



# Special Event Permit Application

Please fill out all information.

## QUICK TIPS

- Applicants must request permits at least 30 days before the requested event date unless the event qualifies as an expressive event of a time sensitive nature.
- The Town requires that the applicant submit proof of occurrence-basis liability insurance with minimum coverage limits.
- For any event requiring a police detail, the Town requires a deposit of 50% of the total cost of the detail.
- After staff review of application, applicants must provide all permit fees to obtain approval of application.
- Events require signed Town Manager approval before they may occur.

## SPONSORING ORGANIZATION

Select type of organization:

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

\*Attach 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 Town officials at all times)

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.

Attach a letter or contract that authorizes this person to work on behalf of the applicant organization. (REQUIRED)

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, and it may trigger a requirement to develop and Emergency Management Plan with North Attleboro Fire Department.

Type of Event: (Check 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 | <input type="checkbox"/> Fair                                  | <input type="checkbox"/> Parade / Procession | <input type="checkbox"/> Arts Exhibit |
| <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 _____                           |  |                                       |

Set-up/Assembly/Construction:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Time: \_\_\_\_AM/PM

**Breakdown**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Time: \_\_\_\_AM/PM

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

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**EVENT PLAN - TEMPORARY STRUCTURE**

*PLEASE NOTE: Tent structure over 10' x 10' require a permit from the North Attleboro Building Department.*

**Will your event have any of the following?**

- Temporary fencing
- Tents larger than 10'x10'
- Staging
- Signs, banners, or decorations
- Special lighting

**EVENT PLAN - VENDORS AND CONCESSIONS**

**Will you charge admission fees / donations to enter your event?**

- Yes (if yes, cost of admission): \_\_\_\_\_
- No

**What type of barrier will you use to cordon vendor / concession area?:**

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**Will you have vendors at your event?**  Yes (if yes, number of vendors): \_\_\_\_  No

Types of vendors at event:  Food  Beverage  Goods  Services

Will you sell, serve, or give away food at your event?  Yes, if yes, describe:  No

Will you sell services or items at your event?  Yes (if yes, describe below):  No

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*PLEASE NOTE: The sale of manufactured/mass-produced goods will require a Hawkers and Peddlers Permit approved by the Town and the Commonwealth of Massachusetts.*

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

Location(s): \_\_\_\_\_

*PLEASE NOTE: The sale or use of alcoholic beverages requires applicant appear before the North Attleboro Licensing Board. The sale and consumption of alcohol on public property is prohibited by Town bylaw.*

**Have you sought a "Special License" to sell or pour alcohol pursuant to M.G.L. Ch 138, Section 14 ?**

- Yes (if yes, attach your permit to this application)
- No

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

- Yes (if yes, attach the letter to this application)
- No

**Do you have a copy of the Server Training Certificate for each alcohol server?**

- Yes (if yes, attached the copy(ies) to this application)
- No

**Describe your security plan for the safe sale and distribution of alcohol:**

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**Will the event include open flames, cooking/propane, pyrotechnics/fireworks/flame effects, fire performers or ceremonial cannon or rifle fire? (If you plan to use multiple 42 lb. propane tanks, please submit a Multiple Propane Tank Usage Permit)**

Yes (if yes, please describe)     No

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**EVENT PLAN - ENTERTAINMENT AND ACTIVITIES**

Is there any entertainment planned for your event?     Yes             No

What type of entertainment will your event feature?

Dance         DJ             Jugglers             Live Band  
 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

Describe the sound equipment that will be used for your event:

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Name of Sound/Production Company (if applicable): \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell phone for day of event: \_\_\_\_\_

Will you include body art and/or temporary tattoo artists at your event?  
 Yes             No

Will you include any petting zoos, exhibition of animals or hayrides?  
 Yes (If yes, submit an Animal or Bird Exhibition Permit with the Town)             No

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 simulation thereof, or 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:**

*PLEASE NOTE: Electrical services require an electrical permit from the Town of North Attleboro Building Department.*

Will your event require electrical services or generators?     Yes             No  
If yes, please provide name of vendor: \_\_\_\_\_

Do you intend to use Town provided electrical power?  
 Yes (if yes, please describe)     No

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**EVENT OPERATION - SANITATION AND WASTE MANAGEMENT**

**Portable toilet facilities:**  
Delivery Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM/PM  
Pick-up Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Number of portable toilets: \_\_\_\_\_ Number of ADA accessible toilets: \_\_\_\_\_  
Name of portable toilet vendor: \_\_\_\_\_

If you plan to use permanent toilet facilities, list the location(s):

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**Describe your plan for cleanup and removal of waste during and after the event:**  
Clean-up date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM/PM

*PLEASE NOTE: You must properly dispose of waste throughout your event, and you must return the event area to a clean condition upon conclusion upon completion. The Town does not routinely provide cleaning or street sweeping services.*

**EVENT OPERATION- SAFETY AND SECURITY**

**Medical Services:**

Applicants must coordinate all Medical and Fire details with the North Attleboro Fire Department Fire Chief or his designee. The number of members required for the detail will rely on the size and scope of the event.

