Dear Event Applicant:

Enclosed is the Town of Cohasset’s Event Permit Application. Please complete the application form, sign, date, and attach a legible site plan for your event. Your application will not be processed without a completed form and applicant signature.

What requires an Event Permit Application? In general, any scheduled outdoor public gathering, regardless of size, involving the use of, or having an impact on, public property, public facilities, parks, streets, sidewalks, right-of-ways, vacant land, parking lots, or the temporary use of private property in a manner that varies from its current land use, as well as activities with outdoor amplified sound, requires a permit. Activities that do not require a permit include weddings, funeral ceremonies, elections, private yard sales, bake sales, Christmas tree sales on private property, fundraising car washes and certain retail sales promotions such as local business sidewalk sales.

In reviewing Event Permit Applications, the Cohasset Board of Selectmen will, at a minimum, consider the following:

- **Completeness of application** and applicant’s ability to meet any required conditions;
- **Impact on community**: road closings (miles, location, time), restrictions on public use of town facilities; restrictions on businesses and organizations; time of year/day of week; duration of event;
- **Tangible community benefits**: Cohasset resident and business involvement; applicant’s involvement/location in Cohasset; financial benefit to Town and community;
- **Impact on municipal services**
- **Charitable Impact/Affiliations**

Thank you for your interest in the Town of Cohasset. We look forward to working with you to ensure the success of your special event. If you have any questions, please contact the Town Manager’s Office at 781-383-4100 x 5101.

Regards,

Christopher Senior
Town Manager

Adopted by the Board of Selectmen in February 2016
The Town has established Event Policies and Procedures to provide a clear and uniform method for reviewing event applications, to ensure maximum public access and safety, and to contribute to the success of all events by providing a system for advance planning.

**Permit Application Process**

Completed applications must be filed with an application fee of $15, at least 60 days prior to requested date. New events and large scale events (more than 50 attendees) must file their application with the Town at least 120 days prior to the requested event date.

Completed application must include a sign-off on the Insurance Requirement form.

Maps or drawings submitted with the application must be legible.

Once the application is deemed complete and appropriate, Town departments will review the application and applicants may be required to meet with department representatives. The event director may be required to establish a full safety plan in conjunction with both the Police and Fire Departments before the application goes before the Board of Selectmen. Once the departments have signed off on an application, the application will go before the Selectmen for review (it is recommended that the event director appear at this meeting). The Board of Selectmen has the sole authority to approve, approve with conditions or modifications, or disapprove events.

**Approval**

If the Board approves the a special event application, an Event Permit will be issued only upon the acceptance of any conditions placed upon the application, full payment of the event fee (see attached chart), and presentation of an active insurance policy naming the Town of Cohasset as an additional insured. All fees must be paid in full and the certificate showing that insurance has been obtained must be filed with the Town no later than two weeks prior to the event.

Adopted by the Board of Selectmen in February 2016
In addition to the application and event fees, other fees may be required and may include, but is not limited to, entertainment fees, Board of Health fees, Fire inspection fees and building department permit fees. All costs associated with public safety including police and fire details shall be paid by the applicant upon receipt of an invoice.

Event directors are required to notify all abutters affected by the event using a Town certified abutters list which is obtained through the Assessor’s Office. The Board of Selectmen reserves the right to require additional resident notification as a condition of the permit. Notice must be given to abutters at least two weeks prior to the date of the event. Please note that Assessors have 3-10 business days to provide the applicant with the list for which there is a $25.00 fee.

signage for the event must conform to the sign bylaws of the Town of Cohasset and any signage for the event must be removed within 24 hours of the conclusion of the event.

Please note that if your event is a road race, street markings are expressly prohibited unless prior approval is obtained by the Cohasset Police Department and the Department of Public Works.

The Board of Selectmen reserves the right to amend the event application at any time.

**Checklist – Event Permit Application**

- Notify Town Manager/Board of Selectmen’s (BOS) office of desired date/event. (60 days or 120 for new/large events in advance of anticipated event date)
- Obtain an event application from the Town Manager/Board of Selectmen’s office 781-383-4100 x 5101 or online www.cohassetma.org.
- File completed form with application fee of $15.
- Town Manager/BOS office will advise on necessity of departmental meeting.
- Application to be presented to Board of Selectmen.

**Checklist - Approved Events**

- Retain insurance policy for event (Certificate must be filed with the Town at least 2 weeks prior to the event).
- Pay event fee - see schedule of fees.
- Apply/pay fees for any additional Town permits. 
  *All fees must be paid by two weeks prior to event or permit may be withheld.*
- Schedule public safety details, if required.
- Request abutters list from the Assessor’s Office (Takes 3-10 business day to turn around; there is $25.00 fee).

