

TOWN OF ANDOVER

Block Party **Special Event Application**

Applicant and Sponsoring Organization Information

Non-Profit

Profit

Name of Organization / Sponsor: _____

Non-Profit No. _____

Address: _____ City: _____ State: ____ Zip: _____

Tax ID #: _____ Applicant name: _____

Phone: _____ Email: _____

Web Site: _____

New Event to Andover

Returning Event

Event Manager: _____ Contact Info: _____

Other Contact person/s: _____ Contact Info: _____

Event Information

Event Title:

Start Date & Time : _____ End Date & Time

Rain Start Date & Time: _____ Rain End Date & Time:

Estimated Attendance:# _____

Set Up Date/Time & Description: _____

Breakdown Date /Time & Description: _____

Street(s) Information:

Street(s) Specify:

Other, Street Closure, Sidewalk Closure

Please provide MAP and Layout of proposed location and usage.

Event Details - Please indicate whether the following items pertain to your event. Complete by applicant.

YES NO

Closures and Police

Street or Sidewalk Closure, Detour Signs? provide *names*:

Parking Lot(s) Closure, *names*:

Fencing, Barrier(s) and / or Barricade(s) or Traffic Cones? *which*:

> *Detour signs may be needed.*

> *Sawhorses used to block off streets with a sign indicating that the streets are closed for block party may be obtained from the Municipal Services Highways Division at 978-623-8800 on the Friday before your event between hours of 7AM to 3PM. Applicants assume responsibility for damage or theft of horses.*

> *Streets must be accessible at all times for emergency vehicles.*

> *All residents of the street(s) affected must be notified prior to the event that the streets will be blocked off for this event.*

Request/ require Police Detail, (not typically required for Block Party)

Food Services or Alcoholic Beverages

Food Concession and/or Food Truck, *Describe*:

>Block parties must abide by Town of Andover Bylaws (A.12 S.20.5b) regulating the consumption of alcoholic beverages on public ways.

Licenses or permission for

Will you be holding a raffle or game of chance? (Town Clerk's Office) *Describe*:

Music and/or Amplified Sound - *If yes please indicate Start Time End Time*

> *The Town of Andover requires noise at reasonable levels and only until 9 PM.*

Will your event have Entertainment? - *describe*:

Amusement Rides (Building Dept.)- *list and describe*:

Inflatable Device(s) (Building Dept.) – *list and describe*:

Facilities, Utilities and Structures

Canopy (ies) and or Tent(s) (Building Dept.)- *describe & dimensions*:

Other Permits

Please note that all components of the event are subject to approval by the Town Manager's Office and may also require approval by and/or permit(s) from other Town agencies and departments. It is the responsibility of the applicant to secure all necessary Town of Andover permits, and submit payments required for permits.

Affidavit of Applicant

My signature below indicates that everything I have stated in this application is correct to the best of my knowledge. I have read, understand and agree to abide by the policies, rules and regulations of the Town of Andover as they pertain to the requested usage. The permit, if granted is non-transferable and is revocable at any time at the absolute discretion of the Town of Andover Town Manager’s Office (or designee). All programs and facilities of the Town of Andover are open to all citizens regardless of race, sex, age, color, religion, national origin or disability.

Signature of Applicant: _____ Date: _____

Special Events Contacts:

Town Manager - 978-623-8210 * Municipal Services – 978-623-8700 * Andover Fire Rescue - 978-623-3700

Police Department - 978-623-3500 * Health Division - 978-623-8640 * Town Clerk – 978-623-8230 *

Building Division (Building, Plumbing, Electrical) -978-623-8620