**Have you contacted North Attleboro Fire Department to coordinate the medical plan for this event?**

Yes (if yes, provide the name of your assigned point of contact) \_\_\_\_\_  No

**Describe the detail procedures approved by North Attleboro Fire Department for Medical or Fire Services:**

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To coordinate the use of North Attleborough Fire Department Personnel, consult the following URL: [Detail Request Form \(nattleboro.com\)](http://Detail Request Form (nattleboro.com))

**Security:**

Applicants must coordinate all security plans with the North Attleborough Police Department (NAPD). For security planning and to coordinate police details, contact Sgt James Malcolmson, 508.695.1212, jmalcolmson@nattleboro.com

**Have you contacted NAPD to coordinate the security plan for this event?**

Yes (if yes, provide the name of your assigned point of contact) \_\_\_\_\_  No

**Describe the security procedures approved by NAPD for security and crowd control:**

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**EVENT OPERATION- STREET CLOSINGS AND PARKING**

**Street Closings**

**Will your event use, close or block any of the following?**

Town Street       Town Sidewalk       Town Parking Lot

List any streets, sidewalks, or parking lots requiring closure during your event.

Street name	Day of Week	Date	Time of closing	Time of Re-opening

**PLEASE NOTE:** The Chief of Police is the licensing authority for parades, parking regulations, road regulations/road closures and temporary traffic regulations.

**Parking Plan/ Shuttle Plan/ Mitigation of Impact:**

**Provide a detailed description of your parking and shuttle plans:**

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**Describe your plan for Handicapped Parking:**

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**Describe your plan to notify residents and businesses affected by the event:**

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

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

**List all event locations on private property.**

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**EVENT OPERATION- ADA COMPLIANCE**

*This checklist serves as a planning guide and may not be inclusive of all Town, State and Federal access requirements. Attach more detailed information if necessary.*

Have you planned clear paths of travel throughout your event?  Yes (if yes, describe)  No  
 Yes (if yes, describe)  No

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Do you have a disabled parking and/or transportation plan (including the use of public transportation or shuttle services for your event)?  Yes (if yes, describe)  No

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Have you planned a minimum of 10% of portable restrooms at your event be accessible?  Yes  No

Will all food, beverage and vending areas be accessible?  Yes  No

Will signage appear in highly contrasting colors and placed so pedestrian flow will not obstruct its visibility?  Yes  No

When advertising your event, have you considered alternative formats including braille, large print, and closed captioning?  Yes  No

If you have an information center at your event, will customer services representatives be available to assist disabled individuals?  Yes (if yes, describe)  No

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**IN CASE OF EMERGENCY:**

Do you have an alert/notification plan in the event of an emergency accessible to all?  Yes (if yes, describe)  No

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Do you have an evacuation plan accounting for those with service animals, mobility impairments, vision or hearing loss? Describe.  Yes  No

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**TRANSPORTATION:**

Do you have passenger loading zones with access aisles at least 5' wide and 20' long, adjacent, and parallel to the vehicle pull up space?  Yes  No

If you offer valet parking, did you plan a passenger loading zone on an accessible route to the entrance?  Yes  No

**SERVICE ANIMALS**

Do you have plan to brief your staff or volunteers on service animal etiquette?  Yes (if yes, describe)  No

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Do you have plan for designating a relief area for the service animals?  Yes (if yes, describe)  No

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**MARKETING AND COMMUNITY OUTREACH**

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

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**PLEASE NOTE:** If you would like to advertise your event on the Town website and social media platforms, submit your request to: [support@nattleboro.zendesk.com](mailto:support@nattleboro.zendesk.com)

**DIAGRAM COMPONENTS**

**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 (include number and size of canopies and/or tents).
- Booths, Exhibits, Displays or Enclosures.
- Platforms, Stages, Grandstands or Related Structures.
- Vehicles and/or Trailers.
- Portable Toilets
- Trash Containers and Dumpsters. (include number of trash cans and dumpsters)
- Gas Tanks, i.e. helium, propane, etc.
- Other Related Event Components not covered above.

**INSURANCE REQUIREMENTS**

The applicant using public property shall carry Comprehensive Public Liability and Property Damage Liability Insurance with limits hereinafter set forth to cover the applicant and its contractors and subcontractors against claims due to accidents which may occur or result from operations under this Agreement. Such insurance shall cover the use of all equipment related to the provision of the event. The Comprehensive Public Liability and Property Damage Liability Insurance shall insure against all claims and demands for personal injury and property damage, with limits of One Million Dollars (\$1,000,000) for property damage, One Million Dollars (\$1,000,000) for injury or death to one (1) person, and Two Million Dollars (\$2,000,000) for injury or death of more than one (1 ) person in a single accident. The Town shall be named as an "additional insured" in all policies for such insurance and the applicant shall furnish a certificate of insurance to the Town prior to the approval of the event. The applicant may be required to carry or require that there be carried Workers' Compensation Insurance for all employees and those of its contractors and/or subcontractors engaged in work at the event, in accordance with the State Workers' Compensation Laws and/or Auto Liability insurance.

