

RECEIVED
CITY CLERK'S OFFICE
NEWBURYPORT, MA

NEWBURYPORT SPECIAL EVENT APPLICATION

Tel.

Fax.

2022 MAY 31 PM 3:55

(For Street Closure or Any Use of a Public Way - Please complete page 3 of this application)

NAME OF EVENT: Riverfest

Date: July 23, 2022 Time: from 12pm to 7pm

Rain Date: _____ Time: from _____ to _____

2. Location*: Waterfront Park

*Please Note: If the location is a public park or the rail trail, please also contact the Parks Department

3. Description of Property: Park along Newburyport Waterfront Public Private _____

4. Name of Organizer: WXRV/92.5 The River City Sponsored Event: Yes _____ No _____

Contact Person

Address: Erin Duggan Telephone: 415 577 4112

E-Mail: eduggan@newburyportchamber.org Cell Phone: 415 577 4112

Day of Event Contact & Phone: _____ Donald 617 816 0040

5. Number of Attendees Expected: 4,999

6. MA Tax Number: _____

7. Is the Event Being Advertised? Yes Where? 92.5, Social Media, Radio, Web

8. What Age Group is the Event Targeted to? All Ages

9. Have You Notified Neighborhood Groups or Abutters? Yes _____ No , Who? _____

ACTIVITIES: (Please check where applicable.) Subject to Licenses & Permits from Relevant City Departments

A. Vending*: Food Beverages Alcohol Goods Total # of Vendors 35

*If checked, signature from Health Director required (Page 3)

B. Entertainment: (Subject to City's Noise Ordinance.) Live Music DJ Radio/CD

Performers Dancing _____ Amplified Sound Stage

C. Games /Rides: Adult Rides N/A Kiddie Rides N/A Games N/A Raffle N/A

Other _____ Total # _____

Name of Carnival Operator: N/A

Address: _____

Telephone: _____

D. Organizer is responsible for clean-up during and after event. All trash must be collected and removed from event location immediately at the end of the event unless prior written agreement had been made with the Department of Public Services (DPS).

Will you be conducting the clean-up for this event? Yes No _____

If yes:

- a) How many trash receptacles will you be providing? DPS Providing + Managing
- b) How many recycling receptacles will you be providing? 11
- c) Will you be contracting for disposal of : **Trash** Yes No **Recycling** Yes No
- i. If yes, size of dumpster(s): **Trash** **Recycling** 30 YARD Dumpster
- ii. Name of disposal company: **Trash** G Mello **Recycling** Dumpster
- iii. If no, will you remove trash & recycling with organizers' cars or trucks? Yes No
- iv. If no, where will the trash & recycling be disposed ? _____

If no:

- a) # of trash container(s) to be provided by DPS DPS To determine
- b) # of recycling container(s) to be provided by Recycling Office DPS To Determine
- c) \$45.00/hr/DPS employee charge must be paid by the organizer to DPS in advance of the event (Fee for Special Events). The hours required for the event will be determined by DPS.

All fees must be paid prior to the event. Check or money order is payable to the City

of Newburyport. E. Portable Toilets: (Each cluster of portable toilets must include at least one ADA accessible toilet)

~~ADA~~ 24 Standard # 4 ADA accessible

Name of company providing the portable toilets: The Shed Portable Sanitation

FOR STREET CLOSURE OR ANY USE OF A PUBLIC WAY

Concert + vendors
PARADE _____

ROAD RACE _____

WALKATHON _____

1. Name of the Group or Person Sponsoring the Road Race, Parade, Walkathon:

The River

2. Name, Address & Daytime Phone Number of Organizer:

Donald Sauveur

30 How St. Haverhill MA 01830

(C) (W) 617 816 0040

(C)

3. Name, Address & 24/7 Telephone Number of Person Responsible for Clean Up

Tony Fornari

16A Perry Way Newburyport MA 01950

978 465 4463

4. Date of Event: _____ Expected Number of Participants: _____

5. Start Time: 8 AM Expected End Time: 8 PM

6. Road Race, Parade or Walkathon Route: (List street names & **attach map of route**):

Street closure request to support vendors +
sponsor set up.

7. Locations of Water Stops (if any): N/A

8. Will Detours for Motor Vehicles Be Required? Yes If so, where? Memmac From Green to State

9. Formation Location & Time for Participants: Set up by 10am. Removed by 7pm.

10. Dismissal Location & Time for Participants: Memmac St.

11. Additional Parade Information:

• Number of Floats: N/A

• Locations of Viewing Stations: Firehouse Balcony

• Are Weapons Being Carried: Yes _____ No X

• Are Marshalls Being Assigned to Keep Parade Moving: Yes _____ No _____ N/A

APPROVAL SIGNATURES REQUIRED FOR STREET CLOSURE OR ANY USE OF A PUBLIC WAY

CITY MARSHAL [Signature] 5/31/22 4 Green St.

