

CITY OF FRAMINGHAM
DEPARTMENT OF CAPITAL PROJECTS & FACILITIES MANAGEMENT

EVENT APPLICATION FOR USE OF CITY FACILITIES
(Please submit at least 21 business days prior to event.)

I. APPLICANT INFORMATION

Event Name: _____

Name of Applicant: _____ Name of Organization: _____

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

Email: _____ Telephone: _____

501(c)(3) Organization: Y N (Documentation Required with Application) Tax Exempt: Y N (Documentation Required with Application)

II. EVENT INFORMATION

Date of Event: _____ Day of Week: _____ Expected Attendance (Including Staff): _____

Desired Venue (check one): Nevins Hall Ablondi Room Conference Room 1 Conference Room 2

Memorial Building Front Steps/Plaza Downtown Common Framingham Centre Hist. Dist. Common

Capacity information:
1) Nevins Hall - floor capacity is 1,142 Standing, Stage capacity is 75 and Balcony area capacity is 650
2) Ablondi Room - (Capacity 80 Standing)
3) Conference Room 1 - (Capacity 12)
4) Conference Room 2 - (Capacity 12)

Set-Up Time: _____ Event Start Time: _____ Event End Time: _____ Clean-Up End Time: _____

Please give a **detailed description** of the event you are planning, including any activities, raffles, staging, lighting, and equipment that may be brought in or used. Please include a layout plan for Nevins Hall and outdoor venues showing the location of any tents, tables/chairs, electrical equipment, vehicles/parking areas, restrooms/portable restrooms, or other equipment: _____

Will tickets be sold? Y N Cost per ticket: \$ _____ Estimated number of tickets to be sold: _____

Will food or beverages be served at the event? Y N

If yes, will beverages be: Free For purchase Include alcoholic beverages (subject to restrictions)

If yes, will food be: Free For purchase Prepared onsite Prepared offsite

Will the event be catered? Y N If yes, please provide the name of the caterer: _____

Please list any and all vendors that will be participating at the event: _____

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Will there be any entertainment/music at the event? Y N If yes, please list what it is: _____

If yes, is the entertainment/music: Amplified sound/speaker Live music Other _____

For indoor events, will additional rooms be needed? Y N If yes, how many? _____

Please provide the reason for additional rooms. _____

III. POLICY & PERMIT INFORMATION

Initial here to confirm you have read and agree to the terms of the City’s Policy on the Use of City Facilities, including the requirement for events with anticipated attendance of more than 100 people to obtain general liability insurance covering any bodily injury or property damage due to the negligence of the applicant, its agents or representatives, with limits of liability of at least \$1,000,000 per occurrence and \$1,000,000 aggregate, including the City of Framingham as an additional insured. A Certificate of Liability Insurance demonstrating compliance with this requirement must be provided to the Capital Projects & Facilities Management Department at least 7 business days prior to the event, stating that “The City of Framingham is included as additional insured as respects to the General Liability policy per written agreement/contract.” _____

Initial here to confirm that you understand you are required to hire a Police Detail (s) and/or Fire Detail(s) for your event based on any safety concerns as determined by both the Police and Fire Department. _____

Initial here to confirm that you understand that all City venues are a smoke free environment and the consumption of alcoholic beverages is prohibited on City Property without a proper license for the same, subject to any additional restrictions provided by City ordinances or alcohol regulations. _____

Initial here to confirm that you understand that clean-up of the event area immediately following the event is the responsibility of the applicant and that all City venues are to be left in the same condition it was found, free from litter and debris. _____

Initial here to confirm you understand you are required to obtain the right **PERMITS** and **LICENSES** when holding an event at any City venue. _____

IV. EXEMPTION / WAIVER REQUESTS

If you are seeking an exemption or waiver from the City’s insurance requirements or for any City fees (with the exception of the Nevins Hall Supervisory Fee, Police and Fire details) related to your event, please provide the reason below (attach additional information if necessary).

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IMPORTANT EVENT CONTACTS

Please contact any of the following departments regarding your event.

- Food Permits & Animal Permits - Contact Health Department for required permits 508- 532-5470
- Fire Details & Permits - Contact Fire Department to schedule details 508-532-5930
- Police Details - Contact Police Department to schedule details - Detail Officer - 508-532-5907
- Entertainment License / Alcohol License - Contact License Administrator for required permits 508-532-5402
- Tent & Sign Permits -Contact Inspectional Services Department for required permits 508-532-5500

**All fees are payable in advance: permits, police, fire, etc. **

I have read, understand, agreed to and will comply with all guidelines written in the Policy for the Use of City Facilities.

Signature of Applicant

Date

FOR DEPARTMENT USE ONLY

Approved:

MAYOR/COO _____ Date _____

FACILITIES MANAGEMENT _____ Date _____

FIRE DEPARTMENT _____ Date _____

POLICE DEPARTMENT _____ Date _____

Security Deposit Received Y N Amount: \$ _____ Date _____

Payment Received Y N Amount: \$ _____ Date _____

Employee(s) Assigned _____ Hours Worked _____

W9 Received Y N N/A _____

Certificate of Insurance Received Y N N/A _____

Proof of Non-Profit Received Y N N/A _____

Health Department Permit Y N N/A _____

Entertainment License Y N N/A _____

Alcohol License Y N N/A _____

Fire Detail(s) Y N N/A _____

Police Detail(s) Y N N/A _____