The applicant shall carry the following lines of insurance:

- General Liability insurance in the amount of \$1,000,000 Each Occurrence and \$3,000,000 General Aggregate. The Town and affiliates shall be afforded Additional Insured status on a primary and non-contributory basis. A Waiver of Subrogation shall be afforded in favor of the Town and its affiliates.
- Umbrella Liability insurance with at least a \$1,000,000 Each Occurrence and \$1,000,000 Aggregate limit. Additional Insured status and Waivers of Subrogation shall be provided in a way that follows the form of the underlying primary policies.
- Auto Liability insurance with a Combined Single Limit of \$1,000,000, including all owned, non- owned and hired vehicles. The Town and affiliates shall be afforded Additional Insured status on a primary and non-contributory basis, and a Waiver of Subrogation shall be afforded in favor of the Town and affiliates. (If required)
- Workers' Compensation coverage at statutory limits. A Waiver of Subrogation shall be included in favor of the Town and affiliates. (If required)

Applicant shall furnish a certificate of insurance to the Town prior to approval of the event.

\_\_\_\_\_  
Signature Title/Organization (if applicable)

\_\_\_\_\_  
Print Name Date

**Return application and all attachments to:**  
Town of North Attleborough  
Office of the Town Manager (Attn: G. Heidke)  
43 South Washington Street  
North Attleborough, MA 02760  
(508) 699-0100/ Fax: (508) 643-1268  
gheidke@nattleboro.com





## 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 Town. The Town 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     March

Assembly/Public Demonstration     Petition     Parade/Procession

Other (*explain*): \_\_\_\_\_

Parade / Procession / March

Assembly Location: \_\_\_\_\_

Dispersal Location: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Stationary Assembly:

Requested Location:     Street     Sidewalk     Park

Other: (*describe*) \_\_\_\_\_

Address / Description: \_\_\_\_\_

Date, time and expected duration of event: \_\_\_\_\_

Approximate expected attendance: \_\_\_\_\_

Is this a spontaneous event which has been planned in response to a specific occurrence? (*explain*)

\_\_\_\_\_

Provide a brief statement explaining why use of this forum is necessary for the event:

\_\_\_\_\_  
\_\_\_\_\_

Yes     No    Will this activity be free and open to the public?

Yes     No    Will you accept donations from attendees?

Yes     No    Will you use sound amplification? (*If yes, describe*) \_\_\_\_\_

\_\_\_\_\_

The Town of North Attleborough 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 Town of North Attleborough as additional insured, and the Town Manager, Town of North Attleborough, 43 South Washington Street, North Attleborough, MA 02760 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 Town of North Attleborough. 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

**Return application and all attachments to:**  
Town of North Attleborough  
Office of the Town Manager (Attn: G. Heidke)  
43 South Washington Street  
North Attleborough, MA 02760  
(508) 699-0100/ Fax: (508) 643-1268  
gheidke@nattleboro.com

**PAYMENT RECORD**

(excludes Fire and Police detail)

Total permit fee: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Check Date: \_\_\_\_\_ Deposit #: \_\_\_\_\_

<b>Insurance Documentation*</b>	<b>Required</b>	<b>Date received</b>	<b>Staff initials</b>
<b>Liability insurance</b>	X	_____	_____
<b>Automobile insurance</b>	_____	_____	_____
<b>Alcohol liability</b>	_____	_____	_____

\*The Town requires a policy endorsement which indemnifies and holds harmless the Town of North Attleborough. The undersigned applicant shall be listed as a named insured. The Town shall be named as an additional insured, and the Town Manager, Town of North Attleborough, 43 South Washington Street, North Attleborough, MA 02760 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.

**APPROVALS**

You require the following signatures for approval of your event:

	<b>Signature</b>	<b>Date</b>
Building Inspector	_____	_____
Department of Public Works	_____	_____
Fire Department	_____	_____
Health Department	_____	_____
Park and Recreation	_____	_____
Police Department	_____	_____
License Commission	_____	_____

**FINAL APPROVAL**

	<b>Signature</b>	<b>Date</b>
Town Manager	_____	_____

Schedule of Fees

The Special Events Working Group, in conjunction with Town Departments, will review the schedule of fees annually.

The Town Manager has the final decision in waiving or reducing permitting fees.

Animals or Bird Exhibition Permit: (Per event)	\$50
Catering Permit: (annual January 1 - December 31)	\$150
Flea Market Permit (single day)	\$100
Hawkers and Peddlers Permit: (annual)	\$50
Live Entertainment / DJ License	\$50
Mobile Food Permit (annual May 1 - April 30):	\$150
Multiple Propane Tank (or 42 lbs) Usage Permit: (Annual)	\$40
Outdoor Event Permit (single day):	\$50
Outdoor Event Permit (two-to-seven-day event):	\$75
Outdoor Event Permit (one day weekly for up to three months):	\$100
Special One Day Liquor License	\$15
Temporary Food Permit (one day event):	\$25
Temporary Food Permit (two-to-seven-day event):	\$50
Temporary Food Permit (one day weekly for up to three months):	\$100
Road Closure Permit:	\$200