FIRE CHIEF

[Signature] 5/31/22

0 Greenleaf St.

DEPUTY DIRECTOR [Signature] 5/31/22 16A Perry Way

CITY CLERK

60 Pleasant St.

HEALTH DIRECTOR

60 Pleasant St. (only needed when Food & Beverage Vendors are included in the event)

DEPARTMENT APPROVAL (for Committee Member use only):

It will be necessary for you to obtain permits or certificates from the following Departments: Please note that costs for some City support services during an event are an estimate only. Some Departments may forward an invoice for services rendered at the completion of the event, and others may require advance payment.

Approval Required

Date: 5/31/22 Signature: Eoin Deegan

1. Special Events: Chamber of Commerce: Eoin Deegan

2. Police: _____
 Is Police Detail Required: yes # of Details Assigned: 14

____ 3. Traffic, Parking & Transportation: _____

____ 4. ISD/Health: _____

____ 5. Recycling: _____

____ 6. ISD/Building: _____

7. Electrical: _____

8. Fire: 3 FF on Boat 2 FF on shore * Contact Costello Ambulance * For Amb. help.
 Is Fire Detail Required: yes # of Details Assigned: 5

____ 9. Public Works: Fee for Special Events: \$45/hr/DPS employee for trash handling/staging etc. may apply
 Yes: \$ 2160 - due on 7/23/22 No Fee for Special Events applies
 Other requirements/instructions per DPS _____

____ 10. Parks Department: _____

____ 11. License Commission _____

The departments listed above have their own application process. Applicants are responsible for applying for and obtaining all required permits & certificates from the various individual departments

Sec. 13-97. - Road races, walkathons, bicycle and other multidisciplined events.

(a) *Short title.* This section may be cited as the "road races, walkathons and bicycle events."

(b) *Purpose and intent.* The use of city streets and sidewalks for the purpose of road races, walkathons or bicycle tours are positive events that promote exercise, general good health and Newburyport as a destination. These events do from time to time create hardships, impacting neighborhoods and traffic. To create a balance between conflicting interests, by safeguarding participants, residents, visitors and the City of Newburyport, this section will define and codify the procedure for the benefit of all.

(c) *Definitions.*

(1) *Road race.* A competitive or non-competitive running event that utilizes the streets, sidewalks and/or crosses over streets or sidewalks within city limits and in which an entry fee is required or charitable donation is solicited or suggested.

(2) *Walkathon.* A competitive or non-competitive walk event that utilizes the streets, sidewalks and/or crosses over streets or sidewalks within city limits and in which an entry fee is required or charitable donation is solicited or suggested.

(3) *Bicycle race.* A competitive or non-competitive bicycling event that utilizes the streets, sidewalks and/or crosses over streets or sidewalks within city limits and in which an entry fee is required or charitable donation is solicited or suggested.

(4) *Multidisciplined event.* A competitive or non-competitive event requiring or offering running, walking, biking, swimming or any combination thereof in which an entry fee is required or a charitable donation is solicited or suggested.

(5) *Event.* Any road race, walkathon, bicycle race, multi-disciplined event as defined above.

(d) *Limitations.*

(1) *Procedure.* All events shall, through that event's organizer, board of directors, charity foundation or designee ("organizer") apply for city council authorization to hold the event through the office of the city clerk no later than sixty (60) days before the event's proposed date. There shall be a grace period through December 31, 2017, during which applications will be accepted beyond the prescribed due date. Prior to application with the city council, the event shall file and receive approval from all applicable city departments, boards, and commissions. Copies of such approved applications, including along with documentation of any fees, donations, in-kind donations paid as part of said application(s), shall be included as part of the city council application.

The date of application is the date a completed application is submitted to the city clerk's office and stamped by the same. The city clerk, upon review of the completed form, will place the application on the next regular city council agenda, even if such submission is a late file. Upon following the procedures of the council, as deemed appropriated in the sole judgment of the council, the application will be considered approved if the council votes favorably by majority. The application shall name one (1) person responsible on the application and shall provide contact information to include name, address, email address, and telephone number.

(2) *Exemptions.* Each event organizer or organization shall comply with this ordinance and no exemptions will be permitted.

(3) *Course map.* All applications shall be accompanied by a legible, precise course map showing the event route, water stops, refreshment stops, and so-called "port-a-potties". The course map shall also include any road closures, detours and parking areas. The course map shall be approved by police, fire, department of public services, parks commission and harbor masters departments prior to submission to the city clerk.

(4) *Electronic amplifier.* Electronic amplifiers, loudspeakers and bullhorn use shall be requested at time of application. Under no circumstances will they be used for public address announcements or music before 8:00 a.m., except for Sundays when electronic amplifiers, loud speakers or bullhorns will not be used for public address announcements or music before 9:00 a.m.

(5) *Road closure.* No ways, public or private, boat ramps or parking lots controlled or patrolled by the city shall be closed without authorization. Authorization shall be considered granted only if said closure(s) are contained in the approved permit. It is the sole responsibility of the race organizers to notify residents fourteen (14) days in advance that neighborhood roads will be closed if no alternate route is available to those residents. Notification shall be made by race organizers by informational packet drop-off at all residences that may be impacted, including, but not limited to, road closures, restricted driveway access, parking restrictions, or noise. In the case of multi-family residences with so-called security doors, notification will be sufficient at said security door. A copy of the notification shall be provided to the city clerk and, when possible, posted on the city website and distributed via email. Further,

a list of all streets notified shall be provided to the city clerk to be date stamped and appended to the application record. Press releases and other media type notifications are encouraged.

