



*Board of Selectmen*  
**Town of Montague**

1 Avenue A (413) 863-3200 xt. 108  
Turners Falls, MA 01376 FAX: (413) 863-3231

**Event Application for use of  
PESKEOMPSKUT PARK and MONTAGUE CENTER TOWN COMMON**

Name of applicant \_\_\_\_\_

Name of business/group sponsoring proposed event if applicable: \_\_\_\_\_

If applicable, number of years your organization has been running this event in Montague? \_\_\_\_\_

Address \_\_\_\_\_

Contact phone \_\_\_\_\_ Contact email \_\_\_\_\_

FID \_\_\_\_\_

Dates of proposed event \_\_\_\_\_ Location: \_\_\_\_\_

Hours \_\_\_\_\_ Set Up: \_\_\_\_\_ Clean Up: \_\_\_\_\_

Approximate number of people expected to attend \_\_\_\_\_

What provisions will be made regarding clean up of site? \_\_\_\_\_

Will the proposed event be:

- Musical
- Theatrical
- Exhibitions
- Amusements
- Wedding
- Other \_\_\_\_\_

Fully & specifically describe content of the proposed exhibition, show and/or amusements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fully & specifically describe the premises upon which the proposed event is to take place.

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Use back of form or attach a map of the premises indicating parking area(s), entertainment area(s), vendor area(s), location & number of toilets, location & number of garbage receptacles, garbage storage area, camping area(s), and location of first aid/medical stations.

Will vendors be selling:

- merchandise
- food/beverage
- alcohol
- other services \_\_\_\_\_

Fully & specifically describe the extent to which the event and/or premises would affect public safety, health, or order. If serving alcohol, indicate separate serving area, approved server i.e. TIPS trained. (separate license required to serve alcohol)

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Describe the appropriate level and nature of security and/or traffic control that would be needed and what provisions have been made.

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What provisions will be made regarding first aid and emergency medical care?

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Are you also applying to place signs within Montague to advertise or give directions to your event? (See the Montague Building Inspector)

If so, at which locations? \_\_\_\_\_

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Attach a copy of your insurance policy or liability binder indicating a minimum policy of \$1Million Individual/\$3Million Group.

I attest that to my knowledge the information provided in this application is accurate and not misleading.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

License fees:

Monday – Saturday = \$25.00 per day

Sunday = \$50.00

BOARD OF SELECTMEN – Approval

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

POLICE CHIEF - Approval / Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

BOARD OF HEALTH – Approval / Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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