



TOWN OF LEXINGTON

Special Event Permit Application

Applicant and Sponsoring Organization Information

Name of Organization / Sponsor: _____ Non-Profit ___ Profit ___

Applicant name: _____ Tax ID #: _____

Address: _____ City: _____ State: ___ Zip: _____

Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____

E Mail: _____ Web Site: _____

Event Site Manager: _____ Cell Phone: _____

Other Contact person/s: _____ Cell Phone: _____

Special Event Information - *Complete all data as required for event of any size.*

Type of Event: ___ Run/Walk ___ Rally ___ Parade ___ School Fair ___ Concert ___ Carnival ___ Filming
___ Street Fair ___ Festival ___ Political Event ___ Raffle ___ Other (*specify*) _____

Event Title: _____

Event Date & Time(s): _____ Estimated Attendance: # _____

Open to the Public: ___ Yes ___ No Admission Fee: \$ _____

Requested Location: ___ Battle Green
___ Bike Path (specify location/s): _____
___ Depot Square
___ Buckman Tavern Lawn
___ Hastings Park ___ Gazebo
___ Sidewalk (Specify location/s): _____
___ Street (specify): _____
___ Tower Park
___ Town Park/Playground/Field (specify): _____
___ Other (specify): _____

Set Up Date/Time & Description: _____

Breakdown Date /Time & Description: _____

Event Details

Please indicate whether the following items pertain to your event.

YES	NO	
___	___	Food Concession and/or Food Preparation Area (s) <i>(If you intend to cook food in the event area)</i>
		Please specify method: ___ Propane 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), Traffic Cones.
___	___	Does your event require electricity? Source: _____
___	___	Will you be holding a raffle at your event? Describe: _____
___	___	Booth(s), Exhibit(s), Display(s) and/or Enclosure(s).
___	___	Canopy (ies) and or Tent(s). Please describe dimensions: _____
___	___	Scaffolding, Bleacher(s), Platform(s), Grandstand(s) or related structure(s).
___	___	Vehicle(s) and/or Trailer(s).
___	___	Sleeping Trailer(s) and/or other accommodations.
___	___	Trash Container(s) and/or Dumpster(s).
___	___	Portable Toilet(s). If yes, please indicate the company providing units: _____
___	___	Stage(s). Please indicate dimension: _____
___	___	Entertainment. Please describe: _____
___	___	Amusement Rides. Please List and describe: _____
___	___	Inflatable Device(s).
___	___	Banner(s) and/or Sign(s).
___	___	Street Closure(s) Please list: _____
___	___	Will the event be advertised? How? _____
		Please note you cannot advertise your event before approval.
___	___	Sponsorship/Vending or Promotional Activity? Please Describe: _____
___	___	Amplified Sound. If yes please indicate Start Time _____ and End Time _____
		<i>The Town of Lexington requires that noise levels not exceed _____ decibels between _____ and _____ in a residential or commercial zone.</i>
___	___	Will your event have Fireworks?
___	___	Will your event have animals? If yes, specify: _____
___	___	Will your event require lights? If so, specify hours: _____

Other Permits

Please note that all components of the event are subject to approval by the Town Managers Office and may also require approval by and/or permit(s) from other Town agencies and departments. It is the responsibility of the applicant to secure all necessary Town of Lexington permits, and to submit and payment required for permits.

Insurance Requirements

Evidence of Insurance will be required before final permit approval. Please provide a Certificate of insurance, which shows a minimum of \$1,000,000.00 in Commercial General Liability Insurance and a Policy Endorsement, which indemnifies and holds harmless the Town of Lexington, and all of its agencies and departments. Some events may require a higher limit of insurance. Permittee must list the aforementioned parties as additional insured on their Certificate of Insurance. Each event is evaluated on its risk exposure. Any and all damages resulting from the event are the responsibility of the permittee and the permittee will work through designated staff to determine the most appropriate means for repair. The Town of Lexington is not responsible for any accidents or damages to persons or property resulting from the issuance of this permit.

Affidavit of Applicant

My signature below indicates that everything I have stated in this application is correct to the best of my knowledge. I have read, understand and agree to abide by the policies, rules and regulations of the Town of Lexington as they pertain to the requested usage. The permit, if granted is not transferable and is revocable at any time at the absolute discretion of the Town of Lexington Manager's Office (or designee). All programs and facilities of the Town of Lexington are open to all citizens regardless of race, sex, age, color, religion, national origin or disability.

Name of Applicant: _____ (Please print)

Signature of Applicant: _____ Date: _____

***The following is required by your organization to insure the safety and health of all participating in this event:
 Note: You do not need to contact the departments below if it is not required.**

YES NO

- Police Detail - estimated cost-\$ _____ per/day. Days Required _____ (Contact Police)
 Comments: _____
- Fire / Ambulance Detail – estimated cost - \$ _____ per/day. Days Required _____ (Contact Fire)
 Comments: _____
- Indoor Rain Space – All organizations must apply and pay fees through the Public Facilities Dept..
- Field Lining - \$ _____ per/field. Additional fee for layout \$ _____ (Contact DPW -Parks)
- Trash removal - \$ _____ per/day. Days required _____ (Contact DPW -Parks)
- Portable toilets - Number required _____ Fees paid directly to company of your choice. All toilets must be serviced each evening. Placement and servicing coordinated in cooperation with the Recreation Department or DPW.
- Extra waste containers - \$20.00 per day (10). Days Required _____ (Contact DPW -Parks)
- Temporary Food Permit - \$15.00 (non-licensed) or \$50.00 (Commercial) (Contact Health)
- Raffle Permit/License - (Contact Town Clerk's Office)
- Field Permit - (Contact Recreation)
- Center Complex Lights Permit - (Contact Recreation)

DPW Parks Dept. -781-861-2758 * Fire Dept.- 781-862-0272 * Police Dept. - 781-862-1212 * Health Dept. - 781-862-0500 ext. 237 *
 Town Clerks Office – 781-862-0500 ext 270 * Public Facilities Dept. – 781-861-2580 ext. 205 * Recreation Dept. – 781-862-0500 ext. 262

Town Department Use Only Approvals and Notifications

Insurance Certificate Received: YES – Date: _____ NO

Town Manager's Office:	Approved	Denied	Date: _____	Police Department:	Approved	Denied	Date: _____
Fire Department:	Approved	Denied	Date: _____	Health Division:	Approved	Denied	Date: _____
Parks Divison:	Approved	Denied	Date: _____	Building Division:	Approved	Denied	Date: _____
Recreation Department:	Approved	Denied	Date: _____	Selectman's Office:	Approved	Denied	Date: _____
Town Clerk's Office:	Approved	Denied	Date: _____	Public Facilities:	Approved	Denied	Date: _____