(6) *Insurance.* All events shall have an insurance policy or rider in effect for the event naming the "City of Newburyport" as an additional insured. The policy shall be no less than two million dollars (\$2,000,000.00).

(7) *Event termination.* If in the judgment of the city marshal, fire chief or department of public services (DPS) director or designees thereof determine that an event is unsafe due to existing conditions, that event may be stopped, terminated or suspended. In the case of a multidiscipline event such as a triathlon, the harbormaster or his/her designee may likewise stop, terminate or suspend the swimming portion for cause.

(8) *Event and traffic security.* The city marshal, fire chief, DPS director or in the case of a triathlon, the harbormaster can require special duty personnel to assist in the organizing and coordinating the safety and security of the event. All special duty assignments will be paid by the event organizers.

(9) *Clean-up.* The event organizers shall be responsible for post event trash collection, removal of signage, directional arrows, advertisements or other promotional material associated with the event.

10) *Parking.* The event organizers shall be responsible for including parking instructions in materials disseminated to event participants. If the event is happening within one-half mile of municipal parking, then participants shall be asked to park at such parking facilities.

(11) *Notification of previous event organizers.* To the extent reasonably possible, the city clerk shall notify all event organizers from events held from 2014—2016, inclusive, by a one-time phone, email, or letter of the new application timeline and other requirements.

(12) *Simplification.* Departments are encouraged to unify their respective applications into a singular application, managed and distributed by the city clerk's office.

(13) *Americans with Disabilities Act.* Event organizers are reminded of the importance of and expectation of adherence to the Americans with Disabilities Act of 1990 (42 U.S.C § 12101) and subsequent applicable amendments.

(e) *Enforcement.*

(1) *Regulations.* Consistent with this section, the city shall promulgate regulations to enforce and otherwise implement the provisions of this section upon passage by the city council. Any event previously approved by city council shall be deemed permitted.

(2) *Warning.* In the circumstance that this section is violated, the enforcement may consist of a warning. Any warnings issued for violation(s) will be reported to the city clerk and city council and may be used as a factor in future application approvals and denials.

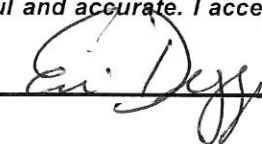
(3) *Noncriminal disposition.* If the city determines that a violation has occurred in which a noncriminal violation is issued, the named event organizer shall be penalized by a non-criminal disposition as provided in Massachusetts General Law as adopted by the City of Newburyport as a general ordinance in section 1-17 of chapter 1 of the Code or Ordinances of the City of Newburyport in the amounts set herein in subsection (e)(4) below.

(4) *Violation.* The non-criminal violation shall be one hundred dollars (\$100.00) for the first offense and two hundred fifty dollars (\$250.00) for second and subsequent offenses. Any non-criminal citations issued for violation(s) will be reported to the city clerk and city council and shall be used as a factor in future application approvals and denials.

(5) *Failure to notify.* If the event fails to notify residents and provide documentation to the city clerk, pursuant to subsection (d)(5) above, shall render that organization ineligible to receive an event permit for a period of twelve (12) months unless special leave is granted by two-thirds supervote of the city council.

I fully understand and agree to all the terms set forth in this application. The information that I have provided is truthful and accurate. I accept all responsibility related to this event.

Signed: _____



Date: _____

5/31/22



We are thrilled to be bringing back Riverfest along the Waterfront of Newburyport this Summer. On July 23, we will be hosting this popular all day, family-friendly concert.

We have met with the Mayor's office, the Police & Fire Departments in person to discuss preparations and impact.

The River, understands the value in hosting this event in Newburyport, and is looking forward to supporting our community with economic impact and opportunity to attract regional music lovers.

The River once again bringing Budweiser and Tito's in as premiere sponsors. Both partners are very well aware of our City's need to maintain a calm, peaceful event.

The River will be hiring Tips Certified bartenders to manage all VIP areas and beer gardens.

Thank you for your consideration and support.

