yes, please attach the copy (ies) to this application No

Please describe the security plan to ensure the safe sale and distribution of alcohol at the event:

Please contact the Worcester Fire Department (508) 799-1822 for the following:

Will the event include open flames, cooking/propane, pyrotechnics/fireworks/flame effects, fire performers or cannon firing? Yes No

If yes, please describe: _____

EVENT PLAN- ENTERTAINMENT AND ACTIVITES

Entertainment:

Are there any musical entertainment features related to your event? Yes No

What type of live Entertainment will be featured at your event?

Dance

Jugglers

DJs

Bands

Other

Please describe:

Number of Stages: _____ **Number of Bands:** _____

Sound Amplification: Start Time: _____ am/pm - Finish Time: _____ am/pm

Sound Checks prior to event: Start Time: _____ am/pm - Finish Time: _____ am/pm

Please describe the sound equipment that will be used for your event:

Name _____ of _____ Sound/Production _____ Company _____

Address _____

City, State, Zip Code _____

Phone #: _____ Cell Phone for Day of Event: _____

Any Body Art and/or Temporary Tattoos? Yes No

Any Petting Zoos, Exhibition of Animals, Hayrides? Yes No

*If yes, you must submit and file a Permit to Exhibit, Raise, or Keep Animals or Birds with the Worcester Police Department. **Please contact WPD at (508) 799-8606.***

Please state whether as part of the entertainment any person will be permitted to appear on the premises or depicted in any motion picture or television screen, in any manner or attire so as to expose to public view any portion of the pubic area, anus, or genitals, or any stimulation thereof, of whether any female person will be permitted to appear on the premises in any manner or attire as to expose to the public view any portion of the breast below the top of the areola, or any simulation thereof. Yes No

Electrical Services:

Will your event require Electrical services/Generators? Yes No

If yes, please provide name of vendor: _____

EVENT OPERATION- SANITATION AND WASTE MANAGEMENT

Sanitation:

Portable and/or Permanent Toilet Facilities:

Delivery Date: ____/____/____ Time: _____ am/pm

Pick-up Date: ____/____/____ Time: _____ am/pm

Number of Portable Toilets: _____ Number of ADA Accessible Toilets: _____

Permanent Toilet Facilities: _____ Name of Portable Toilet Vendor: _____

If you have a plan for using permanent toilet facilities please list the location of these facilities below:

Describe your plan for clean up and removal of waste and garbage during and after the event:

Clean-up Date: ____/____/____ Time: _____ am/pm

PLEASE NOTE: You must properly dispose of waste and garbage throughout the term of your event and immediately upon conclusion of the event the area must be returned to a clean condition. The City does not provide cleaning or street sweeping services.

EVENT OPERATION- SAFETY AND SECURITY

Medical Services:

The City of Worcester requires a first aid station with medically certified personnel having a minimum of current **First Aid** and completes **CPR** certifications at any event with an attendance of over 5,000 people. Event planners must provide either a contracted emergency vehicle or equivalent. This station/vehicle must be centrally located and clearly marked. Please indicate what arrangements you have made for providing First Aid Staffing and Equipment and provide a copy of your contract with this application.

_____ Ambulance(s) How provided? _____

Company's Public Utilities License # _____

Emergency Medical Technician(s) How provided? _____

Security:

This area requires approval of the Worcester Police Dept.

Security must be provided by applicant in coordination with the Worcester Police Department. Please contact the Off-Duty Assignment division at (508) 799-8685. If your event takes place in a public park, the Parks Department must also approve your plan for security

Have you contacted the Worcester Police Department to handle security arrangements for this event?

Yes No

If yes, please list, Police Detail Contact Name:

Business Phone _____

Please describe the approved procedures set forth by the Worcester Police Department for both Crowd Control and Security:

Please describe your plans to notify all residents, businesses and churches impacted by the event:

Location(s)/Staging Area(s) on private property:

Please list all event locations on private property.

PLEASE NOTE: Events located on private property in a manner that varies from its current land use, requires a Special Event Permit.

