



TOWN OF CONCORD
Office of the Town Manager
22 Monument Square
Concord, MA 01462
(978) 318-3000

APPLICATION FOR PERMIT FOR USE OF TOWN PROPERTY/FACILITIES

Applications for any use of town property must be submitted to the Town Manager's office. The attached worksheets must be completed by the applicant(s), in full, at the time of request. Any use of Town property, roadways or facilities for public events require a certificate of insurance from the applicant naming the Town as an additional insured. A permit must be obtained at least thirty (30) days prior to the event, or use, is to take place. To ensure this timetable is met, applications should be submitted at least forty-five (45) days in advance.

NAME & DESCRIPTION OF EVENT: _____

PLEASE DESCRIBE THE EVENT IN AS MUCH DETAIL AS POSSIBLE: _____

EVENT, USE OR PRODUCTION DATE: _____ **TIMES:** _____

LOCATION(S) REQUESTED (incl. addresses): _____

(Permission for use of school grounds must be coordinated through the Concord School Department directly.)

****IF THIS EVENT IS A RACE, RIDE, WALK OR OTHER 'LIKE' EVENT, PLEASE ATTACH ROUTE MAP(S)****

ROUTE MAP(S) ATTACHED? YES NO

WILL FOOD BE SERVED? YES NO

(If yes, contact BOH for addl. Permits)

IF YOUR GROUP PLANS ON ERECTING A TENT, OR ANY OTHER SEMI-PERMANENT STRUCTURE, FOR OR DURING YOUR EVENT, YOU MUST CONTACT THE BUILDING DEPARTMENT TO SECURE THE PROPER PERMIT(S).

APPLICANT & SPONSORING ORGANIZATION

NAME OF APPLICANT(S): _____

APPLICANT EMAIL: _____ **DAYTIME PHONE #:** _____

APPLICANT ADDRESS: _____

ORGANIZATION INFO: FOR PROFIT NON-PROFIT
_____ Tax ID# _____ 501c3 # or FID #

ORGANIZATION NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (if different): _____

BUSINESS PHONE: (____) _____ **ALTERNATE PHONE:** (____) _____ **Email:** _____

PURPOSE OF EVENT: FUNDRAISER FOR PROFIT **OTHER:** _____

LIST BENEFICIARIES: _____

(to be verified by TMO or CPD staff)

(FOR OFFICE USE ONLY)

EVENT: _____ DATE(S): _____

PUBLIC SAFETY RESPONSE – WORKSHEET

POLICE:

Extra Police Personnel Required YES NO
If Required, Expense Estimated at _____ HRS. x \$ _____/HR. = \$ _____

FIRE/EMS:

Extra Fire/EMS Personnel Required YES NO
Stand-By Fire/EMS Required YES NO
Ambulance Required YES NO
If Required, Expense Estimated at _____ HRS. x \$ _____/HR. = \$ _____

PUBLIC WORKS:

Highway/CPW Personnel Required YES NO
If Required, Expense Estimated at _____ HRS. x \$ _____/HR. = \$ _____

FACILITIES & GROUNDS:

Facility Personnel Required YES NO
If Required, Expense Estimated at _____ HRS. x \$ _____/HR. = \$ _____

BOARD OF HEALTH:

Permit Required _____ Date Applied

BUILDING DEPARTMENT:

Permit Required _____ Date Applied

Application Received By: _____ (staff initials) Date: _____

Approved by Assistant Town Manager: _____
Kate Hodges, Signature Date

Referred to Police Department: YES No _____
Date:

Approved by Police: YES NO

Comments or Conditions of Approval: _____

CERTIFICATE OF INSURANCE RECEIVED: YES NO
If NO, date required: ____/____/____

Insured By/Holder _____ Limits of Liability: _____

Company Address: _____

Town Listed as Additional Insured: YES NO