



Special Event Permit Application

INTERCONTINENTAL REAL ESTATE CORPORATION
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APPLICANT AND SPONSORING ORGANIZATION INFORMATION

Please complete all data as required.

NAME OF ORGANIZATION: _____

APPLICANT NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ EVE. PHONE _____ FAX: _____

MANAGER ON SITE DAY OF EVENT: _____ PAGER/CELLULAR: _____

**Any change in the above information, please notify MOVA/Garden of Peace*

SPECIAL EVENT INFORMATION

Complete all data as required for event of any size.

Type of Event

_____ RUN/WALK _____ RALLY _____ PARADE _____ MEMORIAL SERVICE
_____ FAIR _____ PICNIC _____ CONCERT _____ OTHER (specify): _____

EVENT TITLE: _____

EVENT DATE(S): _____

ACTUAL HOURS OF EVENT: _____ AM PM - _____ AM PM

SET UP TIMES: _____ AM PM - _____ AM PM TAKE DOWN TIMES: _____ AM PM - _____ AM PM
(Events can be held between 8am – 10pm)

DESCRIPTION OF EVENT SET UP: _____

Please attach additional sheets as necessary, including plans, drawings, maps, etc.

PLEASE INDICATE WHETHER THE FOLLOWING ITEMS PERTAIN TO YOUR EVENT

(PLEASE NOTE THAT NO TENTS ARE ALLOWED ON THE PLAZA OR IN THE GARDEN)

YES	NO	
___	___	FOOD CONCESSION – NO FOOD PREPARATION ON SITE IS ALLOWED.
___	___	FIRST AID FACILITY(ies) AND AMBULANCE(s)
___	___	WILL YOU SET UP TABLE(S) AND/OR CHAIR(S) HOW MANY? _____
___	___	FENCING, BARRIER(S) AND/OR BARRICADE(S)
___	___	DOES YOUR EVENT REQUIRE AN ELECTRICITY SOURCE: _____
___	___	DOES YOUR EVENT REQUIRE A WATER SOURCE: _____
___	___	BOOTH(S), EXHIBIT(S), DISPLAY(S), AND/OR ENCLOSURE(S)
___	___	TRASH CONTAINERS OR DUMPSTERS
___	___	PORTABLE TOILET(S): If yes, please indicate company providing units. _____ (Restrooms available in building between 6am and 6pm)
___	___	STAGE(S) Please include dimensions: _____
___	___	ENTERTAINMENT: Please describe: _____
___	___	BANNER(S)

(Continued)

PLEASE INDICATE WHETHER THE FOLLOWING ITEMS PERTAIN TO YOUR EVENT

YES

NO

___ ___ WILL THE EVENT BE ADVERTISED? HOW? _____
Please note that you cannot advertise the event prior to approval
___ ___ SPONSORSHIP/VENDING OR PROMOTIONAL ACTIVITY? Please describe: _____

___ ___ AMPLIFIED SOUND: If yes please indicate start time: _____ and end time _____
City of Boston Ordinance requires that noise levels not exceed 70 decibels between 7:00 am and 11:00 pm in a residential or commercial zone.

VOLUNTARY USE DONATIONS

Donations are accepted for the use of the Garden of Peace. Contributions support the maintenance of the Garden of Peace.
WOULD YOU LIKE TO MAKE A VOLUNTARY DONATION? ___ YES ___ NO

FEEES

IN MOST CIRCUMSTANCES FEES WILL NOT APPLY; HOWEVER, BUILDING MANAGEMENT MAY ASSESS USAGE FEES ON AN INDIVIDUAL BASIS. FOR INSTANCE, BUILDING MANAGEMENT WILL BE RESPONSIBLE FOR NOTIFYING AND REQUESTING POLICE FOR DETAILS. THE SPONSORING ORGANIZATION WILL PAY THE BUILDING MANAGER AHEAD OF TIME FOR THE POLICE DETAIL. THERE WILL ALSO BE A FEE FOR USE OF THE BUILDING AFTER 6 PM.

LIABILITY

ANY DAMAGE TO THE GARDEN OF PEACE OR MSBRC PROPERTY DURING THE COURSE OF THE EVENT, INCLUDING SET UP AND BREAKDOWN, WILL BE THE RESPONSIBILITY OF THE PERMITTEE.

OTHER PERMITS

PLEASE NOTE THAT ALL COMPONENTS OF THE EVENT ARE SUBJECT TO THE APPROVAL OF MSRBC AND THE GARDEN OF PEACE AND MAY REQUIRE APPROVAL FROM OTHER AGENCIES. THE APPROVAL OF THE GARDEN OF PEACE DOES NOT CONSTITUTE PERMISSION FROM OTHER AGENCIES. EVENTS THAT IMPACT OTHER CITY AGENCIES WILL BE REFERRED TO CITY WIDE PERMIT COMMITTEES. IT IS THE RESPONSIBILITY OF THE APPLICANT TO SECURE ALL NECESSARY CITY OF BOSTON PERMITS.

INSURANCE REQUIREMENTS

EVIDENCE OF INSURANCE WILL BE REQUIRED BEFORE FINAL PERMIT APPROVAL. PLEASE PROVIDE A CERTIFICATE OF INSURANCE WHICH SHOWS A MINIMUM OF \$1 MILLION IN COMMERCIAL GENERAL LIABILITY INSURANCE AND A POLICY ENDORSEMENT WHICH IDEMNIFIES AND HOLDS HARMLESS THE GARDEN OF PEACE AND MASS DEVELOPMENT/SALTONSTALL BUILDING REDEVELOPMENT CORP. SOME EVENTS MAY REQUIRE A HIGHER LIMIT OF INSURANCE. ADDITIONALLY, PERMITTEE MUST LIST THE AFOREMENTIONED PARTIES AS WELL AS OTHERS SPECIFIED BY THE BUILDING MANAGER AS ADDITIONAL INSURED ON THEIR CERTIFICATE OF INSURANCE. EACH EVENT IS EVALUATED ON ITS RISK EXPOSURE. THE GARDEN OF PEACE IS NOT RESPONSIBLE FOR ANY ACCIDENTS OR DAMAGES TO PERSONS OR PROPERTY RESULTING FROM THE ISSUANCE OF THIS PERMIT.

AFFIDAVIT OF APPLICANT

EVERYTHING THAT I HAVE STATED ON THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE, I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE POLICIES AND RULES AND REGULATIONS LISTED ON THIS FORM AS THEY PERTAIN TO THE REQUESTED USAGE. BY SIGNING THIS APPLICATION, THE APPLICANT AGREES TO FOLLOW ALL RULES AND REGULATIONS. THE PERMIT IF GRANTED, IS NOT TRANSFERABLE AND IS REVOCABLE AT ANY TIME AT THE ABSOLUTE DISCRETION OF THE GARDEN OF PEACE. ALL PROGRAMS AND FACILITIES OF THE GARDEN OF PEACE ARE OPEN TO ALL CITIZENS REGARDLESS OF RACE, SEX, AGE, COLOR, RELIGION, NATIONAL ORIGIN, OR HANDICAP.

NAME OF APPLICANT: _____

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

___ APPROVED	NOTES: _____
___ DENIED	SIGNED _____ DATE: _____