



CITY OF PEABODY

SPECIAL EVENT APPLICATION

(Event to be held on City owned property)

Peabody City Hall

24 Lowell Street, Peabody, MA 01960

Phone: 978-538-5775

www.peabody-ma.gov

This completed 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, and filing of and payment for all required permits. Upon receipt of this completed application you will be contacted by 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 Be Using 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"/> 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 If yes, number and type _____ <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	
Describe Plan for First Aid	
Describe Plan for Restroom Access for Vendors and for Public	
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 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.

Upon filling out the application by the applicant, the applicant is required to obtain signatures from the Departments listed on the last page of the application. At the time of obtaining the signatures, the applicant is responsible for any permits, licenses, certificates, site inspections, police details and costs. Once all signatures have been obtained, the completed application along with a Certificate of Insurance, naming the City of Peabody on the Certificate, and a check for the application fee made payable to the City of Peabody, should be submitted to the Business Liaison at Peabody City Hall for final approval, at which time a completed copy will be emailed to the applicant and all Departments and will serve as the Official Permit.

NAME (please print): _____

SIGNATURE: _____

<p>OFFICE USE ONLY</p> <p>\$100.00 FEE PAID <input type="checkbox"/></p> <p>DATE OF RECEIPT OF COMPLETED APPLICATION _____</p> <p>APPROVED _____ DATE _____</p> <p>Abutter Notification Required? ___ Yes ___ No</p> <p>COMMENTS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

DEPARTMENT NOTIFICATIONS

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

PARK DEPARTMENT – 50 Farm Ave, ATTN: Jennifer Davis, 978-536-7133, jennifer.davis@peabody-ma.gov

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: _____

DEPARTMENT OF PUBLIC SERVICES – 50 Farm Ave, ATTN: Bob Labossiere, 978-536-7116, Robert.labossiere@peabody-ma.gov

Comments/Conditions _____

Department Signature: _____ Date: _____

POLICE DEPARTMENT – 6 Allen’s Lane, ATTN: Captain Scott Richards, 978-538-6359, srichards@peabodypolice.org

Police Detail Required? _____ Number of Officers Needed _____

Comments/Conditions _____

Department Signature: _____ Date: _____

FIRE DEPARTMENT – 41 Lowell Street, ATTN: Dianne Marchese, 978-538-1216, Dianne.marchese@peabody-ma.gov

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

Comments/Conditions _____

Department Signature: _____ Date: _____

HEALTH DEPARTMENT – 24 Lowell Street, ATTN: Sharon Cameron, 978-538-5920,
Sharon.cameron@peabody-ma.gov

Comments/Conditions _____

Department Signature: _____ Date: _____

May 2019