



Town of Cheverly

Received: ____/____/____

Special Event Permit Application

Please be sure to complete ALL FIELDS. If not applicable to your event, write N/A

Event Title:	Date(s):	Start Time:
Location of Event: <input type="checkbox"/> Town Park Pavilion <input type="checkbox"/> Gymnasium <input type="checkbox"/> Tucker Pavilion <input type="checkbox"/> Conference Room <input type="checkbox"/> Boyd Park Pavilion <input type="checkbox"/> Other: _____ <input type="checkbox"/> Town Fields _____	Rain Date:	End Time:
	End Date: <i>if recurring event</i>	# of Attendees:
Does this event include physical activity or other liabilities? If yes, please attach insurance if not on file. <input type="checkbox"/> Yes (please specify): _____ <input type="checkbox"/> No		
Description of Event <i>Please include details.</i>		
Special Requests:	OFFICE USE	
<input type="checkbox"/> Exemption from Noise Restrictions: _____	TA Approval <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Signage/Advertisements: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Barricades (\$10 Fee) Self-Placement Location: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Concessions/Sales: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Town Equipment Usage (List All): _____	<input type="checkbox"/> Y <input type="checkbox"/> N	
PRE-APPROVAL REQUIRED FOR THIS SECTION: <i>Additional Fees may apply for Town Assistance</i>		
<input type="checkbox"/> Placement of Tables and Chairs	<input type="checkbox"/> Diagram Attached (Notes): _____	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Placement of Tarps	<input type="checkbox"/> Key Fob (List Hours): _____	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Staff Presence (Please specify): _____		<input type="checkbox"/> Y <input type="checkbox"/> N
Other (Please specify): _____		<input type="checkbox"/> Y <input type="checkbox"/> N

Primary Applicant Name:	Primary Applicant ID
Email Address:	
Phone Number:	
Cheverly Address:	
Secondary Applicant Name:	Additional Notes:
Phone Number:	
Email Address:	

Please initial below to signify understanding:

_____ I understand that I must be a Cheverly Resident and present for the entirety of my event.

_____ I understand that for events with more than 75 attendees, the application must be submitted 90 days prior and insurance requirements may apply. A Certificate of Insurance must be submitted which is active the date(s) of your event and the Town must be listed as additionally insured with the "Town of Cheverly" as the certificate holder.

_____ I understand that if barricades are requested, I am responsible for placement. They will be delivered to the residence provided and picked up the following business day after my event. I understand that I must give neighbors notice of road closures at least 14 days prior to the event.

_____ I understand that unauthorized operation of concessions (sales of merchandise, food, or alcohol) is PROHIBITED. Any applicant that requests authorization must obtain a temporary business license as outlined in Chapter 9-5 of the town code. Proof of compliance with all State and County regulations must be submitted with this request.

_____ I understand that violation of any Town Code, Park Rules and Regulations, or breach of law will result in termination of my permit and forfeit of all fees and security deposits.

Please read the acknowledgement and sign below to signify understanding:

The undersigned applicant acknowledges that s/he has read the Town of Cheverly terms and conditions related to special event applications. The applicant also agrees that applicant and event participants will conform to applicable state laws, town ordinances, by-laws, and regulations as well as any special requirements that may be made a condition of granting a special event permit pursuant to this application. I/We agree to hold the Town of Cheverly harmless from any and all liability and will defend the Town of Cheverly in connection therewith.

Applicant Signature

Date

OFFICE USE ONLY

Town Administrator Signature

Date