



## SPECIAL EVENT REQUEST FOR SERVICES

**SPONSORING ORGANIZATIONS MUST APPEAR BEFORE THE MAYOR AND COUNCIL FOR APPROVAL OF THE EVENT AT LEAST (1) MONTH PRIOR TO THE EVENT.**

Today's Date: \_\_\_\_\_ Date(s) and time(s) of Event: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Sponsoring Non-Profit Org. \_\_\_\_\_ 501C3 Included if Needed \_\_\_\_\_  
**IF NON-PROFIT, MUST INCLUDE FORM**

Description of Event (activities, vendors, specific locations for vendors, displays, etc.)

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

Chair/Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

=====  
**The sponsoring non-profit organization agrees to the following conditions:**

1. The Town of Berlin, its representative(s) and/or agent(s) will be held harmless for any loss, damage, or liability incurred during the course of the event.
2. The sponsoring non-profit organization is appropriately insured.
3. The sponsoring non-profit organization will be responsible for any costs incurred by the Town as a result of damage done during the course of the event to Town owned, rented, or leased properties.
4. The sponsoring non-profit organization and/or its vendors are responsible for obtaining any licenses, permits, rights-of-way, etc. for the event, including any permits required by the Worcester County Health Department, the State Highway Administration or other agencies as appropriate.
5. The Town of Berlin reserves the right to verify sponsoring non-profit organization's status. Non-profit status paperwork must be supplied to the Town before approval will be granted.

By my signature below I identify myself as a responsible agent of the sponsoring non-profit organization, authorized to agree to the terms and conditions listed above.

Signature of authorized agent: \_\_\_\_\_ Date \_\_\_\_\_

Printed name: \_\_\_\_\_

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The checklist on this form must be completed as well as the Park Reservation Application and Permit if applicable. As needed, representatives of the Town of Berlin may contact the representative of the sponsoring non-profit organization to clarify or make arrangements to provide the services needed.

**Checklist: Please check those services you will need from the Town. Chairperson(s) must contact department heads to coordinate requests.**

**Public Works: - Mike Gibbons (410) 641-4001**

Barricades for street closure(mark on attached map)

Trash cans # \_\_\_\_\_ Picnic Tables # \_\_\_\_\_ Stage: \_\_\_\_\_ Other: \_\_\_\_\_

**Electric Dept: - August Wienhold (410) 641-3401 Complete Map for locations**

Electric Service \_\_\_\_\_ Other: \_\_\_\_\_

**Police Dept: - Chief Downing or Lt. Robert Fisher (410) 641-1333**

Traffic control(other than barricades) \_\_\_\_\_ Clearance of on-street parking \_\_\_\_\_

**Zoning Dept: Chuck Ward 410-641-4143 For Signage**

# of Signs displayed \_\_\_\_\_ Size of Signs \_\_\_\_\_ Locations \_\_\_\_\_

Approval of Zoning Director: \_\_\_\_\_

**Other:**

Porta-potties Standard# \_\_\_\_\_ Handicap-accessible# \_\_\_\_\_

Location of Potties: \_\_\_\_\_

**NOTE: Because ordering extra units for an event incurs cost to the Town, a formal request MUST be made to the Mayor and Council in advance of the event. On the day of the event someone from your organization will be required to meet the contractor for placement.**

**Other Items to Be Considered: (as applicable)**

\_\_\_\_\_ Park reserved? \_\_\_\_\_ Banner Permit? \_\_\_\_\_ Street Closure Form (SHA)

**PARK RESERVATION APPLICATION AND PERMIT**

Name of Group/Organization: \_\_\_\_\_ # of Attendees Expected \_\_\_\_\_

Address \_\_\_\_\_ Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Times of Use: Setup \_\_\_\_\_ Begin \_\_\_\_\_ End \_\_\_\_\_ Cleanup \_\_\_\_\_

Purpose of Facility Use: \_\_\_\_\_

Has deposit been paid? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount of deposit \_\_\_\_\_

**FACILITY REQUESTED**

**Dr. William Edward Henry Park, Flower Street:** Full Use \_\_\_\_\_ Partial Use \_\_\_\_\_

Basketball Courts #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ Pavilion \_\_\_\_\_  
# of Tables Needed \_\_\_\_\_ Play Equipment \_\_\_\_\_

**Stephen Decatur Memorial Park, Tripoli Street:** Full Use \_\_\_\_\_ Partial Use \_\_\_\_\_

Pavilion \_\_\_\_\_ #of Tables Needed \_\_\_\_\_ Racquetball Courts #1 \_\_\_\_\_ #2 \_\_\_\_\_  
Tennis Courts #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

**NO VEHICLES ARE ALLOWED IN ANY AREA OF THE PARKS OTHER THAN  
PARKING LOTS, NO EXCEPTIONS.**

**AGREEMENT**

The permittee assumes responsibility for complying with the rules and regulations set forth by the Town of Berlin and the Berlin Parks Commission. A copy of this permit must be in the possession of the person to whom it is issued and shown upon request.

Signature of Permittee: \_\_\_\_\_ Date: \_\_\_\_\_

Position with Group/Organization: \_\_\_\_\_  
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I, the undersigned, understand that:

1) If the nature of the merchandise to be sold or service to be performed involves food or drink to be prepared on site and/or prior to sale and to be sold to and/or consumed by the public, I am responsible for the following:

- a) Application to the Worcester County Health Department
- b) Payment of any Worcester County Health Department fees
- c) Adherence to any Worcester County Health Department regulations regarding the provision of food or drink to the public

2) That if applicable I am responsible for completion and submission of road closure and banner permit forms to the State Highway Administration.

I further understand that the Town of Berlin is in no way responsible for my adherence to the above conditions and that the Town of Berlin fee for Peddling and Solicitation is separate from and unrelated to any fee charged by the Worcester County Health Department.

3) The Town of Berlin reserves the right to refuse or later revoke this certification under the Code of the Town of Berlin, Chapter 75, "PEDDLING AND SOLICITING".

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

NOTES: