



Town of Tolland

Special Event Permit Application

21 Tolland Green, Tolland, CT 06084

Applicant and Sponsoring Organization Information

Please complete all data as required.

Name of Organization: _____

Name of Applicant: _____

Address: _____ City/Town: _____ State: ____ Zip Code: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____ Fax #: (____) _____

E-Mail: _____ Web Page: _____

Manager **ON-SITE** during the event: _____ Cell: (____) _____

Email: _____ Alt. Contact Name & Number: _____

Any change in the above information, please immediately notify the Town Manager's Office, Public Safety & Planning Department's.

Special Event Information:

Complete all data as required for an event of any size.

Events that are held at Crandall's Pavilion or Crandall's Lodge with anticipated attendance of less than 100 people are exempt from this permit process. *(Please visit the Recreation Department for these specific Facility Use Forms.)*

Type of Event: Event is open to the public. Event is private.

Run/Walk Rally Parade Wedding Sporting Tournament Fair/Carnival

Concert Picnic Other (specify): _____

Event Title: _____

Event Date(s): _____ Estimated Attendance: _____

Location of the Event *(Describe physical boundaries, please include diagram(s) if available):* _____

Actual hours of event: _____ AM/PM - _____ AM/PM

Set-up times: _____ AM/PM - _____ AM/PM | Take -down times: _____ AM/PM - _____ AM/PM

Description of event set-up: _____

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

Please indicate whether the following items pertain to your event.

Yes	No
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Consult with Tolland Public Safety and Tolland Resident Trooper's Office.

Depending on the event, Tolland Department of Public Works and State Department of Transportation may need to be consulted as well.

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Will this event generate any pedestrian traffic? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will this event need on-site parking? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will this event require any road closures or detours? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this event require off-site parking? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will there be alcohol allowed at this event? |
| <input type="checkbox"/> | <input type="checkbox"/> | If alcohol is allowed, is the applicant providing or serving the alcohol for revenue? |

Please provide two site plans that detail how vehicular and pedestrian traffic will be affected.

Consult with the Sanitarian from Eastern Highlands Health District.

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Will this event provide food concession and/or on-site food preparation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the food that is being prepared, cooked, or served at the event area be available to the PUBLIC to consume? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you intend to cook food at the event? |

Please specify heating source you will be using for food preparation.

GAS ELECTRIC CHARCOAL OTHER: _____

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does this event require a first aid facility (ies) and/or ambulance (s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you set-up table (s) and/or chair (s)? How many of each?: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you need to set-up fencing, barrier (s) and/or barricade (s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will there be booth (s), exhibit (s), display (s), and/or enclosure (s)? |

Consult with the Building Inspector & Fire Marshal. Additional permit (s) may be required.

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does this event require canopy (ies) and/or tent (s)?
Please include dimensions: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this event require scaffolding, bleacher (s), platform (s), grandstand (s) or related structure (s)? Please describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this event require stage (s)?
Please include dimensions: _____ |

Will this event be providing entertainment? Please describe: _____

Will this event be advertised? If so, how? _____
Please include any advertising material you will publish. Please note, this event may not be advertised prior to Town of Tolland approval.

Is this event being sponsored by a third party? Will there be any vending or promotional activity going on during the event? Please describe: _____

*Does this event require electricity? What will the source be: _____

*Does this event require trash container (s) and/or dumpster (s)?

*Will this event require any vehicle (s) and/or trailer (s) to be stored on-site?
Type and quantity: _____

*Does this event require a banner (s)?

- *Does this event require portable toilet (s)? If yes, please provide contact info for company providing units: _____ Number of units: _____
- *Will this event provide inflatable device(s) and/or amusement (s) Please describe and include the source of inflation: _____
- *Does this event require amplified sound? If yes, please indicate the following:
START TIME: _____ and END TIME: _____
Please refer to Town Code for Noise Ordinance.

****This activity is not permitted on Tolland Green.***

Other Permits & Fees:

Please note, all components of this event are subject to review and approval by the Tolland Administrative Review Group. This event may require additional review and/or approval and/or permits from other town departments and/or state agencies. Tolland Administrative Review Group approval does not constitute permission from all agencies. It is the responsibility of the applicant to secure all necessary permits from the Town of Tolland and/or the State of Connecticut.

In the event that Public Safety and/or State Police personnel are assigned, the applicant understands they are responsible for these costs.

Insurance Requirements (Town owned Parks and Facilities only):

The permittee shall furnish a certificate of insurance affording general liability coverage, with limits of not less than \$300,000 per occurrence, protecting from and against bodily injury and property damage, and affording coverage for premises and completed operations liability. The General Liability coverage shall include the Town of Tolland and Tolland Board of Education, its directors, agents or employees as additional insured's and should include the additional insured endorsement with the documentation. The Town Manager reserves the right to require increased Liability coverage limits depending on the size and scope of the facility use by the permittee and also reserves the right to waive the need for this insurance.

The Town of Tolland, in an effort to help individuals, groups, and organizations using Town of Tolland owned parks and facilities to obtain liability insurance, has enrolled in the "tulip" program.

To access the tulip program, please follow the attached instructions.

Affidavit of Applicant:

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 Town Manager or the Tolland Administrative Review Group. All programs and facilities owned by the Town of Tolland are open to all citizens regardless of race, sex, age, color, religion, national origin or handicap.

Name of Applicant: _____

(print)

Signature: _____ Date: _____

The Town of Tolland reserves the right to amend this permit or application process based on special or unique events and/or circumstances.

**Applicant shall review this section.
This section shall be completed by Staff Only.**

Approval Process				Tolland Administrative Review Group Department	
Yes	No	N/A	Need More Info		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Director of Public Safety</i>	<i>Date</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Event requires Public Safety Officer (s).	<i>Number to be assigned</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>State Police Resident Trooper Sergeant</i>	<i>Date</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Event requires Connecticut State Trooper (s).	<i>Number to be assigned</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Director of Public Works</i>	<i>Date</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Director of Planning</i>	<i>Date</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Eastern Highlands Health District</i>	<i>Date</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Event requires Health District inspection prior to the event.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Building Inspector</i>	<i>Date</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Event requires Building Department inspection prior to the event.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Fire Marshal</i>	<i>Date</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Event requires Fire Marshal's Office inspection prior to the event.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Director of Recreation & Adult Education</i>	<i>Date</i>

Event notes: _____

This is event has been			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<i>Town of Tolland Town Manager</i>	<i>Date</i>