

SPECIAL EVENTS APPLICATION FORM FOR SAWYER PARK IN KENSINGTON

Event Name: _____

Purpose of Event: _____

| | |
|--|---|
| <p>Organization/Sponsor Name:</p> <p>_____</p> <p>_____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Phone: _____</p> <p>E-mail: _____</p> | <p>Applicant/Contact Name:</p> <p>_____</p> <p>_____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Phone: _____</p> <p>E-mail: _____</p> |
|--|---|

Date of actual event: _____ **Time of actual event:** _____

Date of set-up: _____ **Time of set-up:** _____

Date of clean-up operations: _____ **Time of clean-up operations:** _____

Specific location of event: (Please attach site plan and/or map) _____

1. List any roads that may need to be closed, including specific dates and times plus time of re-opening:

| ROAD NAME | CLOSING DATE | CLOSING TIME | DATE OF RE-OPENING | TIME OF RE-OPENING |
|-----------|--------------|--------------|--------------------|--------------------|
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APPLICATION FORM (continued)

2. List projected number of persons attending the event. Include the basis for projection:

3. Will any temporary structures be built? Yes No
If yes, describe in detail and include location:

4. Will any signs or pennants be hung? Yes No
If yes describe in detail and include location:

5. Will there be any entertainment or music? Yes No
If yes, describe performance, times and location:

6. Will additional utility services be used such as power and water beyond that which is available in the area? Yes No
Describe in detail specific utilities and location: (Any additional utilities must be provided by the applicant.)

7. Is a parade planned in connection with the event? Yes No
State details, time and anticipated crowd; attach a map of route:

8. Are any street peddlers or vendors being planned? Yes No
Describe in detail:

APPLICATION FORM (continued)

9. Are food sales planned?

Yes

No

Describe in detail: (Applicant should also contact the local health department for regulations governing food sales.)

10. Describe in detail how do you plan to remove refuse and garbage: (Applicant must complete clean-up supplement for special events.)

11. Describe in detail how do you plan to provide security:

12. Describe parking areas and available transportation modes to and from the event:

13. Will existing bathroom facilities be adequate?

Yes

No

Describe plans to augment available sanitary facilities:

14. Do you plan to sell beer, wine or alcohol for public consumption? Yes

No

List any license presently held (section a.); provide evidence of liquor liability insurance.

a. _____

b. List beverages and vendors, plus locations and times of sale.

| BEVERAGE | VENDOR | TIME OF SALE | LOCATION | LICENSE |
|----------|--------|--------------|----------|---------|
| | | | | |
| | | | | |
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APPLICATION FORM (continued)

15. Explain the proposed controls for the sale of alcohol beverages where minors may be present:

16. Do you plan to publicize the event? Yes No
If yes, attach publicity plans.

Additional information questions:

A-1. _____ Yes No

A-2. _____ Yes No

Approval of this application will reserve for the applicant the requested event date/place providing all requirements outlined in this policy are met. If the special event request is approved, the sponsor shall assume full responsibility for compliance with all conditions, fees, and charges and further agrees to pay any cost associated with damage to Kensington town property, lost barricades/signs, cleanup by Kensington town crews, or any other additional Kensington town expense caused by this event, over and above the security deposit.

Applicant's Signature: _____ **Date:** _____

RETURN COMPLETED APPLICATION TO: **Sawyer Kensington Trust, 22 Cottage Road, Kensington, NH 03833; email: trustee@sawyerkensingtontrust.org.**
Make checks payable to: Sawyer Kensington Trust

Approved

Denied

Authorized Signature: _____ **Date:** _____

SPECIAL EVENTS LIABILITIES INFORMATION SHEET

Name of Event: _____ Date(s) of Event: _____
Entity: _____ Event Coordinator: _____
Starting time of Event: _____ Ending time of Event: _____
Location of Event: _____ Estimated Attendance: _____

Contacts

Event Sponsor/Promoter(s): _____ Phone: _____

Facility Maintenance Contact: _____ Phone: _____
Fire Department Contact: _____ Phone: _____
Police Department/Security Contact: _____ Phone: _____
Medical Response/Ambulance Contact: _____ Phone: _____
Utility Company Contact(s): _____ Phone: _____
Parking & Traffic Control Contact: _____ Phone: _____
Designated Media Spokesperson: _____ Phone: _____
Local Health Department Contact: _____ Phone: _____

Any other pertinent department(s): _____ Phone: _____

Phone: _____
Phone: _____

Insurance Contacts

Property/Liability Insurer: _____ Phone: _____
Contact: _____ Phone: _____

Special Events Liabilities Coverage Insurer: _____ Phone: _____
Contact: _____ Phone: _____

Workers' Compensation Insurer: _____ Phone: _____
Contact: _____ Phone: _____

Claims Adjuster Company: _____ Phone: _____
Contact: _____