



Town of Wareham Board of Selectmen

54 Marion Road
Wareham, MA 02571
selectmen@wareham.ma.us
Phone: 508-291-3100, Ext. 3101 or 3102

INSTRUCTIONS FOR SPECIAL EVENT PERMITTING

Special Event Applications and department approvals must be submitted to the Selectmen's Office no later than 90 days in advance of the event and 30 days in advance of the review board.

Corporations or organizations must also submit a letter from the chief official, on letterhead, granting permission to the individual who is applying for the permit on its behalf.

The sponsoring individual/ organization is responsible for ensuring that vendors, amusement device operators and other participants have obtained the necessary permits and required inspections and insurance. Vendors and amusement device operators must be identified in the application, and there shall be a fee of \$25.00 for each such party.

Components of the event not receiving approval, and/or not in possession of the necessary permits, and/or the required inspections are in violation, that component of the event will be shut down. Additionally, violations could adversely affect approval of future events.

The town reserves the right to require fees paid in full at the time of the application.

The applicant/person(s) in charge of approved events must adhere to the conditions of the permit and bear any costs imposed by the Town of Wareham.

Contact the Selectmen's Office at **508.291.3100 x 3101 or 3102**

SPECIAL EVENT APPLICATION – USE OF TOWN PROPERTY

APPLICATION FOR PERMIT

Fee: \$50.00 (payable with application) Event Name: _____

Event Location: _____

Describe event in detail: _____

Event Date: ____/____/____ Event Begins: ____ AM/PM Event Ends: ____ AM/PM

Rain Date: ____/____/____ Sponsoring Group: _____

For Profit/Non Profit (circle one) _____
(Full Name of Person, Firm or Corporation to appear on Permit)

Legal Address: _____ Town: _____ State: _____ Zip: _____

Applicant's Social Security # or Federal I.D. #: _____

Contact Person: _____ Local Address: _____

Daytime Phone: _____ Evening Phone: _____

Person(s) responsible at the event: _____

Email address: _____

Local Address: _____

Daytime Phone: _____ Evening Phone: _____

Cell Ph. #: _____ On Site Event Coordinator Cell Ph #: _____

Road (s) closed? Yes/No Tents? Yes/No Structure to be erected? Yes/No Sidewalk blocked? Yes/No

Food service? Yes/No (provide details) _____ # Staff: _____ Expected # participants: _____

Entertainment? (provide details): _____

Parking arrangements: _____

Clean-up plans: _____

Have you held this event in Wareham previously? Yes/No If yes, when? _____ Where? _____

Events in a fixed location: include a map or diagram showing the layout (i.e. food areas, sanitary facilities, tents, structures, parking, etc.).

Road/walk/bicycle races or parades: attach a map of the route.

SUBMIT COMPLETED APPLICATIONS TO THE SELECTMEN'S OFFICE
30 DAYS IN ADVANCE



TOWN OF WAREHAM
54 MARION ROAD • WAREHAM • MA 02571

(FOR A BUSINESS)

STANDARD HOLD HARMLESS AND INDEMNITY CLAUSE FOR USE IN LEASES, USE AGREEMENTS, ETC.

_____, its officers and members all,

(Legal Name of Business Entity)

through the signing of this document, indemnify, hold harmless and defend the Town of Wareham and its agents and employees from all suits and actions, including attorney's fees and all costs of litigations and judgment of every name and description brought against the Town as a result of loss, damage or injury to person or property by reason of any act by _____, its agents, servants or employees.

(Legal Name of Business Entity)

Authorized Signature

Name and Title (Print or Type)

Date

~OR~

(FOR AN INDIVIDUAL)

STANDARD HOLD HARMLESS AND INDEMNITY CLAUSE FOR USE IN LEASES, USE AGREEMENTS, ETC.

I, _____, through the signing of this document, indemnify, hold harmless and defend the Town of Wareham and its agents and employees from all suits and actions, including attorney's fees and all costs of litigations and judgment of every name and description brought against the Town as a result of loss, damage or injury to person or property by reason of any act by

Print Name

Signature



Massachusetts Department of Revenue

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

*Signature of Individual or Print Corporation Name (Mandatory)

*Signature of Corporate Officer (Mandatory, if Applicable)

**Social Security # (Voluntary) or Federal Identification Number

* A permit cannot be issued until the applicant signs this certification clause.

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing to tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law c. 62C s. 49A.

SPECIAL EVENTS APPLICATION

ADDITIONAL REQUIREMENTS:

Tents

1. A tent over 120 square feet requires a permit from the Building Department.
2. A tent under 120 square feet comes under the jurisdiction of the Fire Department
3. All tents shall have written certification or a permanent seal of the NFPA 701 testing criteria.
4. A sun canopy is not considered a tent but cooking regulations apply.

Cooking

1. All cooking vendors shall maintain a 5-lb ABC fire extinguisher
2. All fire extinguishers shall contain a valid inspection tag by a licensed MA fire extinguisher technician.
3. Vendors shall maintain an adequate clearance of 18 inches to all combustible material around cooking appliances.
4. All LP gas cylinders shall be adequately secured.