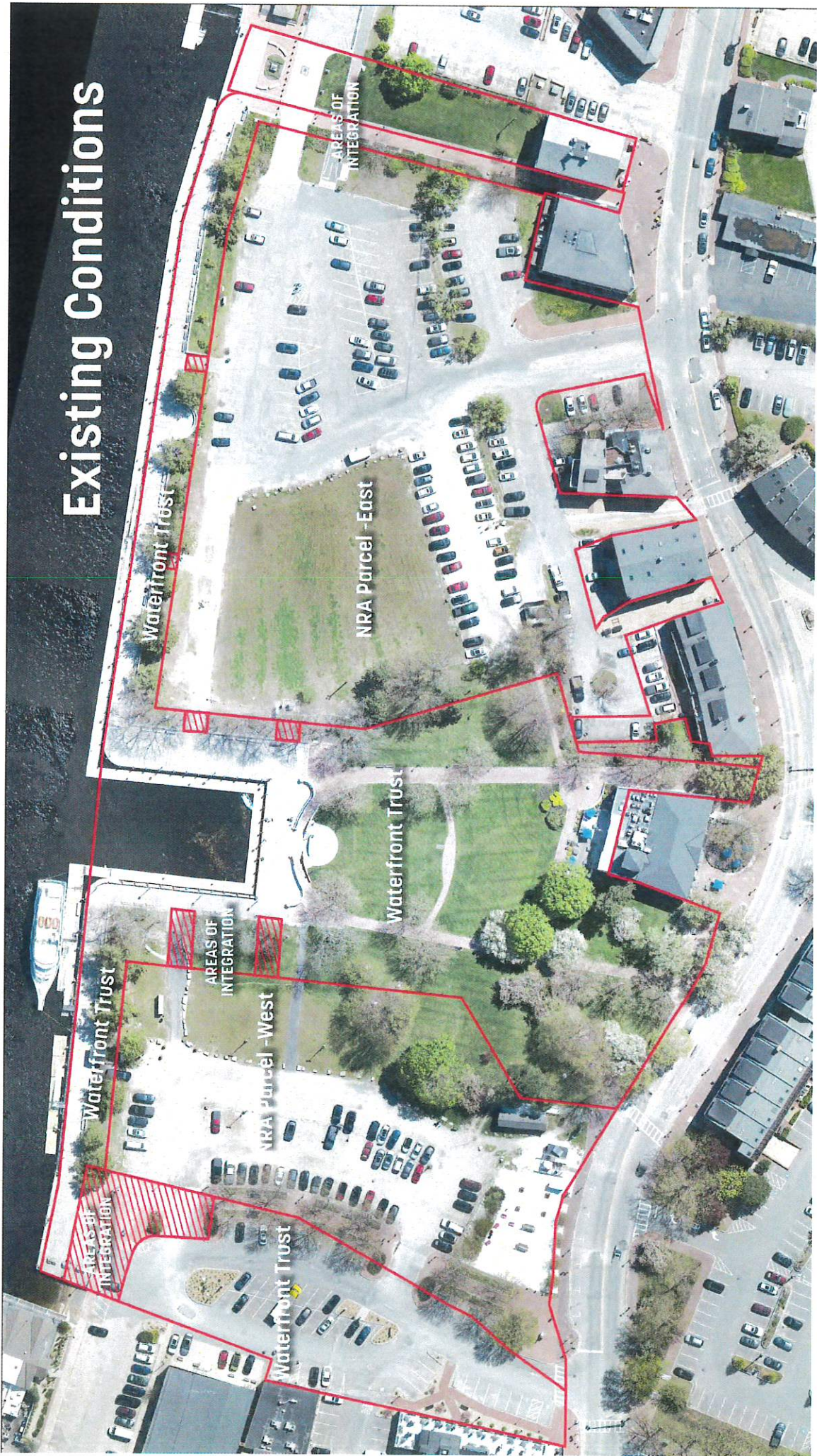
Best,

Erin Duggan

GNCCI

415.577.4112 – eduggan@newburyportchamber.org

Existing Conditions





Pocket Park and Merrimac Street Marquee and Food Truck Area



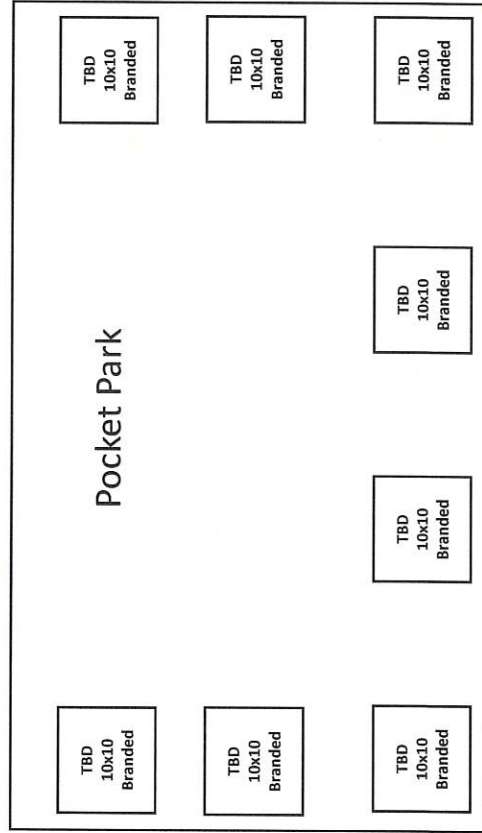
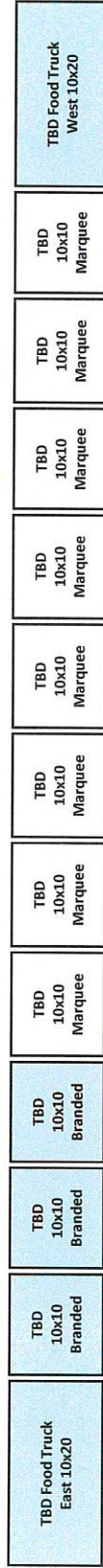
Pocket Park and Merrimac Street Marquee and Food Truck Area