Adopted by the Board of Selectmen in February 2016
Event Permit Fee Schedule

<table>
<thead>
<tr>
<th>Required Application Fee:</th>
<th>$15 Permit Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tiered Permit Fees, to be paid upon permit approval.</td>
<td></td>
</tr>
<tr>
<td><strong>Events</strong></td>
<td></td>
</tr>
<tr>
<td>Events up to 50 people</td>
<td>$50/day, including set-up days</td>
</tr>
<tr>
<td>Events over 50 people</td>
<td>$100/day including set-up days, max $500</td>
</tr>
<tr>
<td><strong>Road Races/Marathons/Triathlons</strong></td>
<td></td>
</tr>
<tr>
<td>Road races under 5K</td>
<td></td>
</tr>
<tr>
<td>up to 50 people</td>
<td>$50/day</td>
</tr>
<tr>
<td>50-200 people</td>
<td>$100/day</td>
</tr>
<tr>
<td>200+ people</td>
<td>$150/day</td>
</tr>
<tr>
<td>5K-under 10K</td>
<td></td>
</tr>
<tr>
<td>up to 50 people</td>
<td>$75/day</td>
</tr>
<tr>
<td>50-200 people</td>
<td>$150/day</td>
</tr>
<tr>
<td>200+ people</td>
<td>$200/day</td>
</tr>
<tr>
<td>10K +/- Multi-sport events/Triathlons</td>
<td></td>
</tr>
<tr>
<td>up to 200 people</td>
<td>$250/day</td>
</tr>
<tr>
<td>200+ people</td>
<td>$400/day</td>
</tr>
</tbody>
</table>

The Board of Selectmen reserve the right to define the word “day” and assess permit fees that reflect individual events’ actual impact on public use of public space/roads.

Permits will not be issued until all fees are paid in full and a fully executed insurance certificate has been provided to the Town.
TOWN OF COHASSET

EVENT PERMIT APPLICATION

The application, together with any supplementary information and fees as may be required by the Town of Cohasset, must be submitted to the Town Manager’s Office at 41 Highland Avenue, Cohasset, MA 02025, not less than sixty (60) business days prior to the special event date to insure proper processing.

Please answer all questions. If they do not apply, put N/A. Thank you.

APPLICANT INFORMATION

Name of Applicant: __________________________________________________________

Company/Organization: ______________________________________________________

Mailing Address: _____________________________________________________________

Telephone: ___________________________ Fax: _______________________________

Email Address: _____________________________________________________________

Event Website: ______________________________________________________________

EVENT INFORMATION

Name of Event: ______________________________________________________________

Event Date(s): ___________________________ Type of Event: ________________________

(Including day of the week, i.e. Monday, 1/1/2020)

Event Time: ____________________________

Set up Date/Time: ______________________ Break Down Date/Time: ________________

Event Location: _____________________________________________________________

Number of Years Event has been in Existence: _________________________________

Is the Event Sanctioned by a National Body? If so, by whom? __________________

Please attach event sanction certificate

Approved by the Board of Selectmen in February 2016
ATTENDANCE

Estimated # of Participants: ____________  Entry Fee per Participant: ________
Estimated # of Spectators: ____________  Event Staff/Volunteers: ________

Please attach an event map and site plan with the following indicated:

  o  Detailed event layout/route with directional arrows, street names
  o  Make note of any roads or sidewalks that will be blocked or closed
  o  Placement and collection of signage, traffic control devices, barricades
  o  Location of event staff, volunteers along with proposed locations where police details are needed

PURPOSE AND DESCRIPTION OF THE EVENT

Is your organization a registered 501(c) 3? ____________ 

All filings must be up to date and the organization must be in good standing with the Attorney Generals Division of Public Charities.

What is the event’s charitable partner(s)? ______________________________

____________________________________________________________________

____________________________________________________________________

If a fundraising event, how much money will the event fundraise (estimated) and what are the estimated net proceeds that will go to charity?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

How will the event support and benefit the Town of Cohasset? ________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
*Provide action plans for the following:

A. *Parking Plan (participants & spectators)

B. *Road Closures/Traffic Control Plan

C. *Medical Emergency/First Aid Plan:

D. *Set up and break down/cleaning plan to return property to original state:
E. *Will you be initiating a recycling plan for event clean-up? :

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

F. *Restroom Facilities (Company used, location, quantity):
   (Board of Health Approved Sanitation companies only)

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

G. Will food or beverages be served at the event? If so, please list what kind and how it will be distributed.  (Vendors need Board of Health Approval)

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

H. Will any music (live or DJ) or public address system take place at the event? If so, please describe. (entertainment license may be required)

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

I. Will any tents or structures be used? If so, how many, where and approximate size? (building permit and fire department approval may be required)

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
INSURANCE REQUIREMENT

For special events involving the use of Town of Cohasset facilities or public right-of-way, proof of liability with coverage in the amount of $1,000,000.00 per occurrence is required, unless an additional amount is determined by the Town Manager.

