TOWN OF SHUTESBURY
SPECIAL EVENT PERMIT APPLICATION

The Board of Selectmen, with this application, seeks to ensure that the applicant has complied with all applicable laws of public safety, health and order; that the Town and its residents are protected from the creation of a nuisance and that there is adequate safety and security for patrons and the affected public.

(If an answer requires additional space, please attach a separate sheet)

Date of Application: 8/22/25

Name of Applicant:_____ Phone #:_____

Address:_____

Email Address: _____ FED I.D.#: _____

Date of Event: 8/16/25

Name/Description of Event: _____

_____

Location of Event:_____

Event Begins: _____ ☐ a.m. ☐ p.m. Event Ends:_____ ☐ a.m. ☐ p.m

Estimated Attendance: _____ Estimated Number of Vehicles: _____

Describe Parking Site (# of spaces etc): _____

_____

Name of Sponsoring Organization:_____ Phone #:_____

Address:_____ _____

Email Address: _____ FED I.D.#: _____

Name of Landowner where Event will be held:_____

Address:_____ Phone #:_____

Email Address: _____

Describe Sanitary Facilities to be used: _____

_____

Describe Buildings to be used (include seating capacity, exits, etc.):_____

_____

Will entertainment be provided? Yes ◯ No ◯ If yes, attach a separate sheet explaining type, time(s) and duration of entertainment.

Could noise from event carry to the property of neighbors? Yes ◯ No ◯ If yes, attach a separate sheet explaining type, time(s) and duration of expected noise.

Will alcoholic beverages be sold or served? Yes ◯ No ◯

Will food be sold or served? Yes ◯ No ◯

NOTE: The Fire Chief and Police Chief will determine the need and the amount of fire, police and ambulance coverage needed.

Fees for Fire/Police & Ambulance services. All fees for fire, police and ambulance services will be the joint and several responsibilities of the landowner, applicant and sponsoring organization. Fire and police service supplies by the town departments will be billed by the town at the current rate established by each department. In addition to the charge for services, a 10% administrative fee will be added to the bill to cover office expenses.

Police Officer (four hour minimum), Call Chief for hourly rate 413-259-1279 $ _____

Fire Fighter (four hour minimum), Call Chief for hourly rate 413-259-1211 $ _____

Fire Truck ($25.00/hour per Truck) $ _____

10% Administrative Fee $ _____

Total Fees $ _____

STATEMENT OF ACCEPTANCE

By signing this application, I am stating that I have complied with all local, state, and federal regulations. That the information supplied accurately describes the proposed event and that I will pay current fees for fire and police services.

All three signatures are required before the Select Board will consider the application.

Applicant: _____ Date: _____

Sponsor: _____ Date: _____

Landowner: _____ Date: _____

All three department signatures are required before the Select Board will consider the application.

Board of Health: _____ Date: _____

Fire Chief: _____ Date: _____

Police Chief: _____ Date: _____

<u>This permit is not valid until it is approved by the Select Board</u>

Select Board Approval: _____ Date: _____
Select Board Chair or Designee