To Downtown
Newburyport

Leaving
Newburyport

Merrimac Street

80'x10' Marquee



To Downtown
Newburyport

Merrimac Street

Leaving
Newburyport



Sidewalk

TBD #1
10x10

TBD #2
10x10

TBD #3
10x10

TBD #4
10x10

TBD #5
10x10

TBD #6
10x10

TBD #7
10x10

TBD #8
10x10

TBD #9
10x10

TBD #10
10x10

Sidewalk

#11

NH Liquor
Summer Fun
Tour
10x10

(Near the Vintage
Chic Boutique Sign)

#12

Local Auto
Dealer
10x10

Vehicle
Display 1

Vehicle
Display 2

Vehicle
Display 3

Sea Level
Oyster Bar
Patio

Firehouse Center for the Arts

#13

Align Credit
Union
10x10

#14

TBD
10x10

#15

TBD
10x10

#16

TBD
10x10

#17

TBD
10x10

#18

North Shore
Music
Theatre
10x10



Front of Firehouse and Merrimac Street Area

Sea Level Oyster Bar Outdoor Patio Dining

River
Sound Tent
Branded
10x10

8'x24' Bike Rack Handicap Area

Merchandise
Tent
10x20

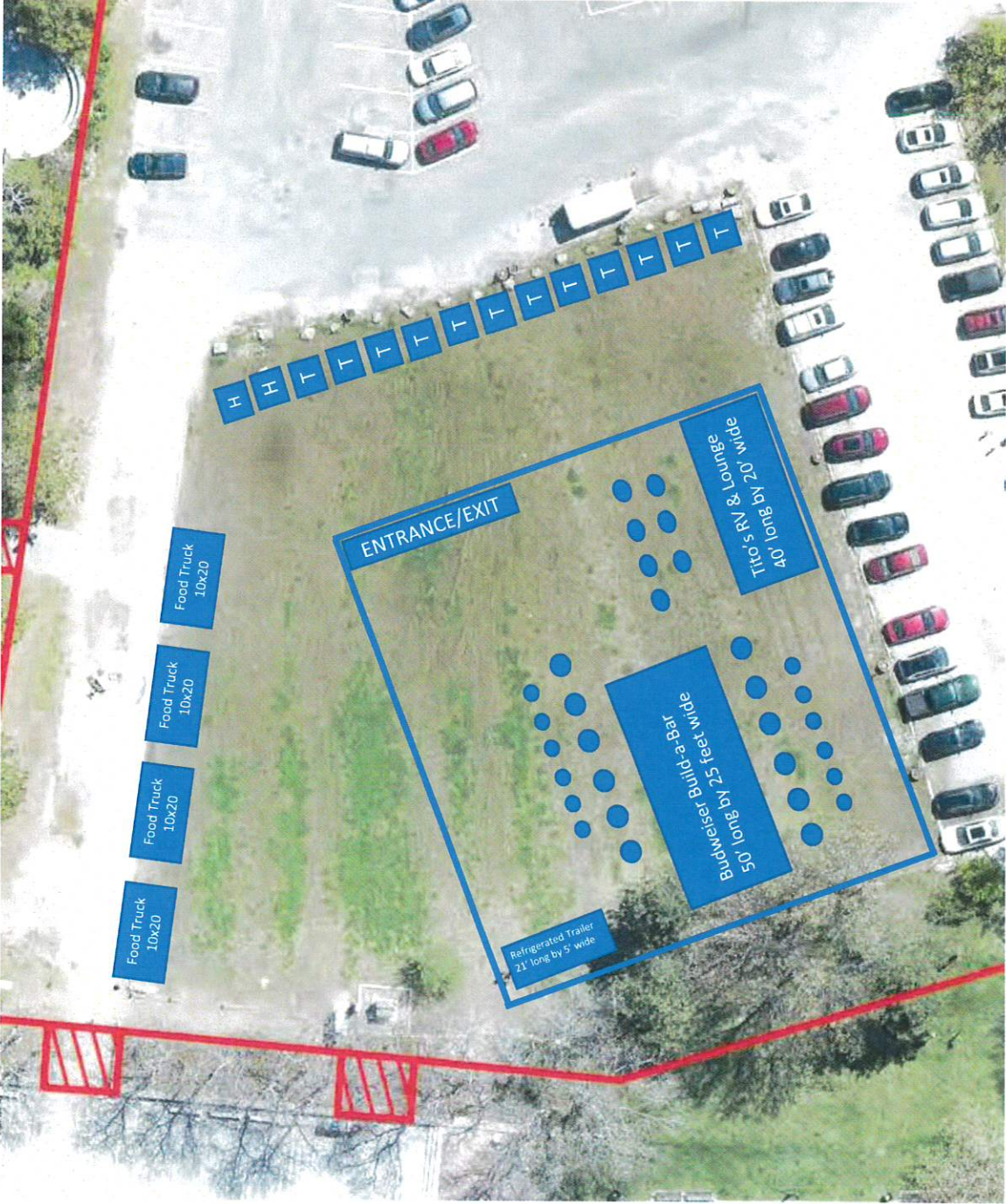
River
Tech. Tent
Branded
10x10

Stage

River
Tech. Tent
Branded
10x10



Stage, Sound Tent, and Handicap Area along with the Merchandise Tent



The blue outlined area for the Beer Garden is 112' wide and 96' feet long. The entire perimeter will be secured by 8'x 3' interlocking bike racks.

