



TOWN OF ASHFIELD
MASSACHUSETTS 01330

412 Main Street
PO Box 560
Ashfield, MA 01330
Phone: 413-628-4441
Fax: 413-628-4588

APPLICATION FOR SPECIAL EVENT LICENSE
Ashfield Town Common

The Select Board, with this application, seeks to ensure that the applicant has complied with all applicable laws of public safety, health and order; that the Town and its residents are protected from the creation of a nuisance and that there is adequate safety and security for patrons and the affected public.

1. Name of Applicant: _____ Phone: _____

Address: _____

2. Name of Sponsor: _____ Phone: _____

Address: _____ Fed. I.D. # _____

3. Date of Application: _____ Date of Event: _____

4. Name / Description of Event: _____

5. Is this event: For Profit _____ Not for Profit _____

6. Event Begins: _____ Event Ends: _____ Est. Attendance: _____

7. Est. No. of Vehicles: _____ Describe Parking Plan: _____

8. Describe Sanitary Facilities to be Used: _____

9. Describe all tents or pavilions to be Used (size, etc.): _____

10. Will entertainment be provided: Yes: _____ No: _____

If Yes, could noise from entertainment carry to the property of the neighbors? Yes: _____ No: _____

If Yes, describe entertainment including proposed times: _____

11. Will alcohol be served? Yes: _____ (see insurance requirements) No: _____

12. Attach site plan for use of the Town Common.

13. POLICE CHIEF NOTIFICATION (628-4441 ext 1) Date discussed: _____

14. FIRE CHIEF NOTIFICATION (628-4441 ext 2) Date discussed: _____

NOTE: Please be advised that if the event could pose a safety problem, the decision will be made by the head of the proper department. Also, the final decision on the need and amount of police and fire coverage will be made by the Police Chief, Fire Chief and the Select Board.

FEES FOR POLICE/FIRE & AMBULANCE SERVICES: All fees for police, fire or ambulance services will be the responsibility of the applicant and sponsoring organization. Police and/or fire services supplied by the town will be billed by the town at the current rate established by each department. In addition to the charge for services, a 10% administrative fee will be added to the bill to cover office expenses.

POLICE OFFICER: (Four hour minimum; See Chief to determine rate) \$ _____

FIRE DEPARTMENT: \$20.00 per hour \$ _____

STATEMENT OF ACCEPTANCE:

I agree to abide by the Policies relating to use of the Town Common as written and agree to pay any stipulated fees.

By signing and dating this application, I am stating that I have complied with all local, state and federal regulations and laws, that the information supplied accurately describes the proposed event and that I will pay the current fees. I agree to reimburse the Town of Ashfield for any expenses incurred by the Town as a direct result of my use of the Common.

HOLD HARMLESS/INDEMNIFICATION AGREEMENT:

I shall, to the maximum extent permitted by law, indemnify and save harmless the Town of Ashfield, its officers, agents, volunteers, and employees from and against any and all damages, liabilities, actions, suits, proceedings, claims, demands, losses, costs and expenses (including reasonable attorney's fees) that may arise out of or in connection with the lease or use of the Ashfield Town Common for any damage to its real or personal property that occurs in conjunction with the lease or use of the Town Common on Main Street by myself, or any agent of mine, unless the damage is caused by the Town of Ashfield's gross negligence or willful misconduct.

Signature of Applicant

Date

INSURANCE REQUIREMENTS:

It is the intent of the Town of Ashfield to protect itself from liability arising from the use of the Town Common by organizations or individuals utilizing the Town Common for private or public events. To this end the applicant must do the following:

1. Sign below in acknowledgement of having read the Hold Harmless Agreement included in the application above and in agreement the applicant understands that they are contractually accepting to assume all legal liability for themselves and other entities as they may allow to use the premises under their application.

Applicant's Signature

Or upon request of the Select Board:

2. Provide a CERTIFICATE OF INSURANCE COVERAGE which serves as proof that the applicant carries adequate insurance and that names the Town of Ashfield as an Additional Insured. (This is mandatory for approval to serve alcoholic beverages.)

Or upon request of the Select Board

3. Request SPECIAL EVENTS COVERAGE through the Town of Ashfield's insurance provider.

FEE TO BE CHARGED (If any) per policy: _____

Approval Granted/Denied

Date

Select Board Signature