Dear Event Applicant:

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

**What requires a Seasonal Event Permit Application?** In general, any series of, or plans to, schedule multiple outdoor public gatherings, regardless of size (but no more than 300 people), that vary from the current use/license of the Venue over the course of a calendar year. These events may have an impact on, public or neighboring property by use of outdoor lighting, amplified sound, etc.

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

- **Completeness of application** and applicant’s ability to meet any required conditions;
- **Impact on community/neighborhood**: neighborhood 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 events.
- **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 events. If you have any questions, please contact the Select Board’s Office at 413-498-2901 x110.
Town of Northfield  
Event Policies & Procedures

The Town has established a Seasonal Event Policy 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 $200, at least 30 days prior to first scheduled 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 Select Board. Once the departments have signed off on an application, the application will go before the Select Board for review (it is recommended that the event director appear at this meeting). The Select Board has the sole authority to approve, approve with conditions or modifications, or disapprove events.

**Approval**

If the Select Board approves a seasonal event application, a Seasonal 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 first scheduled event.
In addition to the application and 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.

Prior to the meeting with the Select Board, applicants will be notified of the date. First time Applicants are required to notify all immediate abutters to the property of that meeting date in writing, using a Town certified abutters list, which is obtained through the Assessor’s Office. The Select Board reserves the right to require additional resident notification as a condition of the permit. Notice must be given to abutters at least one week prior to the date of the meeting. Assessors have up to 10 business days to provide the applicant with the list, for which there is a fee. Signage for events must conform to the sign bylaws of the Town of Northfield and any signage for the events must be removed within 24 hours of the conclusion of the events.

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

**Checklist – Event Permit Application**

- Obtain a Seasonal Event Permit application from the Town Administrator/Select Board’s office 413-498-2901 x 110 or online [www.northfieldma.gov](http://www.northfieldma.gov).

- File completed form and application fee of $200 at least 30 days prior to first scheduled event, application to include:

  - Applicable forms (see below)
  - Other necessary permits
  - Insurance policy
  - Notified abutters list (new applicants)

- Town Administrator/Select Board office will advise on date of Select Board meeting at which the permit will be reviewed.

- New Applicant will notify (in writing) immediate abutters.

- Application to be presented to Select Board at scheduled meeting.
Event Permit Fee Schedule

Required Application Fee: $200

For information on other fees:

Board of Health: www.northfieldma.gov/board-health

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

Permits will not be issued until all fees are paid in full.
TOWN OF NORTHFIELD
SEASONAL 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 thirty (30) business days prior to the FIRST event date to ensure 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: ______________________________________________________________

SEASONAL EVENT VENUE INFORMATION

Choose one: NEW ☐ RENEWAL ☐

Venue Address/Location: ______________________________________________________

Type of Events: ______________________________________________________________

Venue Regular Days/Hours of Operation (if applicable): _________________________

Applying for the following:

☐ All venue open hours:_______________________________________________________

☐ Limited hours (i.e., Thu. -Sun., 6:00 pm -10:00 pm):__________________________

☐ I acknowledge that I have received and reviewed the Town’s noise bylaw and
will comply with the bylaw provisions.

☐ I request the following accommodations:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

ATTENDANCE

Maximum Occupancy of Venue: __________________________

Number of Event Staff: __________________________

Please attach a site plan with the following indicated:

- Detailed event layout with 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,
- Proposed locations where police details are needed, emergency medical stations, food service, port-a-potties, etc. (if applicable)

Describe plans for the following:

A. Parking Plan (participants & spectators) – attach map if possible

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

B. *Road Closures/Traffic Control Plan:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

C. *Medical Emergency/First Aid Plan:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

D. *Will you be initiating a recycling plan for event clean-up?

_________________________________________________________________

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

_________________________________________________________________
_________________________________________________________________

F. Do you hold all necessary food and/or liquor licenses for these events?
   □ Yes
   □ No

G. If no, please list what kind and how it will be distributed. *(Need to attach 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, including any measures taken to mitigate impact on abutters.

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:
HIGHWAY DEPARTMENT (if impacting public way)

Comments / Conditions:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Department Signature: Date:

BOARD OF HEALTH (if food permit required)

Comments / Conditions:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Department Signature: Date:

TOWN ADMINISTRATOR

Comments/Conditions:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Signature: Date:
SELECT BOARD

Comments/Conditions:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Date Meeting Discussed:

Chair Signature:  Date Approved:
<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  
skipdunnell@gmail.com | 413-498-5100 |
| **Northfield Emergency Medical Services** | Chief Mark Fortier  
Nfldems@verizon.net | 413-498-5112 |
| **Northfield Police Department** | Chief Jon Hall  
police@northfieldma.gov | 413-498-5118 |
| **Northfield Highway** | Thomas Walker, Superintendent  
hwvy@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 |
| **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: ________________________
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 41° 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 contact Claudia Lucas

health.agent86@gmail.com.