As in years past, there will be one entrance/exit area that is 16' wide. A TIPS-certified staff member from North Shore Bartending will check IDs. There will be Newburyport police officers always stationed at the entrance/exit from 11am to 6pm. Last call is 5:30pm. The concert ends at 6pm.

The Budweiser Build-a-Bar Beer Garden (see accompanying photographs) is 50' wide and 25' long. There will be approximately twenty tables (5 chairs per table) along with ten high-top tables (3 feet with no chairs). The Tito's RV & Lounge features a 40'x 20' RV and Lounge Area with 7 tables and chairs.

Northshore Bartending will have 4 bartenders and 1 bar back for the Budweiser area and 2 bartenders and 1 bar back for the Tito's Area. There will be 2 attendants checking IDs at the entrance/exit.

Seaboard Distributing will be delivering a 21' long by 5' wide refrigerated trailer for the beer product.

12 portable toilets and 2 handicap toilets will outline the perimeter of the lot. Set up will occur on Friday afternoon.

And lastly, there will be 4 food trucks arriving on Saturday morning serving food from 10am to 6pm.



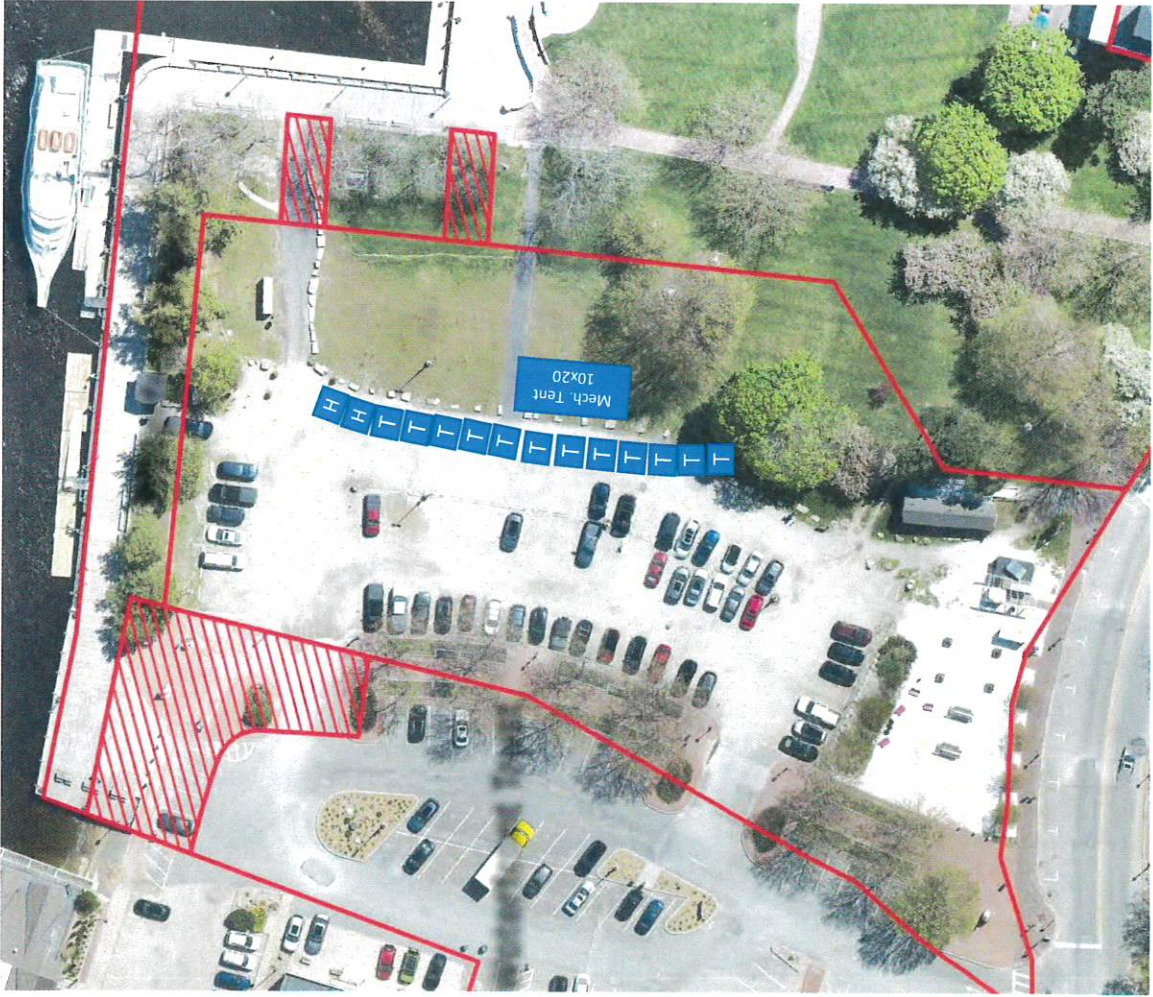
Budweiser Build-a-Bar Beer Garden



Tito's RV & Lounge with Chairs and Tables



Budweiser Build-a-Bar Beer Garden with Tables and Chairs



12 portable toilets and 2 handicap toilets will outline the perimeter of the NRA West parking lot as we've done in years past. Set up will occur on Friday afternoon between 1pm-5pm

A 10'x20' merchandise tent will be set up on Friday afternoon between 1pm-5pm. The tent will be near a walkway connecting NRA West parking lot and Waterfront Park.



