Dear Event Applicant:

Enclosed is the Town of Northfield’s Event Permit Application. Please complete the application form, sign, date, and attach a legible site plan for your event. Your application(s) will not be processed without a completed form and applicant signature.

**What requires an Event Permit Application?** In general, any scheduled outdoor public gathering, regardless of size, involving the use of, or having an impact on, public property, public facilities, parks, streets, sidewalks, rights-of-way, vacant land, parking lots, or the temporary use of private property in a manner that varies from its current land use, as well as activities with outdoor amplified sound, requires a permit. Activities that do not require a permit include weddings, funeral ceremonies, private yard sales, bake sales, Christmas tree sales on private property, fundraising car washes and certain retail sales promotions such as local business sales.

In reviewing Event Permit Applications, the Northfield Board of Selectmen will, at a minimum, consider the following:

- **Completeness of application** and applicant’s ability to meet any required conditions;
- **Impact on community**: road closings (miles, location, time), restrictions on public use of town facilities; restrictions on businesses and organizations; time of year/day of week; duration of event;
- **Tangible community benefits**: Northfield resident and business involvement; applicant’s involvement/location in Northfield; financial benefit to Town and community;
- **Impact on municipal services**
- **Charitable impact/affiliations**

Thank you for your interest in the Town of Northfield. We look forward to working with you to ensure the success of your special event. If you have any questions, please contact the Board of Selectmen’s Office at 413-498-2901 x110.
The Town has established Event Policies and Procedures to provide a clear and uniform method for reviewing event applications, to ensure maximum public access and safety, and to contribute to the success of all events by providing a system for advanced planning.

**Permit Application Process**

Completed applications must be filed with an application fee of $15, at least 30 days prior to requested date. New events and large scale events (more than 50 attendees) must file their application with the Town at least 60 days prior to the requested event date.

Completed application must include a sign-off on the Insurance Requirement form.

Maps or drawings submitted with the application must be legible.

Once the application is deemed complete and appropriate, Town departments will review the application and applicants may be required to meet with department representatives. The event director may be required to establish a full safety plan in conjunction with both the Police and Fire Departments before the application goes before the Board of Selectmen. Once the departments have signed off on an application, the application will go before the Selectmen for review (it is recommended that the event director appear at this meeting). The Board of Selectmen has the sole authority to approve, approve with conditions or modifications, or disapprove events.

**Approval**

If the Board approves a special event application, an Event Permit will be issued only upon the acceptance of any conditions placed upon the application, full payment of the fees (see attached chart), and proof of an active insurance policy naming the Town of Northfield as an additional insured. All fees must be paid in full and the certificate showing that insurance has been obtained must be filed with the Town no later than one week prior to the event.
In addition to the application and event fees, other fees may be required and may include, but are not limited to, entertainment fees, Board of Health fees, fire inspection fees and building department permit fees. All costs associated with public safety including police and fire details shall be paid by the applicant upon receipt of an invoice.

Event directors are required to notify all abutters affected by the event using a Town certified abutters list, which is obtained through the Assessor’s Office. The Board of Selectmen reserves the right to require additional resident notification as a condition of the permit. Notice must be given to abutters at least two weeks prior to the date of the event. Assessors have up to 10 business days to provide the applicant with the list, for which there is a fee (see attached fee schedule). Signage for the event must conform to the sign bylaws of the Town of Northfield and any signage for the event must be removed within 24 hours of the conclusion of the event.

Please note that if your event is a road race, street markings are expressly prohibited unless prior approval is obtained by the Northfield Police Department and the Highway Department.

The Board of Selectmen reserves the right to amend the event application at any time.

**Checklist – Event Permit Application**

- Notify Town Administrator/Board of Selectmen’s (BOS) office of desired date/event. (60 days or 120 for new/large events in advance of anticipated event date)

- Obtain an event application from the Town Administrator/Board of Selectmen’s office 413-498-2901 x 110 or online www.northfieldma.gov.

- File completed form with application fee of $15.

- Town Administrator/BOS office will advise on necessity of departmental meeting.

- Application to be presented to Board of Selectmen.

**Checklist - Approved Events**

- Retain insurance policy for event (Certificate must be filed with the Town at least 2 weeks prior to the event).
- Pay event fee - see schedule of fees.

- Apply/pay fees for any additional Town permits. *(All fees must be paid by two weeks prior to event or permit may be withheld.)*

- Schedule public safety details, if required.

