

NEWBURYPORT SPECIAL EVENT APPLICATION

RECEIVED
CITY CLERK'S OFFICE
NEWBURYPORT, MA

Tel. _____

Fax. _____

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

2022 AUG 18 PM 5:05

NAME OF EVENT: Newburyport Youth Hockey League Tag Day

Date: November 19, 2022 Time: from 7:30 am to 2:00 pm

Rain Date: _____ Time: from _____ to _____

2. Location*: Downtown (in front of stores/shops with permission)

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

3. Description of Property: Downtown / Sidewalks Public Private _____

4. Name of Organizer: Newburyport Youth Hockey League City Sponsored Event: Yes _____ No

Contact Person Ellen Benson

Address: 7 Upland Road Telephone: _____

E-Mail: evbenson@yahoo.com Cell Phone: 207 831 7875

Day of Event Contact & Phone: same

5. Number of Attendees Expected: 70-90 kids will participate in shifts

6. MA Tax Number: _____

7. Is the Event Being Advertised? Yes Where? NHHL website and social media

8. What Age Group is the Event Targeted to? all ages

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

* we will obtain advance permission from store/shop owners

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

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

*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 _____ Kiddie Rides _____ Games _____ Raffle _____

Other _____ Total # _____

Name of Carnival Operator: _____

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 (no trash)

If yes:

- a) How many trash receptacles will you be providing? _____
- b) How many recycling receptacles will you be providing? _____
- c) Will you be contracting for disposal of : **Trash** Yes ____ No ____ **Recycling** Yes ____ No ____
 - i. If yes, size of dumpster(s): **Trash** _____ **Recycling** _____
 - ii. Name of disposal company: **Trash** _____ **Recycling** _____
 - 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 _____
- b) # of recycling container(s) to be provided by Recycling Office _____
- 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)

_____ Standard # _____ ADA accessible

Name of company providing the portable toilets: _____

FOR STREET CLOSURE OR ANY USE OF A PUBLIC WAY

PARADE _____

ROAD RACE _____

WALKATHON _____

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

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

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

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

5. Start Time: _____ Expected End Time: _____

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

7. Locations of Water Stops (if any): _____

8. Will Detours for Motor Vehicles Be Required? _____ If so, where? _____

9. Formation Location & Time for Participants: _____

10. Dismissal Location & Time for Participants: _____

11. Additional Parade Information:



• Number of Floats: _____

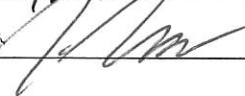
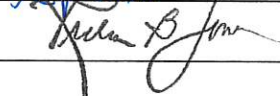
• Locations of Viewing Stations: _____

• Are Weapons Being Carried: Yes _____ No _____

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

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

CITY MARSHAL  4 Green St. FIRE CHIEF  0 Greenleaf St.

DEPUTY DIRECTOR  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: _____ | Signature _____ |
|----------------------|--|-----------------------------------|
| ___ | 1. Special Events: _____ | |
| ___ | 2. Police: _____ | |
| | Is Police Detail Required: _____ | # of Details Assigned: _____ |
| ___ | 3. Traffic, Parking & Transportation: _____ | |
| ___ | 4. ISD/Health: _____ | |
| ___ | 5. Recycling: _____ | |
| ___ | 6. ISD/Building: _____ | |
| ___ | 7. Electrical: _____ | |
| <u>NA</u> | 8. Fire: <u>NA</u> | |
| | Is Fire Detail Required: <u>NA</u> | # of Details Assigned: <u>NA</u> |
| ___ | 9. Public Works: <i>Fee for Special Events: \$45/hr/DPS employee for trash handling/staging etc. may apply</i> | |
| | Yes: \$_____ due on _____ | 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