



MANSFIELD

SPECIAL EVENTS APPLICATION

Town of Mansfield
 6 Park Row, Mansfield, MA 02048
 Phone: 508-261-7372 Fax: 508-261-7498

www.mansfieldma.com

Upon receipt of this completed application, you will be contacted by the Secretary to the Select Board for the Town of Mansfield. This application can be downloaded at www.mansfieldma.com. This application must be received 30 days prior to the event. Please note that submission of this application should in no way be construed as final approval or confirmation of your request. Final approval will require sign-off by Public Safety Departments and possible review and sign-off by the Select Board and does include filing of and payment for all required permits.

Date of Application	
Applicant Information (name, address, phone number, email)	
Event Category (please check any and all that apply)	<input type="checkbox"/> Block Party <input type="checkbox"/> Carnival <input type="checkbox"/> Circus <input type="checkbox"/> Concert/Performance <input type="checkbox"/> Farmers' Market/Sidewalk Sale or Fair (with multiple vendors) <input type="checkbox"/> Fine Arts Exhibits <input type="checkbox"/> Parades/Procession <input type="checkbox"/> Rental of a Public Building or Facility <input type="checkbox"/> Road race/Walk Other: _____
Event Detail (name and short description)	
Proposed Date	
Location	For road races/walks, please include start/finish locations and attach map of route.
Event Start Time	Your event may require pre-inspection by Town staff on the day of the event.
Event End Time	
Event Contacts (include organizer's name, address, phone, email and web-site if applicable)	

EVENT FEATURES		
Please Answer All That Apply		
Will You Serve Or Sell Alcohol?	Y or N	If Yes, how many vendors?
Will You Serve, Sell Or Give Away Food?	Y or N	If Yes, how many vendors?
Will You Sell Or Give Away Merchandise?	Y or N	If Yes, how many vendors?
Will Your Event Use, Close Or Block Any Of The Following?	<input type="checkbox"/> Town Streets <input type="checkbox"/> Town Sidewalks <input type="checkbox"/> Town Parking Lots <input type="checkbox"/> Town Commons <input type="checkbox"/> Town Rights Of Way <input type="checkbox"/> Town Fire Hydrants	
Will Your Event Require Any Of The Following?	<input type="checkbox"/> Tent/s If Yes, how many? <input type="checkbox"/> Electrical Services/Generators If Yes, please provide name of vendor _____ <input type="checkbox"/> Temporary Fencing <input type="checkbox"/> Amplified Sound (live music or deejay) <input type="checkbox"/> Public Dance Floor <input type="checkbox"/> Stage If Yes, what size _____ If Yes, please provide name of vendor _____	
Will Your Event Include Any Of The Following?	<input type="checkbox"/> Open Flames or Cooking/Propane <input type="checkbox"/> Carnival or Amusement Rides <input type="checkbox"/> Inflatable Amusements <input type="checkbox"/> Games <input type="checkbox"/> Live Animals <input type="checkbox"/> Raffle <input type="checkbox"/> Special Effects <input type="checkbox"/> Exterior Lighting <input type="checkbox"/> Pyrotechnics/Fireworks	
Attendance	Will you charge an admission fee? Y or N How many people do you expect to attend (per day)?	
Publicity	Will you event require signs or banners? Y or N	

Parking Plan (please provide description)	
Clean-Up Plan (include trash removal/clean-up plan, and name of vendor, if applicable)	
Event Security	Upon review of your application, you may be required to use and pay additional fees for police officers and/or emergency medical services personnel.
Insurance	Please note that you may require a Certificate of Insurance.

The application process begins when you submit this completed Special Events Permit Application to the Town of Mansfield. Please note that submission of your application should in no way be construed as final approval or confirmation of your request. Upon receipt of you application, the Town of Mansfield’s Secretary to the Select Board will help guide you through the permit process. Copies of your application will be forwarded and reviewed by the appropriate Town departments and divisions. You may be required to speak before the Board of Selectmen to explain your event. If your event requires additional permits, licenses, certificates, site inspections or police detail, you will be notified. In some cases, costs are associated. Upon approval by the Select Board, you will receive a letter of approval.

NAME (please print): _____

SIGNATURE: _____

OFFICE USE ONLY:

Date Received: _____

Insurance Required: YES NO

Insurance Received: YES NO

Event Approval: YES NO

Permit Issued: _____