- Provide evidence of Worker’s Compensation Coverage. *(attached, if required.)*

- Request abutters list from the Assessor’s Office (see fee schedule)
**Event Permit Fee Schedule**

**Required Application Fee:** $15 Permit Application

**Tiered Permit Fees,** to be paid upon permit approval.

**Events**
- Events up to 50 people: $50/day
- Events over 50 people: $100/day, max $500

**Road Races/Marathons/Triathlons**
- Road races under 5K
  - up to 50 people: $50/day
  - 50-200 people: $100/day
  - 200+ people: $150/day
- 5K-under 10K
  - up to 50 people: $75/day
  - 50-200 people: $150/day
  - 200+ people: $200/day
- 10K +/Multi-sport events/Triathlons
  - up to 200 people: $250/day
  - 200+ people: $400/day

Assessors abutters list: $25.00

**Board of Health:** [www.northfieldma.gov/board-health](http://www.northfieldma.gov/board-health)

**Fire Department:**
- Propane Storage: $25.00
- Tent Fire Inspection Fee: $10.00 per tent or canopy

The Board of Selectmen reserve the right to define the word “day” and assess permit fees that reflect individual events’ actual impact on public use of public space/roads.

Permits will not be issued until all fees are paid in full and a fully executed insurance certificate has been provided to the Town.
TOWN OF NORTHFIELD
EVENT PERMIT APPLICATION

The application, together with any supplementary information and fees as may be required by the Town of Northfield, must be submitted to the Town Administrator’s Office at 69 Main Street, Northfield, MA 01360, not less than sixty (60) business days prior to the special event date to insure proper processing

Please answer all questions. If they do not apply, put N/A.

APPLICANT INFORMATION

Name of Applicant: ________________________________
Company/Organization: ________________________________
Mailing Address: __________________________________________
Telephone: __________________ Fax: __________________
Email Address: ____________________________
Event Website: ________________________________

EVENT INFORMATION

Name of Event: ________________________________
Event Date(s): ________________ Type of Event: __________________
Event Time: ________________________________
Set up Date/Time: ________________ Break Down Date/Time: ________________
Event Location: ________________________________
Number of Years Event has been in Existence: __________________
Is the Event Sanctioned by a National Body? If so, by whom? __________________

Please attach event sanction certificate
**ATTENDANCE**

<table>
<thead>
<tr>
<th>Estimated # of Participants</th>
<th>Entry Fee per Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated # of Spectators</td>
<td></td>
</tr>
<tr>
<td># of Event Staff/Volunteers</td>
<td>Total Attendance:</td>
</tr>
</tbody>
</table>

Please attach an event map and site plan with the following indicated:

- Detailed event layout/route with directional arrows, street names
- Make note of any roads or sidewalks that will be blocked or closed
- Placement and collection of signage, traffic control devices, barricades
- Location of event staff, volunteers along with proposed locations where police details are needed, emergency medical stations, food service, port-a-potties, etc.

**PURPOSE AND DESCRIPTION OF THE EVENT**

Is your organization a registered 501(c) 3? 

Provide ST-2 Certificate

All filings must be up to date and the organization must be in good standing with the Attorney Generals Division of Public Charities.

What is the event’s charitable partner(s)?

If a fundraising event, how much money will the event fundraise (estimated) and what is the purpose?

Will the event support and benefit the Town of Northfield? How?
*Provide action plans for the following:

A. *Parking Plan (participants & spectators)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

B. *Road Closures/Traffic Control Plan

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

C. *Medical Emergency/First Aid Plan:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

D. *Set up and break down/cleaning plan to return property to original state:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
E. *Will you be initiating a recycling plan for event clean-up? :

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

F. *Restroom Facilities (Company used, location, quantity):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

G. Will food or beverages be served at the event? If so, please list what kind and how it will be distributed. *(Vendors need Board of Health Approval)*

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

H. Will any amplified music (live or DJ) or public address system take place at the event? If so, please describe. *(entertainment license may be required)*

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I. Will any tents or structures be used? If so, how many, where and approximate size? *(building permit and fire department approval may be required)*

________________________________________________________________________
INSURANCE REQUIREMENT

For special events involving the use of Town of Northfield facilities or public right-of-way, proof of liability with coverage in the amount of $1,000,000.00 per occurrence is required, unless an additional amount is determined by the Town Administrator.

Said general liability insurance for bodily injury and property damage shall include the Town of Northfield, 69 Main Street, Northfield, MA 01360 as an additional insured on the policy of insurance which shall include a provision prohibiting cancellation of said policy except upon at least 30 days prior written notice to the Town of Northfield.

All terms, conditions, and provisions of law, including but not limited to the bylaws of the Town of Northfield shall remain in full force and effect and shall not be altered by this permit. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State of Local law regulating the use of public property.

The Town Administrator, or appointee, may revoke or terminate this application/permit if applicant fails to comply with any or all of its provision, requirements, or regulations as herein set forth or through willful or unreasonable neglect fails to heed of comply with notices given to him/her.