EVENT OPERATION– ADA COMPLIANCE

This checklist is intended to serve as a planning guide and may not be inclusive of all City, State and Federal access requirements. You may attach more detailed information if necessary.

Yes No

 Will there be a Clear Path of Travel throughout your event venue?
Please Describe _____

 Have you developed a Disabled Parking and/or Transportation Plan (including the use of public transportation or shuttle services for your event)?
Please Describe _____

 Will a minimum of 10% of portable restrooms at your event be accessible?
Please Describe _____

 Will all food, beverages and vending areas be accessible? Please Describe _____

 Will all signage be provided in highly contrasting colors and placed so pedestrian flow will not obstruct its visibility? Please Describe _____

If telephones are provided, will at least one telephone at each phone bank have a volume control and is a hearing aid compatible? Please Describe _____

If an information center is provided at your event will customer services representatives be available to assist disabled individuals? Please Describe _____

IN CASE OF EMERGENCY:

Yes No

Do you have an alert/notification plan in the event of an emergency accessible to all? Please Describe _____

Do you have an evacuation plan accounting for those with service animals, mobility impairments, vision or hearing loss? Please Describe _____

TRANSPORTATION (28 CFR PART 36.4)

Yes No

Do you have an alert/notification plan in the event of an emergency accessible to all? Please Describe _____

Do you have passenger loading zones with access aisles at least 5ft wide and 20ft long, adjacent and parallel to the vehicle pull up space? Please Describe _____

If Valet parking, have you provided a passenger loading zone on an accessible route to the entrance? Please Describe _____

SERVICE ANIMALS

Yes No

Do you have plan to brief your staff or volunteers on Service Animal Etiquette? Please Describe _____

Yes No

Do you have plan for designating a relief area for the Service Animals?

Please Describe _____

MARKETING AND COMMUNITY OUTREACH

How do you plan to publicize this event? *Please list all television, radio, print, and web advertising & sponsorship.*

PLEASE NOTE: *In order for the City to access event information for marketing purposes you must post event information on SocialWeb (www.socialweb.net).*

Written materials in alternative formats should be made available for people with disabilities. Such accessible formats include braille, large print, and closed-captioning.

DIAGRAM COMPONENTS

Please attach a diagram showing the overall layout and set-up locations for the following items listed below

- Food Concession and/or Food Preparation Area(s).
- First Aid Facilities and Ambulance Locations.
- Fencing, Barriers and/or Barricades.
- Admissions Gate(s)
- Generator Locations and/or Source of Electricity.
- Canopies or Tent Locations
 - Number of Canopies or Tents _____
 - Size(s) of Canopies or Tents _____
- Booths, Exhibits, Displays or Enclosures.
- Platforms, Stages, Grandstands or Related Structures.
- Vehicles and/or Trailers.
- Portable Toilets
- Trash Containers and Dumpsters.
- Number of Trash Cans: _____
- Dumpsters w/covers: _____
- Gas Tanks, i.e. helium, propane, etc.
- Generator
- Other Related Event Components not covered above.
 - Please describe: _____

Please return application and all attachments to:

Che Anderson

City of Worcester – Office of the City

(508) 799-1175/ Fax: (508) 799-1208

specialevents@worcesterma.gov

Expressive Events Of A Time Sensitive Nature

An “expressive event of a time-sensitive nature” is a spontaneously-planned event in response to a recent occurrence, including but not limited to rallies, protests or vigils addressing current political, religious or social issues, when the organizers could not have reasonably anticipated their need for such event in advance of the permitting timeline established by the City’s Special Events regulations. The City provides an expedited permitting process to facilitate this type of event.

