



BOSTON PARKS AND RECREATION DEPARTMENT
Special Event Permit Application

1010 Massachusetts Avenue, Boston, MA 02118 Telephone: (617) 635-4505 Fax: (617) 635-3227

Thomas M. Menino, Mayor Antonia M. Pollak, Commissioner

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

Please complete all data as required.

NAME OF ORGANIZATION: _____

APPLICANT NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

DAYTIME PHONE: (____) _____ EVE. PHONE: (____) _____ FAX#: (____) _____

E-MAIL: _____ Web Page: _____

MANAGER ON SITE DAY OF EVENT: _____ PAGER/CELLULAR: (____) _____

*Any change in the above information, please notify the Parks Department immediately.

SPECIAL EVENT INFORMATION

Complete all data as required for event of any size.

Type of Event:

___ --RUN/WALK ___ RALLY ___ PARADE ___ WEDDING CEREMONY/PHOTOS
 ___ FAIR ___ CONCERT ___ PICNIC ___ OTHER (specify): _____

EVENT TITLE: _____

EVENT DATE(S): _____ ESTIMATED ATTENDANCE _____

REQUESTED PARK: _____

AREA OF PARK (Describe Physical Boundaries): _____

ACTUAL HOURS OF EVENT: _____ AM/PM - _____ AM/PM

SET UP TIMES: _____ AM/PM - _____ AM/PM TAKE DOWN TIMES: _____ AM/PM - _____ AM/PM

DESCRIPTION OF EVENT SET UP: _____

Please attach additional sheets as necessary, including plans, drawings, maps, etc.

PLEASE INDICATE WHETHER THE FOLLOWING ITEMS PERTAIN TO YOUR EVENT.

YES	NO	
___	___	FOOD CONCESSION AND/OR FOOD PREPARATION AREA (S) (IF YOU INTEND TO COOK FOOD IN THE EVENT AREA) PLEASE SPECIFY METHOD: ___ GAS ___ ELECTRIC ___ CHARCOAL ___ OTHER: _____
___	___	FIRST AID FACILITY (IES) AND AMBULANCE (S)
___	___	WILL YOU SET UP TABLE (S) AND/OR CHAIR (S) HOW MANY?: _____
___	___	FENCING, BARRIER (S) AND/OR BARRICADE (S)
___	___	DOES YOUR EVENT REQUIRE ELECTRICITY? SOURCE: _____

(continued)

PLEASE INDICATE WHETHER THE FOLLOWING ITEMS PERTAIN TO YOUR EVENT. (continued)

YES	NO	
___	___	BOOTH (S), EXHIBIT (S), DISPLAY (S) AND/OR ENCLOSURE (S)
___	___	CANOPY (IES) AND/OR TENT (S). Please include dimensions: _____
___	___	SCAFFOLDING, BLEACHER (S), PLATFORM (S), GRANDSTAND (S) OR RELATED STRUCTURE (S)
___	___	VEHICLE (S) AND/OR TRAILER (S). HOW MANY? _____
___	___	TRASH CONTAINER (S) AND/OR DUMPSTER (S)
___	___	PORTABLE TOILET (S) If yes, please indicate company providing units: _____
___	___	STAGE (S) Please include dimension _____
___	___	ENTERTAINMENT Please describe: _____
___	___	INFLATIBLE DEVICE (S), AMUSEMENT (S)
___	___	BANNER (S)
___	___	WILL THE EVENT BE ADVERTISED? HOW? _____
___	___	Please note that you cannot advertise your event prior to approval.
___	___	SPONSORSHIP/VENDING OR PROMOTIONAL ACTIVITY? Please describe: _____
___	___	_____
___	___	AMPLIFIED SOUND If yes, please indicate START TIME: _____ and END TIME: _____
		City of Boston Ordinance requires that noise levels not exceed 70 decibels between 7:00 am and 11:00 pm in a residential or commercial zone. Note: the Boston Common Management Plan requests that there be no amplified sound on Boston Common before 10:00 am except for purposes of sound check.

VOLUNTARY USE DONATIONS

Donations are accepted for the use of Boston Parks and Recreation Department property. Contributions support a broad array of recreational activities for residents and visitors of all backgrounds and help to maintain 2,200 acres of parkland. Donations to the "Fund for Parks and Recreation" are tax-deductible.

Would you like to make a Voluntary Property Use Donation to the Fund for Parks and Recreation? Yes No
 Checks may be made payable to the "Fund for Parks and Recreation" and may be submitted with your application.

OTHER PERMITS

PLEASE NOTE THAT ALL COMPONENTS OF THE EVENT ARE SUBJECT TO PARKS DEPARTMENT APPROVAL AND MAY REQUIRE APPROVAL BY AND/OR PERMITS FROM OTHER CITY AGENCIES. PARKS DEPARTMENT APPROVAL DOES NOT CONSTITUTE PERMISSION FROM OTHER AGENCIES. EVENTS THAT IMPACT OTHER CITY AGENCIES WILL BE REFERRED TO CITY-WIDE PERMIT COMMITTEE. IT IS THE RESPONSIBILITY OF THE APPLICANT TO SECURE ALL NECESSARY CITY OF BOSTON PERMITS.

INSURANCE REQUIREMENTS

EVIDENCE OF INSURANCE WILL BE REQUIRED BEFORE FINAL PERMIT APPROVAL. PLEASE PROVIDE A CERTIFICATE OF INSURANCE WHICH SHOWS A MINIMUM OF \$1 MILLION IN COMMERCIAL GENERAL LIABILITY INSURANCE AND A POLICY ENDORSEMENT WHICH INDEMNIFIES AND HOLDS HARMLESS THE CITY OF BOSTON, BOSTON PARKS AND RECREATION DEPARTMENT AND THE BOSTON PARKS AND RECREATION COMMISSION. SOME EVENTS MAY REQUIRE A HIGHER LIMIT OF INSURANCE. ADDITIONALLY, PERMITTEE MUST LIST THE AFOREMENTIONED PARTIES AS ADDITIONAL INSURED ON THEIR CERTIFICATE OF INSURANCE. EACH EVENT IS EVALUATED ON ITS RISK EXPOSURE. THE CITY OF BOSTON IS NOT RESPONSIBLE FOR ANY ACCIDENTS OR DAMAGES TO PERSONS OR PROPERTY RESULTING FROM THE ISSUANCE OF THIS PERMIT.

AFFIDAVIT OF APPLICANT

EVERYTHING THAT I HAVE STATED ON THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE POLICIES AND RULES AND REGULATIONS LISTED ON THIS FORM AS THEY PERTAIN TO THE REQUESTED USAGE. BY SIGNING THIS APPLICATION, THE APPLICANT AGREES TO FOLLOW ALL RULES AND REGULATIONS. THE PERMIT, IF GRANTED, IS NOT TRANSFERABLE AND IS REVOCABLE AT ANY TIME AT THE ABSOLUTE DISCRETION OF THE PARKS DEPARTMENT AND/OR PARKS AND RECREATION COMMISSION. ALL PROGRAMS AND FACILITIES OF THE BOSTON PARKS AND RECREATION DEPARTMENT ARE OPEN TO ALL CITIZENS REGARDLESS OF RACE, SEX, AGE, COLOR, RELIGION, NATIONAL ORIGIN OR HANDICAP.

NAME OF APPLICANT: _____
 (print)

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

___ APPROVED	NOTES: _____
___ DENIED	SIGNED: _____ DATE: _____