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: ______________
Town of Northfield Department Review

POLICE DEPARTMENT

Police Detail Required? _________  Number of Officers Needed? _______

Comments/Conditions:

________________________________________________________________________

________________________________________________________________________

Department Signature: ______________  Date: __________________________

FIRE DEPARTMENT

Detail Required? ________________  Number of Fire Personnel Needed? __

Comments/Conditions:

________________________________________________________________________

________________________________________________________________________

Department Signature: ______________  Date: __________________________

EMERGENCY MEDICAL SERVICES

Is an Ambulance required? ___  Number of Personnel Needed? ______

Comments / Conditions:

________________________________________________________________________

________________________________________________________________________

Department Signature: ______________  Date: __________________________
REGIONAL SCHOOL (if applicable: school property being used?)

Comments / Conditions:


Department Signature: _____________  Date: ________________

HIGHWAY DEPARTMENT

Comments / Conditions:


Department Signature: _____________  Date: ________________

BOARD OF HEALTH

Comments / Conditions:


Department Signature: _____________  Date: ________________
RECREATION

Comments / Conditions:

______________________________________________________________________

______________________________________________________________________

Department Signature: ___________ Date: ________________

OTHER COMMENTS

Comments / Conditions:

______________________________________________________________________

______________________________________________________________________

Department Signature: ___________ Date: ________________

TOWN ADMINISTRATOR

Comments/Conditions:

______________________________________________________________________

______________________________________________________________________

Department Signature: ___________ Date: ________________
<table>
<thead>
<tr>
<th>CONTACT INFORMATION</th>
</tr>
</thead>
</table>
| **Selectboard Office** | Town Administrator  
allamas@northfieldma.gov | 413-498-2901 x115 |
| **Northfield Fire Department** | Chief Skip Dunnell | 413-498-5100 |
| **Northfield Emergency Medical Services** | Chief Mark Fortier  
Nfldems@verizon.net | 413-498-5112 |
| **Northfield Police Department** | Chief Robert F. Leighton  
police@northfieldma.gov | 413-498-5118 |
| **Northfield Highway** | Thomas Walker, Superintendent  
nhwy@northfieldma.gov | 413-498-5117 |
| **Northfield Board of Health** | bdhealth@northfieldma.gov | 413-498-2901 x117 |
| **Northfield Building Commissioner** | James Hawkins  
binspect@northfieldma.gov | 413-498-2901 x122 |
| **Recreation Commission** | Theresa Quinn Tsipenyuk | |
| **Board of Assessors** | Beth Walker  
assessors@northfieldma.gov | 413-498-2901 x118 |
To: All Food Vendors


Massachusetts General Law Chapter 527 Section 1.0 is now in effect, the Northfield Fire Department will be enforcing all the requirements for mobile and temporary food vending. The following is a list of enforced requirements:

- A fire department inspection is required for all temporary cooking food vendors.
- All outside propane storage required for the site will be permitted by the Northfield Fire Department. (See permit fees section).
- LPG tanks must be hydrostatic tested within 12 years or they will not be allowed to be placed in service and must be removed from the event.
- LP-gas container(s) shall be located at the outer edge of the canopy, a minimum of 5' away from any heat producing appliance. The container shall be protected to prevent tampering or damage by vehicles or other hazards. The container shall be securely fastened to prevent tipping that could result in damage to the hose or connection. All tanks and lines shall be leak free. Safety valves are to be pointed away from the tent and heating appliance.
- Cooking canopies are to be located no less than 10’ from any other canopy, tent or structure.
- Food shall be served from the outer edge of the tent. Suitable barriers shall be provided to maintain a distance of not less than 5' between areas accessed by the general public and the cooking equipment.
- The use of membrane structures (tents) for cooking activities is restricted to free standing canopies with no sides attached during the cooking activities.
- A minimum of one K-class and one 10 pound ABC extinguisher shall be placed at the end of each cooking line. All extinguishers must have a current inspection tag.
• Flat top & grill cooking shall have a minimum of one K-class and one 10 pound ABC fire extinguisher. All extinguishers must have a current inspection tag.

• Flat top and grill cooking that takes place under a flame rated tent shall be 36 " clearance from any flammable materials (example: any portion of the tent or canopy).

• All tents that are used for food vending with cooking operations will be required to be flame rated and proof of rating if not properly labeled. Rating must meet NFPA 102, NFPA 701 or the California flame rating equivalent.

• Food vendors working from a mobile food unit (truck or trailer), must meet the requirements of 527 CMR 50.2.1.9 and NFPA 96 when cooking anything that produces grease laden vapor.

• All cooking equipment will be required to be approved and listed commercial equipment per 527 CMR 1.0, NFPA 96, 3.2.4 (2011 Edition).