NRA East Parking Lot Portable Toilets and Merchandise Tent



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/29/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER East Coast Global Insurance LLC 217 High Street Somersworth, NH 03878	CONTACT NAME: PHONE (A/C No, Ext): (603) 842-5968 FAX (A/C No): (603) 842-5971 E-MAIL ADDRESS: marcw@ecgillc.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Liberty Mutual Insurance Company	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	x	x	BKS55783906	11/16/2021	11/16/2022	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	x	x	BAS 55783906	11/16/2021	11/16/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	x		USO55783906	11/16/2021	11/16/2022	EACH OCCURRENCE \$ 3,000,000
	DED RETENTION \$						AGGREGATE \$ 3,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	x	XWS 55783906	11/16/2021	11/16/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Greater Newburyport Chamber of Commerce and Industry, The Firehouse Playhouse, The Waterfront Trust, Seaboard Distributing, Tito's Handmade Vodka, North Shore Bartending, The Newburyport Redevelopment Authority and the City of Newburyport are included as additional insured.

CERTIFICATE HOLDER City of Newburyport 60 Pleasant Street Newburyport, MA 01950	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <TF>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/29/2022

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	PHONE (A/C, No, Ext): (603) 842-5968	FAX (A/C, No): (603) 842-5971
E-MAIL ADDRESS: marcw@ecgillc.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Liberty Mutual Insurance Company		
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		


COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	x	x	BKS55783906	11/16/2021	11/16/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	x	x	BAS 55783906	11/16/2021	11/16/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	x		USO55783906	11/16/2021	11/16/2022	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	x	XWS 55783906	11/16/2021	11/16/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Greater Newburyport Chamber of Commerce and Industry, The Firehouse Playhouse, The Waterfront Trust, Seaboard Distributing, Tito's Handmade Vodka, North Shore Bartending, The Newburyport Redevelopment Authority and the City of Newburyport are included as additional insured.

CERTIFICATE HOLDER City of Newburyport 60 Pleasant Street Newburyport, MA 01950	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  <TF>

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9NORT80

OP ID: DN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/24/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 978-745-3300 John J Walsh Ins Agency, Inc P O Box 4407 Salem, MA 01970-6407 John J. Walsh Ins. Agcy., Inc.	CONTACT NAME: John J. Walsh Ins. Agcy., Inc. PHONE (A/C, No, Ext): 978-745-3300 FAX (A/C, No): 978-745-9557 E-MAIL ADDRESS: johnjw@walshinsurance.com
INSURER(S) AFFORDING COVERAGE	
INSURED North Shore Bartending Services Inc. 11 D Russell Street Salem, MA 01970	INSURER A : Mt Vernon Ins INSURER B : United States Liab Ins Co INSURER C : A.I.M. Mutual Ins. Companies INSURER D : INSURER E : INSURER F :

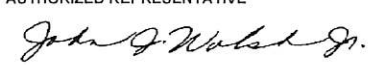
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR IWVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR			GL2011640	05/01/2022	05/01/2023	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>							PRODUCTS - COMP/OP AGG \$ 2,000,000
OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			BODILY INJURY (Per person) \$
<input type="checkbox"/> HIRED AUTOS ONLY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			BODILY INJURY (Per accident) \$
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
<input type="checkbox"/> EXCESS LIAB		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			AGGREGATE \$
DED RETENTION \$							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	Y / N N / A	VWC-100-6025417-2021A	07/29/2021	07/29/2022	<input checked="checked" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Liquor Liability			LQ1003973	05/01/2022	05/01/2023	LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Greater Newburyport Chamber of Commerce and Industry, The Firehouse Playhouse, The Waterfront Trust, Seaboard Distributing, Tito's Handmade Vodka, The Newburyport Redevelopment Authority and the City of Newburyport as additional insureds-Newburyport Riverfront Festival 7/23/22

CERTIFICATE HOLDER City of Newburyport 60 Pleasant Street Newburyport, MA 01950	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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9NORT80

OP ID: DN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/24/2022

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PRODUCER John J Walsh Ins Agency, Inc P O Box 4407 Salem, MA 01970-6407 John J. Walsh Ins. Agcy., Inc.		978-745-3300 CONTACT NAME: John J. Walsh Ins. Agcy., Inc. PHONE (A/C, No, Ext): 978-745-3300 FAX (A/C, No): 978-745-9557 E-MAIL ADDRESS: Johnjw@walshinsurance.com
INSURED North Shore Bartending Services Inc. 11 D Russell Street Salem, MA 01970		INSURER(S) AFFORDING COVERAGE INSURER A: Mt Vernon Ins INSURER B: United States Liab Ins Co INSURER C: A.I.M. Mutual Ins. Companies INSURER D: INSURER E: INSURER F:
		NAIC #

