



### PUTNAM TOWN CLERK

200 School Street  
Putnam, CT 06260  
(860) 963-6807



## SPECIAL EVENT PERMIT APPLICATION

### FOR OFFICIAL USE ONLY

Date Rec'd: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Permit # \_\_\_\_\_

Review Required: Board of Selectmen, Building Official, Emergency Management, Fire Marshal,  
Town Clerk, Parks & Recreation, Public Works, Putnam Police Department

\*Town Clerk Approval: \_\_\_\_\_ Date: \_\_\_\_\_

### **\*EVENT MUST ADHERE TO ALL STATE OF CONNECTICUT COVID-19 REGULATIONS\***

Submit **COMPLETED** Special Event Permit Application a minimum of 45 days prior to the event. The Special Event Permit \$100.00 non-refundable application fee is due at the time of application. Acceptable forms of payment: Cash, Certified Bank Check or Money Order. No personal checks. Applicant to be liable for any overtime for Town employees or other extraordinary expenses incurred by the Town as a result of the special event.

### **APPLICANT INFORMATION**

Event Name		
Event Date/s		
Event Times:		
Location (please be specific)		
Applicant Name		
Street Address		
Town, State, Zip Code		
Day Phone		
E-Mail Address		
Sponsoring Organization		
Contact Person On-Site Day of Event/Emergency Contact	Name	Cell Number
Tax Exempt Id Number if Applicable		
Are You a Charitable/non-Profit Organization? Yes or No (circle one)	If yes, Enter Ct State Tax Exempt #	Please Include a copy of your current 501 (c)(3) with application.

**EVENT TYPE**

- CONCERT
- CYCLING EVENT
- FAIR/CARNIVAL
- FESTIVAL
- FUNDRAISER
- PARADE
- PERFORMING ARTS
- PROMOTIONAL
- RUN/WALK
- SPORTING EVENT
- OTHER: Please describe

**\*Board of Selectman Approval**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

**LOCATION**

RECREATIONAL PARK OR FACILITY? If so, note location.

**Recreation Director** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EVENT DESCRIPTION**

Describe event, attach site map, indicate boundaries, location of tents, activity areas, portable restrooms etc.

**EVENT TIMELINE**

Attach a timeline, sequence of events, including equipment deliveries, set-up and tear down.

**ADMISSIONS/VENDORS**

Will items or services be sold at the event? If yes, describe.

**ALCOHOL/FOOD**

Does event include the sale or consumption of alcohol? Yes/No If yes, describe and attach copy of your state permit.

Will vendors cook or heat food? If yes, describe. **NOTE:** Compliance with Health Department required.

**AMPLIFIED SOUND**

Will the event have amplified sound? If yes, describe. Noise restrictions may apply.

**ANIMALS**

Will your event include animals (petting zoo, pony rides, dog/walk run) If yes, describe.

**FIREWORKS**

Will there be fireworks at the event? If yes, provide company name, contact, email and phone.

**FIRST AID**

Will you require additional fire department staffing? If yes, describe. The Town may require additional staffing. Please describe your First Aid plan of action.

**POWER**

Does the event require electricity? If yes, describe.

Does the event require generators? If yes, describe and indicate provider

Will there be handling of vehicle fuel? If yes, describe.

**POLICE/SECURITY**

Are you requesting additional police staffing? If yes, describe. The Town may require additional safety measures.

Does this event require overnight security? If yes, indicate provider.

**\*Putnam Police Department Approval** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SIGNAGE**

Will your event use and post signage, banners or a-frames? If yes, describe desired locations and timeline requested.

**STAGES/STRUCTURES/TENTS**

*Main Street Events* are limited to 10 x 10 popup tents. Special permission is needed otherwise.

*Fire & Ice Events* – a maximum of 2 Oversized tents permitted in Union Square Parking lot.

Does event include enclosures such as tents or canopies? If yes, describe, include dimensions and types of activities within the structure.

Will your event construct stages or other improvements? If yes, describe.

Will there be any fenced areas? If yes, describe and indicate on site map/plan submitted with application.

**\*Building Official Approval** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TRAFFIC CONTROL/IMPACTS**

Please describe any requested street closures and/or sidewalk closures. Attach a traffic plan.

Name of Street	Date/Hour Start Time	Date/Hour End Time

**\*Putnam Police Department Approval** \_\_\_\_\_ **Date:** \_\_\_\_\_

**VOLUNTEERS**

Will your event function with volunteers? If yes, describe.

**INSURANCE REQUIREMENT**

A Certificate of Insurance naming the Town of Putnam as an Additional Insured in the minimum amount of \$1 million per occurrence and \$2 million general aggregate is required but may be more if the Town determines it necessary for the proposed event. This certificate must be submitted and be acceptable to the Town prior to receiving the Special Event Permit.

**Town of Putnam 200 School Street, Putnam, CT 06260**

**OTHER PERMITS AND FEES**

Depending upon the nature and scope of the proposed event, other permits may be required as determined through the application process. Other fees may be assessed (i.e. fire, aid and/or police services). The Town of Putnam will make every effort to assist the applicant in determining complete permit requirements, though once identified, it will be up to the applicant to provide required and approved documentation where deemed appropriate.

**NOTES:**

**EVENT MUST ADHERE TO ALL STATE OF CONNECTICUT COVID-19 REGULATIONS**

**HOLD HARMLESS STIPULATION – Must be submitted with application**

Permittee covenants and agrees to indemnify, defend and hold harmless the Town, its officers, agents and employees from any and all claims actions, damages, liability, cost and expense, including reasonable attorney's fees in connection with or occasioned, in whole or in part by any act or omission of Permittee, its officers, agents, employees, customers or licenses, or arising from or out of Permittee's failure to comply with any provision of the Special Event Permit granted as a result of this application, regardless of whether it is alleged or proven that the acts or omissions of the Town, its officers, agents or employees caused or contributed hereto.

Signature of Authorized Representative, Title

Printed Name

Date:

**NOTE:** This application may be denied if the proposed activity disrupts traffic beyond practical solution; causes undue hardship to surrounding residents or businesses; requires the diversion of so many public employees that service is denied to the public at large; or fails to fall within Town standards. The permit may also be rescinded at any time if complete and accurate information was not provided on the application; if the event is not held within the terms of the permit; or if there is failure to comply with applicable legal requirements.

**Please be sure to have all the necessary documents and signatures BEFORE submitting this application to the Town Clerk.**

<b>Department / Agency</b>	<b>✓</b>	<b>Documentation</b>	<b>✓</b>
Board of Selectmen		501 ( c ) ( 3 )	
Building Official		Completed application	
Emergency Management		Insurance Certificate	
Fire Marshal		Permission from Private Property Owner	
Parks & Recreation		Permit Fee	
Public Works		Site Map	
Putnam Police Department		Tax Exempt Certificate	
Town Clerk		Timeline	