

CLAREMONT PARKS & RECREATION DEPT.
Special Event Permit Application

152 South Street, Claremont, NH 03743

Telephone: (603)542-7019

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

Please complete all data as required.

NAME OF ORGANIZATION: _____

APPLICANT NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

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

E-MAIL: _____

MANAGER ON SITE DAY OF EVENT: _____ CELL: (____) _____

HOME PHONE: (____) _____

*Any change to the above information, please notify the Parks & Recreation 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 BIRTHDAY OTHER (specify): _____

EVENT TITLE: _____

EVENT DATE: _____ ESTIMATED ATTENDANCE: _____

TYPE OF FIELD/FACILITY REQUESTED: (please circle) FOOTBALL / SOFTBALL / BASEBALL / SOCCER / HORSE SHOE PITS /
OPEN GREEN SPACE / PICNIC / PLAYGROUND / MOODY PAVILION /
TENNIS COURTS / BASKETBALL COURTS / TRACK

SPECIFIC SITE REQUESTED: (please circle) BARNES PARK / VET'S PARK / MOODY PARK / ARROWHEAD REC.
AREA / MONADNOCK PARK / BROAD ST. PARK / RIVERSIDE SKATE
PARK / VISITOR CENTER GREEN

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

SET UP TIME: _____ AM/PM TAKE DOWN TIME: _____ AM/PM

DESCRIPTION OF EVENT AND SET UP AND CLEAN UP PLAN: _____

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

PLEASE INDICATE WHETHER THE FOLLOWING ITEMS PERTAIN TO YOUR EVENT.

YES NO

___ ___ WILL THERE BE FOOD CONCESSION AND/OR FOOD PREPARATION AREA (S)?
(If you need to cook food in the event area) Please specify method: GAS / ELECTRIC / CHARCOAL / OTHER: _____

___ ___ WILL ALCOHOL BE SERVED? If yes, please see Alcohol Guidelines on the back page.

___ ___ WILL YOU NEED A FIRST AID FACILITY? EMT? / POLICE? / FIRE?

Wednesday, January 13, 2016

___ ___ WILL YOU SET UP TABLE (S) AND/OR CHAIR (S)? HOW MANY OF EACH _____
 ___ ___ WILL YOU NEED FENCING, BARRIER (S) AND/OR BARRICADE (S) _____
 ___ ___ DOES YOUR EVENT REQUIRE ELECTRICITY? SOURCE: _____
 ___ ___ WILL YOU BE USING BOOTH (S), EXHIBIT (S), DISPLAYS (S) AND/OR ENCLOSURE (S) _____
 ___ ___ WILL YOU BE USING CANOPY (IES) AND/OR TENT (S). Please include dimensions: _____
 ___ ___ WILL YOU NEED SCAFFOLDING, BLEACHER(S), PLATFORM (S), GRANDSTAND (S) OR RELATED STRUCTURE(S) _____
 ___ ___ WILL VEHICLE (S) AND/OR RELATED TRAILOR (S) BE USED? HOW MANY? _____
 ___ ___ WILL YOU BE USING A TRASH CONTAINER AND/OR DUMPSTER (S) _____
 ___ ___ ARE PORTABLE TOILET (S) NEEDED? If yes, please indicate company providing units: _____
 ___ ___ WILL YOU BE USING STAGING? Please include dimensions: _____
 ___ ___ WILL YOU BE PROVIDING ENTERTAINMENT? Please describe type, name of, number of hours playing: _____

 ___ ___ Will AMPLIFIED SOUND / PA SYSTEM BE USED? If yes, please indicate START TIME: _____ and END TIME: _____

 ___ ___ WILL INFLATABLE DEVICE (S), AMUSEMENT (S) BE USED?
 ___ ___ WILL BANNER (S) BE HUNG?
 ___ ___ WILL THE EVENT BE ADVERTISED? HOW? _____
 *Please note that you cannot advertise your event prior to approval.

 ___ ___ WILL SPONSORSHIP/VENDING OR PROMOTIONAL ACTIVITY BE USED? Please describe: _____

OTHER PERMITS

Please note that all components of the event are subject to parks and recreation department approval and may require approval by and/or permits from other city departments. It is the responsibility of the applicant to secure all necessary city of Claremont permits.

ALCOHOL GUIDELINES

Alcohol consumption is not allowed in city parks, however, permits may be authorized for alcoholic beverages at the Visitors Center Green & Arrowhead Rec. Area upon approval by the City of Claremont Licensing Board. *All caterers must provide the City of Claremont with a valid off premises liquor license & insurance upon request.

INSURANCE REQUIREMENTS

Certificate of General Liability Insurances with per occurrence and aggregate limits of not less than \$1,000,000. The Certificate of General Liability must name the "City of Claremont as additionally insured by endorsement." The city has the right to increase per-occurrence liability limits and require certificate of an accident insurance policy with limits determined by the city.

AFFIDAVIT OF APPLICANT

I (we) assume full responsibility for any damages to City of Claremont equipment and/or property that occur as a result of the requested use. Furthermore, I (we) understand that City of Claremont, its staff, and members of the parks and recreation department, will not be held liable for any injury or damage which may occur to me, my guests, and/or members of the above insurance, naming the City of Claremont, its agents, servants, and employees as additional insured, evidencing the above insurance requirements.

NAME OF APPLICANT: (print) _____

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

_____ APPROVED by: _____ DENIED by: _____

SIGNED: _____ DATE: _____

NOTES: _____

FEE \$ _____ CASH _____ CHECK # _____ CHARGE: VISA/ MASTERCARD/AMERICAN EXPRESS

CERTIFICATE OF INSURANCE DATE RECEIVED: _____ by whom: _____