



# TOWN OF CHESHIRE

80 CHURCH STREET | CHESHIRE, MASSACHUSETTS 01225  
PHONE (413) 743-1690 X.18 | EMAIL: [JMORSE@CHESHIRE-MA.GOV](mailto:JMORSE@CHESHIRE-MA.GOV)

[WWW.CHESHIRE-MA.GOV](http://WWW.CHESHIRE-MA.GOV)

## OFFICE OF THE BOARD OF SELECTMEN

### Special 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. You must consult with all the required Town Departments, contact information can be found at the end of this application packet.

What requires a Special Event Permit application? In general, any scheduled outdoor public gathering regardless of size, involving the use of, or having an impact on, town property, town facilities, town parks, town streets (including roadside parking), town sidewalks, town parking lots and town-owned open space requires an Event Permit from the Cheshire Board of Selectmen.

You may be required to obtain a police detail or other additional municipal services. Costs for these are the responsibility of the applicant and prepayment, a deposit, or surety for payment may be required.

Approval of the permit is based upon the Board of Selectmen's determination that the event will not pose a risk of endangering public health, safety, or welfare, based upon their application of public safety criteria.

Example of events that may require a Special Event Permit from the Board of Selectmen are:

- Road Races
- Motor Cross and Off Road Vehicle Activities
- Cycling Events
- Festivals
- Outdoor Events (concerts, weddings, etc.)
- Parades

This application with supporting documentation must be submitted to the Town Administrator's Office located at 80 Church Street, Cheshire, MA 01225 or via email to [jmorse@cheshire-ma.gov](mailto:jmorse@cheshire-ma.gov) , not less than (21) business days prior to the special event date to insure proper processing.

# TOWN OF CHESHIRE SPECIAL EVENT PERMIT APPLICATION

## APPLICANT INFORMATION

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address:  
\_\_\_\_\_

Email: \_\_\_\_\_

Name of Event: \_\_\_\_\_

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

Event Location: \_\_\_\_\_

Event Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Proposed Rain Date: \_\_\_\_\_ Number of People: \_\_\_\_\_

**Please answer the following:**

1. Clearly describe your event (Please attach letter if more space is required)
  
  
  
  
  
  
  
  
  
  
2. Please attached an event map and site plan with the following indicated:
  - Detailed event layout/route with directional arrows and street names
  - Identify and road or sidewalks that will be blocked or closed.
  - Placement of collection of signage, traffic control devices, barricades
  - Location of event staff, volunteers along the proposed locations where police details are required, emergency medical stations, food service, port-a potties, etc.
  - Trash generated by the event must be removed immediately after the event. Event signage, port-a potties, and all other equipment should be removed within 48 hours.
  
  
  
  
  
  
  
  
  
  
3. Insurance Information: \_\_\_\_\_  
Issuing Company: \_\_\_\_\_  
Public Liability Coverage: \_\_\_\_\_

**APPLICATION CERTIFICATION**

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: \_\_\_\_\_

**\*PUBLIC SAFETY SIGNATURES \***

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Signature of Police Chief or Deputy Police Chief (**Mandatory**)  
Conditions:

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Signature of Fire Chief or Deputy Fire Chief (**Mandatory**)  
Conditions:

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Signature from Highway/DPW Department (**Mandatory**)  
Conditions:

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Signature from Board of Health (**Mandatory**)  
Conditions:

<b><u>FINAL APPROVAL</u></b>					
<b><u>BOARD OF SELECTMEN/TOWN ADMINISTRATOR</u></b>					
Complete Application	<input type="radio"/> Yes	<input type="radio"/> No	Date Available	<input type="radio"/> Yes	<input type="radio"/> No
Indemnification (if required)	<input type="radio"/> Yes	<input type="radio"/> No	Intended Route	<input type="radio"/> Yes	<input type="radio"/> No
<b><u>Comments/Conditions:</u></b> _____					
_____					
Select Board Approval: _____			Date: _____		
(Board of Selectmen Chair)					



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## OFFICE OF THE BOARD OF SELECTMEN

Thank you for your interest in the Town of Cheshire. We look forward to working with you to ensure the success of your special event. If you have any questions, please contact Jennifer Morse, Town Administrator at [jmorse@cheshire-ma.gov](mailto:jmorse@cheshire-ma.gov) or 413-643-1690 x. 18.

DEPARTMENT NAME		CONTACT INFORMATION
TOWN ADMINISTRATOR	JENNIFER MORSE <a href="mailto:jmorse@cheshire-ma.gov">jmorse@cheshire-ma.gov</a>	413-743-1690 x. 100
FIRE DEPARTMENT	TOM FRANCESCONI <a href="mailto:cheshirechief@gmail.com">cheshirechief@gmail.com</a>	413-743-3387
POLICE DEPARTMENT	MICHAEL ALIBOZEK <a href="mailto:cpd@cheshire-ma.gov">cpd@cheshire-ma.gov</a>	413-743-1501
DEPARTMENT OF PUBLIC WORKS	COREY MCGRATH <a href="mailto:dpw@cheshire-ma.gov">dpw@cheshire-ma.gov</a>	413-743-1690 x. 110
BOARD OF HEALTH	<a href="mailto:boh@cheshire-ma.gov">boh@cheshire-ma.gov</a>	413-743-1690 x. 106
TOWN CLERK	CHRISTINE EMERSON <a href="mailto:townclerk@cheshire-ma.gov">townclerk@cheshire-ma.gov</a>	413-743-1690 x. 104