



CITY OF PEABODY

SPECIAL EVENT APPLICATION (Event to be held on private property)

Peabody City Hall
24 Lowell Street, Peabody, MA 01960

Phone: 978-538-5900

www.peabody-ma.gov

This application must be received 90 days prior to the event. Please note that submission of this application should in no way be construed as final approval or confirmation of your request. Final approval will require sign-off by all applicable City Departments, submission and approval of this application and a Special Permit Application to the City Council, and filing of and payment for all required permits. Please complete this application and return to the Business Liaison for the City of Peabody.

Date of Application	
Applicant Information (name, address, phone number, email)	
Event Category (please check any and all that apply)	<input type="checkbox"/> Car Show <input type="checkbox"/> Concert/Performance <input type="checkbox"/> Fine Arts Exhibits <input type="checkbox"/> Parades/Procession <input type="checkbox"/> Road Race/Walk/Sporting Event <input type="checkbox"/> Sidewalk Sale or Fair (with multiple vendors) Other:
Event Detail (name and short description) Please feel free to attach a separate page with more information.	
Proposed Date and Location	For road races/walks, please include start/finish locations and attach map of route.
Event Start Time	Your event may require pre-inspection by City Staff on the day of the event.
Event End Time	
Event Contacts (include organizer's name, address, phone, email and web-site if applicable)	

EVENT FEATURES

Please Answer All That Apply

Will You Serve or Sell Alcohol? If yes, you will need Licensing Board Approval	Y or N If Yes, how many vendors?
Will You Serve, Sell or Give Away Food? (Vendors need Board of Health approval.)	Y or N If Yes, how many vendors?
Will You Sell or Give Away Merchandise?	Y or N If Yes, how many vendors?
Will You Charge Vendors?	Y or N If Yes, how much?
Will You Charge an Admission Fee?	Y or N If Yes, how much?
Is Your Organization a Registered 501(c)3?	Y or N If Yes, number _____
Will Your Event Use, Close or Block Any of the Following? *Blocking the public way may result in expenses incurred by the applicant for public safety services.	<input type="checkbox"/> City Streets <input type="checkbox"/> City Sidewalks <input type="checkbox"/> City Parking Lots <input type="checkbox"/> City Commons, Park, or Trail <input type="checkbox"/> City Rights of Way <input type="checkbox"/> City Fire Hydrants
Will Your Event Require Any of the Following?	<input type="checkbox"/> Tent/s If Yes, how many? <input type="checkbox"/> Electrical Services/Generators If Yes, please provide name of vendor _____ <input type="checkbox"/> Water source <input type="checkbox"/> Temporary Fencing <input type="checkbox"/> Amplified Sound (live music or deejay) <input type="checkbox"/> Portable Toilets/Public Restrooms <input type="checkbox"/> Public Dance Floor <input type="checkbox"/> Stage If Yes, what size _____ If Yes, please provide name of vendor _____
Will Your Event Include Any of the Following?	<input type="checkbox"/> Open Flames or Cooking/Propane <input type="checkbox"/> Carnival or Amusement Rides <input type="checkbox"/> Exterior Lighting <input type="checkbox"/> Games <input type="checkbox"/> Inflatable Amusements <input type="checkbox"/> Live Animals <input type="checkbox"/> Music-Please select: Live or DJ <input type="checkbox"/> Raffle
Attendance	How many people do you expect to attend?

Publicity	Will your event require signs or banners? Y or N
Parking & Traffic Plan Please provide description and feel free to attach a separate page with more information.	
Clean-Up Plan (include trash removal/clean-up plan, and name of vendor, if applicable)	
Event Security & Public Safety	Upon review of your application, you may be required to use and pay additional fees for Public Safety, Public Works and/or Emergency Response Personnel.
Insurance	All applicants must provide a certificate of insurance in the minimum amount of \$1,000,000.00 as a precondition for obtaining permits. The Certificate of Insurance must include all coverage deemed necessary for the event, as specified by the City of Peabody and City Council, including an indemnification and hold harmless clause. The Certificate of Insurance must name the City of Peabody as an additional insured on all applicable policies. This Certificate must be submitted to the City Clerk's Office with the application no later than sixty (60) days before the event. The Special Event Permit will not be issued without submission of a Certificate of Insurance.

The application process begins when the completed Special Event Application is submitted to the City of Peabody. Please note that submission of this application should in no way be construed as final approval or confirmation of the request. Upon receipt of the application the City of Peabody Business Liaison will help guide the applicant through the permitting process. The application will be forwarded to and reviewed by the appropriate City departments. **If the event requires additional permits, licenses, certificates, site inspections or police detail, applicant will be notified. In some cases, costs are associated.** Upon completion of the Special Event Application, the applicant will submit the completed Special Event Application, a Certificate of Insurance, and a completed Special Permit Application (obtained from the City Clerk's Office) to the City Clerk's Office. All completed paperwork will then be submitted to the City Council. Upon approval by the City Council, applicant will receive a signed copy of the application that will serve as the Official Permit.

NAME (please print): _____

SIGNATURE: _____

OFFICE USE ONLY	
DATE OF RECEIPT OF COMPLETED APPLICATION	_____
APPROVED _____	DATE _____
Abutter Notification Required? ___ Yes ___ No	
COMMENTS: _____	

DEPARTMENT NOTIFICATIONS

This section is to be filled out by the City of Peabody Department Heads and returned to:
The City of Peabody Business Liaison in Community Development & Planning, 24 Lowell Street, Peabody.

FIRE DEPARTMENT

Fire Detail Necessary? _____ Number of Inspectors/Personnel Needed _____

Comments/Conditions _____

Department Signature: _____ Date: _____

HEALTH DEPARTMENT

Comments/Conditions _____

Department Signature: _____ Date: _____

PARK DEPARTMENT

If in a Park or on a trail is the location & date available? **Y or N** Permit Issued? **Y or N**

Comments/Conditions _____

Department Signature: _____ Date: _____

POLICE DEPARTMENT

Police Detail Required? _____ Number of Officers Needed _____

Comments/Conditions _____

Department Signature: _____ Date: _____

PUBLIC SERVICES

Comments/Conditions _____

Department Signature: _____ Date: _____