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		GL2011640	05/01/2022	05/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	VWC-100-6025417-2021A	07/29/2021	07/29/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Liquor Liability		LQ1003973	05/01/2022	05/01/2023	LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Greater Newburyport Chamber of Commerce and Industry, The Firehouse Playhouse, The Waterfront Trust, Seaboard Distributing, Tito's Handmade Vodka, The Newburyport Redevelopment Authority and the City of Newburyport as additional insureds-Newburyport Riverfront Festival 7/23/22

CERTIFICATE HOLDER**CANCELLATION**

City of Newburyport
 60 Pleasant Street
 Newburyport, MA 01950

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

John J. Walsh Jr.

Congratulations!

You have successfully completed the ServSafe Alcohol® Responsible Alcohol Service Training and Certification Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

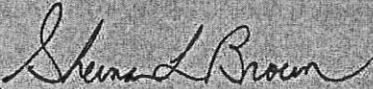
Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Senior Vice President, National Restaurant Association Solutions



ID # 12648845

CARD # 13578786

ServSafe Alcohol® CERTIFICATE

ELAYNE CRONIA M

NAME

4/27/2016

DATE OF EXAMINATION

Card expires three years from the date of examination. Local laws apply.



NOTE: You can access your score and certification information anytime at ServSafe.com with the class number provided on this form.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at ServiceCenter@restaurant.org or 800.765.2122, ext. 6703.

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Sherman Brown
Senior Vice President, National Restaurant Association Solutions

This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

In Alaska you must laminate your card for it to be valid.



175 West Jackson Boulevard,
Suite 1500
Chicago, IL 60604-2814
1.800.SERVSAFE
312.715.1010 In the Chicago area
ServSafe.com

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Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. BEANPOT BROADCASTING		
	2 Business name/disregarded entity name, if different from above WXRV FM 92. 5 THE RIVER		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		
	<input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions. 30 HOW ST		
6 City, state, and ZIP code HAVERHILL MA 01830			
7 List account number(s) here (optional)			
Requester's name and address (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

or

Employer identification number										
5	5		-	0	8	4	1	5	0	1

Part II Certification

- Under penalties of perjury, I certify that:
- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 - I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 - I am a U.S. citizen or other U.S. person (defined below); and
 - The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 5-14-2020
------------------	----------------------------	-------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Anthony Furnari

From: Anthony Furnari
Sent: Tuesday, March 1, 2022 6:47 AM
To: Sean Reardon
Cc: Andrew Levine; Jamie Tuccolo
Subject: Costs for DPS workers for Riverfest

Good Morning!

As requested are the costs for DPS employees doing cleanup for the Riverfest Event.

On the permit it requires the vendor to pay \$45.00 per employee for special events. This event with require 6 employees.

$\$45.00 \text{ per employee} \times 8 \text{ hours} = \$360.00 \text{ each} \times 6 \text{ employees} = \2160.00 Total

Let me know if you need anything else..

Tony

Anthony J. Furnari, Director
City of Newburyport
Department of Public Services
16a Perry Way
Newburyport, MA. 01950
office: 978-465-4463 ext.1702
fax: 978-465-1623
email: afurnari@cityofnewburyport.com

This message contains information which may be confidential and privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not use, copy or disclose to anyone the message or any information contained in the message. If you have received the message in error, please advise the sender by reply e-mail, and delete or destroy the message.

60 Pleasant St.
PO Box 550
Newburyport, MA 01950
Office: 978-465-4411
Cell: 978-572-6590

Sign up for e-alerts and general City information on CityofNewburyport.com



From: dstsauveur@wxrv.com <dstsauveur@wxrv.com>

Sent: Monday, March 7, 2022 5:00 PM

To: Andrew Levine <ALevine@CityofNewburyport.com>

Cc: eduggan@newburyportchamber.org; Sean Reardon <SReardon@CityofNewburyport.com>; nallard@newburyportchamber.org

Subject: RE: Anticipated Costs - Riverfest 2022

Thanks, Andrew.

My Comptroller had a couple of other questions for me. If you've got a moment tomorrow to respond, that would be great!

A question over the Police Detail and Overtime for \$8,624:

- Can you let me know how many police officers will be on the detail?
- What will their hours be (i.e., 10am-7pm)?
- And is there a reason for overtime?

And similar questions for Fire Prevention and Staffing.

- Can you let me know how many EMT's and fire staff will be working the event.
- What will their hours be too?

Thanks – Donald St. Sauveur

Item	Department	Amount
Special Event Permit Staffing	Department of Public Services	\$ 2,160.00
Police Details and Overtime	Police Department	\$ 8,624.00
Fire Prevention and Staffing	Fire Department	\$ 3,000.00
Downtown Impact Fee (Reserve)	Mayor's Office	\$ 2,000.00
Total		\$ 15,784.00

Donald St. Sauveur
General Manager
WXRV/92.5 the River
30 How Street | Haverhill, MA 01830
(617) 816-0040
dstsauveur@wxrv.com