• All fire extinguisher systems and extinguishers will need to be serviced and inspected by a licensed technician. A service tag with the last date of inspection will be required per 527 CMR 1.0.

If there are any questions regarding the listed requirements, please feel free to contact the fire chief 48 hours prior to the scheduled event.

Thank you,

F. M. "Skip" Dunnell III
Chief
Return completed application to: Town of Northfield Fire Department

Permit Number: ___________________________   Dig Safe Number
City of Town: _____________________________
Date: _____________________________

In accordance with the provisions of M.G. L. Chapter 148, as provided in Section ______ application is hereby made
by: ________________________________
   (Full Name of Person, Firm or Corporation)   (Phone Number)
of: ________________________________
   (Address; Street or P.O. Box, City or Town, Zip Code)
for permission to (state clearly purpose for which permit is requested) __________________
   _______________________________________
   _______________________________________
   _______________________________________

Name of Competent Operator (if applicable) ______________________ Cert. No. ______

Date Issued-rejected ___________________________ By ____________________________
   (Signature of Applicant)
Date of expiration _________________________ Fee ____________ Amount Paid $ _________
TEMPORARY FOOD SERVICE APPLICATION

Name of Business: ____________________________________________________
Name of Owner: ______________________________________________________
Address: ____________________________________________________________
Mailing Address (if different): _________________________________________
Telephone(s): _________________________________________________________

LOCATION OF MOBILE FOOD SERVICE: ________________________________

Have you submitted your application for a Common Victualer’s License from the Selectboard Office? Yes:____ No:____

Base of Operation (if food is to be prepared off-site from temporary site):
____________________________________________________________________

Type of food(s) being served:
____________________________________________________________________

____________________________________________________________________

How will refrigerated items be kept cold while at the site? __________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

How are hot items to be heated and maintained? __________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Where will the hot water for hand/pot washing be supplied from? ______________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Has Applicant/Owner been trained in Food Certification Course? Y ___ N ____

Has a “Person in charge” been named? Y___ N ____

Is so, please state name of “Person in Charge”: ________________________________

Contact Phone Number of Person in Charge: ________________________________

Is operator Servsafe Certified?  Y / N  *Attach Copy of Certificate.

Type of Food Service Unit:  (Check all that apply)

- [ ] Mobile Trailer  [ ] Permanent Building  [ ] Pushcart
- [ ] Other: __________________________________ (please specify)

**FOOD STORAGE**

Is adequate freezer and refrigeration (mechanical/ice) available to maintain frozen foods at a frozen state, and refrigerated foods at 41º degrees F and below?

Yes: _____  No: _____

Will each refrigerator or freezer be supplied with a thermometer?

Yes: _____  No: _____

Number of refrigeration units: ____

Number of freezer units: ____

**Note: Packaged foods shall not be stored in contact with water or undrained ice. Wrapped sandwiches shall not be stored in direct contact with ice.**

**Protective covers must be provided for unwrapped foods on display.**

Signature of Vendor: ________________________________

Print Name:

Please sign and return with the $25.00 fee (check made payable to Town of Northfield) to: Northfield Board of Health, 69 Main Street, Northfield, MA 01360

Thank you. If you have any questions, please call David Zarozinski at 413-549-3710.
# TOWN OF NORTHFIELD SPECIAL EVENTS PERMIT

**Date of Application:**

**Event organization and address for marketing use:**

**Name & address of contact person:**

<table>
<thead>
<tr>
<th>Event name for marketing use</th>
<th>Event dates(s):</th>
</tr>
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<tbody>
<tr>
<td>___________________________</td>
<td>__________________</td>
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**Location of event (if on State land, approval is needed):**

**Description of event:**

<table>
<thead>
<tr>
<th>Event start time</th>
<th>Event end time</th>
<th>Set up date</th>
<th>Set up time</th>
<th># of participants</th>
<th># of spectators</th>
</tr>
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<tbody>
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<td>_______</td>
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**Will your walk/run/bicycle event take place after dark?**

**Will your event require street closings?**

**Do you have an EMS plan?**

**Do you have a traffic plan?**

**Use the Amplified Music?**

**Will there be alcohol?**

**Use of propane?**

**Will there be food?**

**Will there be vendors?**

**Use of barrels or signage?**

**Use of electricity /generator?**

**Use of tents?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tr>
<td>(see Police / 413-498-5118)</td>
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<tr>
<td>(see Police / 413-498-5118 - A meeting with Police is required)</td>
<td></td>
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<tr>
<td>(see EMS Chief 413-498-5112)</td>
<td></td>
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<tr>
<td>(see Health Dept. for One Day Food Service License / 413-498-2901 x117)</td>
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<td>(see Board of Health Office for Vending License / 413-498-2901 x117)</td>
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