Said general liability insurance for bodily injury and property damage shall include the Town of Cohasset, 41 Highland Avenue, Cohasset, MA 02025 as an additional insured on the policy of insurance which shall include a provision prohibiting cancellation of said policy except upon at least 30 days prior written notice to the Town of Cohasset.

All terms, conditions, and provisions of law, including but not limited to the bylaws of the Town of Cohasset shall remain in full force and effect and shall not be altered by this permit. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State of Local law regulating the use of public property.

The Town Manager or appointee, may revoke or terminate this application/permit if applicant fails to comply with any or all of its provision, requirements, or regulations as herein set forth or through willful or unreasonable neglect fails to heed of comply with notices given to him/her.

The applicant certifies that he/she has read and examined this application and agrees to comply with the terms and conditions contained herein.

Signature of Applicant: ________________________________

Date: ____________________
Town of Cohasset Department Review

POLICE DEPARTMENT

Police Detail Required? _________  Number of Officers Needed? _________

Comments: __________________________________________________________
______________________________________________________________________
______________________________________________________________________

Department Signature: _________________  Date: __________________________

FIRE DEPARTMENT

EMT Detail Required? _________  Number of EMT’S Needed? _________

Comments: __________________________________________________________
______________________________________________________________________
______________________________________________________________________

Department Signature: _________________  Date: __________________________

HARBORMASTER

Is a boat required? _________  Number of Personnel Needed? _________

Comments: __________________________________________________________
______________________________________________________________________
______________________________________________________________________

Department Signature: _________________  Date: __________________________

SCHOOL DEPARTMENT (if applicable: school property being used?)

Comments: __________________________________________________________
______________________________________________________________________
______________________________________________________________________

Department Signature: _________________  Date: __________________________

Approved by the Board of Selectmen in February 2016
PUBLIC WORKS
Comments: ____________________________________________________________
__________________________________________________________
__________________________________________________________
Department Signature: _______________ Date: __________________________

HEALTH DEPARTMENT
Comments: ____________________________________________________________
__________________________________________________________
__________________________________________________________
Department Signature: _______________ Date: __________________________

RECREATION DEPARTMENT
Comments: ____________________________________________________________
__________________________________________________________
__________________________________________________________
Department Signature: _______________ Date: __________________________

OTHER COMMENTS
Comments: ____________________________________________________________
__________________________________________________________
__________________________________________________________
Department Signature: _______________ Date: __________________________

TOWN MANAGER
Comments: ____________________________________________________________
__________________________________________________________
__________________________________________________________
CONTACT INFORMATION:

<table>
<thead>
<tr>
<th>Department</th>
<th>Contact Information</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Town Manager/ Board of Selectmen’s Office</td>
<td>Christopher Senior</td>
<td>781.383.4100 x 5101</td>
</tr>
<tr>
<td>Town Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:townmanager@cohassetma.org">townmanager@cohassetma.org</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jennifer Oram</td>
<td>781.383.4100 x 5127</td>
</tr>
<tr>
<td></td>
<td>Assistant to the Town Manager</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:joram@cohassetma.org">joram@cohassetma.org</a></td>
<td></td>
</tr>
<tr>
<td>Cohasset Fire Department</td>
<td>Chief Robert Silvia</td>
<td>781.383.6154</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:chief@cohassetfire.org">chief@cohassetfire.org</a></td>
<td></td>
</tr>
<tr>
<td>Cohasset Police Department</td>
<td>Chief William Quigley</td>
<td>781.383.1055</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:wquigley@cohassetpolice.com">wquigley@cohassetpolice.com</a></td>
<td></td>
</tr>
<tr>
<td>Cohasset DPW</td>
<td>Carl Sestito, Superintendent</td>
<td>781.383.0273</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:cohassetdpw@yahoo.com">cohassetdpw@yahoo.com</a></td>
<td></td>
</tr>
<tr>
<td>Cohasset Board of Health</td>
<td>Pam Fahey</td>
<td>781.383.4100 x 5119</td>
</tr>
<tr>
<td>Health Administrator</td>
<td><a href="mailto:pfahey@cohassetma.org">pfahey@cohassetma.org</a></td>
<td></td>
</tr>
<tr>
<td>Cohasset Building Department</td>
<td>Bob Egan</td>
<td>781.383.4100 x 5100</td>
</tr>
<tr>
<td>Building Inspector</td>
<td><a href="mailto:regan@cohassetma.org">regan@cohassetma.org</a></td>
<td></td>
</tr>
<tr>
<td>Recreation Department</td>
<td>Ted Carroll</td>
<td>781.383.4109</td>
</tr>
<tr>
<td>Recreation Director</td>
<td><a href="mailto:tcarroll@cohassetma.org">tcarroll@cohassetma.org</a></td>
<td></td>
</tr>
<tr>
<td>Board of Assessors</td>
<td>Abutters’ List</td>
<td>781.383.4100 x 5129</td>
</tr>
</tbody>
</table>