Date of Application: _____ **Date of Event:** _____

APPLICANT INFORMATION:

Applicant Name: _____

Applicant Address: _____

Telephone Number: _____ Fax: _____

Alternate Telephone (if any): _____

Email: _____

Other Responsible Parties:

Name: _____

Address: _____

Telephone Number: _____ Fax: _____

Alternate Telephone (if any): _____

Email: _____

ORGANIZATION INFORMATION:

Complete this section if there is an organization or entity sponsoring the Event:

Sponsoring Organization Name: _____

Sponsoring Organization Address: _____

Sponsoring Organization Contact Person: _____

Telephone Number: _____ Fax: _____

Alternate Telephone (if any): _____

Email: _____

EVENT INFORMATION:

Type of Event:

Picket Religious Ceremony Rally Assembly/Public

Demonstration

March Petition/Signatures Parade/Procession Flier Distribution

Other (please explain): _____

Parade, Procession, March/Walk:

Requested Location: street sidewalk other: _____

Assembly Location (address): _____

Dispersal Location (address): _____

Route: (please provide a written description of the proposed route, including street names, number of lanes, direction, etc.) _____

Stationary Assembly:

Requested Location: street sidewalk park other: _____

Address/Description: _____

Event Purpose: _____

Date, Time and Expected Duration of Event: _____

Approximate Expected Attendance: _____

Please indicate any equipment owned by the Applicant or Event Sponsor that are expected to be used:

Is this a spontaneous event which has been planned in response to a specific occurrence? _____

Please provide a brief statement explaining why use of this forum is necessary for the Event: _____

Will this activity be free and open to the public? YES NO

Will donations be accepted? YES NO

Will there be sound amplification? YES NO

If yes, please describe: _____

The City of Worcester requires that the Event Organizer provide a certificate of insurance evidencing coverage in the amount of \$1,000,000 per occurrence/\$2,000,000 aggregate and the applicable endorsement prior to the Event; said certificate shall list the City of Worcester as additional insured, and the City Manager, City of Worcester, 455 Main Street, Worcester, MA 01608 shall be listed as Certificate Holder.

If obtaining the required coverage for your event imposes an undue financial burden or is impracticable due to other circumstances, please explain: _____

Applicant and Event Sponsor will be liable for any loss, damage or injury to persons or property resulting from the Event. Applicant and Event Sponsor must obey all existing laws, ordinances and regulations applicable to the Event, including but not limited to those pertaining to trespass, obstructing the right of way, noise, disorderly conduct, and regulations concerning emergency medical services at special events. When your permit is issued, applicant and/or a representative of the sponsoring organization shall carry the permit throughout the event and be prepared to present it at the request of any public officials. Submission of this application confirms receipt and understanding of the applicable event permitting requirements of the City of Worcester. By signing below, Applicant and/or Event Sponsor indicate understanding and agreement with said policies and requirements. Further, Applicant and/or Event Sponsor hereby certify compliance with all existing laws, ordinances and regulations.

Signature

Title/Organization (if applicable)

Print Name

Date

PAYMENT RECORD

(excludes Fire and Police detail)

Total Permit Fee: Amount \$: _____ Check #: _____ Check Date: _____ Deposit #: _____

Insurance Documentation*	Required	Date Received	Staff Initials
Liability Insurance	yes	_____	_____
Alcohol Liability	_____	_____	_____

*The City requires a policy endorsement which indemnifies and holds harmless the City of Worcester. The undersigned applicant shall be listed as a named insured. The City shall be named as an additional insured, and the City Manager, City of Worcester, 455 Main Street, Room 306, Worcester, MA 01608 shall be identified as Certificate Holder. The applicant shall require its insurance company(ies) to notify the Certificate Holder of any reduction or cancellation of the insurance at least thirty (30) days prior to the effective date of such reduction or cancellation. The applicant shall furnish certificates of insurance of the types and amounts required, in a form satisfactory to the city, prior to the issuance of a Special Event permit.

The following signatures are required for approval of your event:

	Signature	Date
Police Department	_____	
Parks Department	_____	
Traffic & Engineering	_____	
License Commission	_____	
Department of Public Works	_____	
Fire Department	_____	
Emergency Services	_____	

City Manager Augustus' Office _____

Official Use ONLY: Please fill out this area	
Name of Event: _____	Date Filed: _____
Date of Event: _____	Date Approved: _____
Event Location: _____	