



# Special Events Park Use Application

455 State Road PMB #204 / 325 West Spring Street Tisbury, MA 02568 Telephone: (508) 684-8778

## APPLICANT AND SPONSORING ORGANIZATION INFORMATION

*Please complete all data as required.*

Name of Organization(s): \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Eve. Phone: (\_\_\_\_) \_\_\_\_\_ FAX#: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Web page: \_\_\_\_\_

Manager **ON SITE** Day of Event: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

*\*Any Change in the above information, please notify the Board of Selectmen immediately.*

## SPECIAL EVENT INFORMATION

*Complete all data as required for the event of any size*

Location: \_\_\_\_\_ Owen Park / Beach \_\_\_\_\_ Tashmoo Beach

\_\_\_\_\_ Veteran's Park, Field(s) requesting \_\_\_\_\_

Type of Event: \_\_\_\_\_

Event Title: \_\_\_\_\_ Event Date(s): \_\_\_\_\_ Rain date: \_\_\_\_\_

Hours requested: \_\_\_\_\_

Number of people expected: \_\_\_\_\_

### Please indicate whether the following items pertain to your event:

Description of Event set up (if applicable):

(Please attach additional sheets as necessary, including plans, drawings, maps, etc.)

\_\_\_\_\_ Will you set up tables(s) and or chairs? How many?: \_\_\_\_\_

\_\_\_\_\_ Does your event require Electricity source?: \_\_\_\_\_

\_\_\_\_\_ Entertainment, Please describe: \_\_\_\_\_

\_\_\_\_\_ Amplified Sound, If yes, please indicate: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Note: The Board of Selectmen retains the right to determine the fee of any event and to waive any and all fees**

**Deposit**

**\$50 deposit; which will be nonrefundable once application is approved by the Board of Selectmen.** Balance will be due no later than 30 days prior to the event. If unable to use park area due to rain, the **Board of Selectmen** will refund money except deposit.

**Insurance**

The Town of Tisbury requires a one million dollar liability (\$1,000,000,000) insurance certificate naming the Town of Tisbury as a certificate holder

**Affidavit of Application**

Everything that I have stated on this application is correct to the best of my knowledge. I have read, understand, and agree to abide by the policies and rules and regulations listed on this form as they pertain to the requested usage. By signing this application, the applicant agrees to follow all rules and regulations. The permit, if granted, is not transferable and is revocable at any time at the absolute discretion of the **Board of Selectmen**. The **Board of Selectmen** may require a CORI form completion for all public events. All programs and facilities of the Town of Tisbury are open to all citizens regardless of race, sex, age, color, religion, national origin or handicap.

**Department Approvals: Required on all applications**

\_\_\_\_ Facilities Director

\_\_\_\_ Board of Health

\_\_\_\_ Police Chief

\_\_\_\_ Fire Chief

\_\_\_\_ DPW Director

Name of Applicant(s) \_\_\_\_\_  
(print)

Signature(s): \_\_\_\_\_ date: \_\_\_\_\_

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***Official Use Only***

FINAL APPROVAL:

\_\_\_\_ Approved

Notes: \_\_\_\_\_

\_\_\_\_ Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Town Administrator: Jay Grande