Class C Explosives

1. Class C explosives such as "Pop Rocks" or any other type of detonating novelty is prohibited by state statute.



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SPECIAL EVENTS APPROVAL FORM HARBORMASTER

NAME OF EVENT:

DATE OF EVENT:

RAIN DATE:

The Harbormaster will review the application and determine the need for department personnel, equipment and of water safety requirements.

_____ # of Personnel: _____ # of hours of detail: X Rate: _____ = \$ _____

EQUIPMENT:

Recommendations and/or Requirements:

Approving event: YES / NO

GARRY BUCKMINSTER
DIRECTOR OF NATURAL RESOURCES

DATE: DD/MM/YYYY



TOWN OF WAREHAM

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SPECIAL EVENTS APPROVAL FORM BOARD OF HEALTH

NAME OF EVENT:

DATE OF EVENT:

RAIN DATE:

The Board of Health Official will review the application regarding food service permits and determine what if any requirements for sanitary facilities. Department Officials may require inspections to ensure the event meets local and state health code requirements.

Licenses / Permits required? YES / NO

Portable Toilets Required? YES / NO

Required Inspections? YES / NO

Recommendations and/or Requirements:

Event Approved: YES / NO

Health Agent

DATE: DD/MM/YYYY



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SPECIAL EVENTS APPROVAL FORM EMERGENCY MEDICAL SERVICES

NAME OF EVENT:

DATE OF EVENT:

RAIN DATE:

The EMS Director will review the applications and determine the need for Emergency Medical Personnel and note the road closings.

EMS Personnel needed? YES / NO

Ambulance Required? YES / NO

Number needed: _____

Recommendations and/or Requirements:

Approving event: YES / NO

David Evans, Director of EMS

DATE: DD/MM/YYYY



TOWN OF WAREHAM

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SPECIAL EVENTS APPROVAL FORM INSPECTIONS

NAME OF EVENT:

DATE OF EVENT:

RAIN DATE:

The Inspections Department Official will review the application for any tents or structures to be placed on the site and determine requirements to comply with building codes and any required inspections.

Recommendations and/or Requirements:

Event Approved: YES / NO

Signature:

DATE: DD/MM/YYYY

Printed Name and Title



TOWN OF WAREHAM

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SPECIAL EVENTS APPROVAL FORM ONSET FIRE DEPARTMENT

NAME OF EVENT:

DATES OF EVENT:

RAIN DATE:

FEES IMPOSED ARE PAID DIRECTLY TO THE FIRE DEPARTMENT

Fire Department Officials will review the application, determine the need for fire personnel or fire apparatus and note the road closings.

Fire Personnel needed: YES / NO # of Personnel: _____

Fire Apparatus needed: YES / NO # and Type: _____

Recommendations and/or Requirements:

Event Approved: YES / NO

Signature:

DATE: DD/MM/YYYY

Printed Name and Title



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SPECIAL EVENTS APPROVAL FORM WAREHAM FIRE DEPARTMENT

NAME OF EVENT:

DATE OF EVENT:

RAIN DATE:

FEES IMPOSED ARE PAID DIRECTLY TO THE FIRE DEPARTMENT

Fire Department Officials will review the application, determine the need for fire personnel or fire apparatus and note the road closings.

Fire Personnel needed: YES / NO # of Personnel: _____

Fire Apparatus needed: YES / NO # and Type: _____

Recommendations and/or Requirements:

Event Approved: YES / NO

Signature:

DATE: DD/MM/YYYY

Printed Name and Title



TOWN OF WAREHAM

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SPECIAL EVENTS APPROVAL FORM MUNICIPAL MAINTENANCE

NAME OF EVENT:

DATES OF EVENT:

RAIN DATE:

DEPARTMENT PERSONNEL AND / OR EQUIPMENT:

_____ # of Personnel _____ # of hours for detail: X Rate: _____ = \$ _____

EQUIPMENT: _____

A retainer fee of \$ _____ made payable to the TOWN OF WAREHAM
(RETURNABLE UPON FINAL INSPECTION AFTER THE EVENT)

Recommendations and/or Requirements:

Event Approved: YES / NO

Support Not Required: _____

Printed Name and Title

DATE: DD/MM/YYYY



TOWN OF WAREHAM

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SPECIAL EVENTS APPROVAL FORM POLICE DEPARTMENT

NAME OF EVENT:

DATES OF EVENT:

RAIN DATE:

FEES IMPOSED ARE PAID DIRECTLY TO THE WAREHAM POLICE DEPARTMENT

DETAIL: YES / NO

OF OFFICERS: _____

SITE SURVEY: YES / NO

DATE OF SURVEY: _____

Recommendations and/or Requirements:

_____ # of Officers: _____ # of hours for detail: X Rate: _____ = \$ _____

Event Approved: YES / NO

Signature:

DATE: DD/MM/YYYY

Printed Name and Title