

TOWN OF CHARLOTTE
APPLICATION FOR USE OF TOWN FACILITIES

Approved for Use: September 22, 2014

Name of Organization/Event: TOWN BEACH PARTY
Date(s) of Event: 7/13/24
Organization's Address: _____
Non-Profit For Profit _____
If non-profit, briefly explain the benefit fund: _____

Contact information for Organization/Representative:

Name of Event Manager/Title: BILL FRASER-HARRIS
Email address: BILLANDEVA@GMAIL.COM
Telephone number: 802-343-4350
Mobile telephone number: _____

Location

Town highways _____
 Town Beach Senior Center Town Hall Other _____

Brief description of requested use of facility: 4-8 PM GRILL, BYO, POT LUCK, PICNIC, COMMUNITY DISPLAY TABLES, BAND/MUSIC
Event Start Time: 4pm Event End Time: 8pm

Anticipated Attendance

Participants 200 Staff/Volunteers 6-8 Vendors/Caterer _____ Total _____

Will food be served? (yes) _____ (no)
Will alcohol be served: _____ (yes) (no).

If yes, include copy of the caterer's license and certificate of insurance.

Safety Arrangements: (attach additional sheet if needed)
(Parking, course monitors, water and aid stations, traffic control)

Has Charlotte Fire & Rescue been notified? Yes _____ No _____

Signature of Fire or Rescue Chief or Ass't. Chief
contact: 425-3111 or admin@cvfrs.org

Is a standby ambulance needed? Yes _____ No

Are State of Vermont permits required? Yes _____ No

Is a port-o-let proposed? Yes _____ No

Has this event been held in Charlotte before? Yes No _____
If yes, please list years: 7-8 YEARS

Is this event open to Charlotte residents? Yes No _____

Please attach an event map, if applicable.

Please attach or e-mail a certificate of insurance for the event which names the Town of Charlotte as an "additional insured" for general liability coverage.

OVER

Waste Management

The Town of Charlotte is dedicated to making all events in public spaces as waste free as possible by reducing packaging and single use items, and by collecting waste in three streams: *compostables, recycling and trash*. All events held in public spaces will adhere to these expectations, and comply with VT ACT 148 Universal Recycling Law and CSWD's Solid Waste Management Ordinance.

Please see Recommendations for Waste Reduction in the attached addendum. (Live link)

Event sponsors are responsible for communicating these recommendations to all vendors/caterers.

KEN SPENCER KSPENCER@

Technical help is available from Charlotte CSWD representative, ~~Abby Foulk~~ afoulk@cmavt.net

CSWD.NET

Event Person in Charge of Waste Management (if not event manager):

EVENT MANAGER

Email address: _____

Telephone number: _____

Mobile telephone number: _____

Plan for Compostables

Use of food scrap buckets is required for events at which food is served. Buckets are available from the Town, CSWD, and haulers. To obtain from Town, please contact ~~Abby Foulk~~ afoulk@cmavt.net

KEN SPENCER KSPENCER@

Number of buckets needed _____

CSWD.NET

Compostable materials: _____ food scraps only; _____ food scraps and other organics

Compost management plan: _____ will use onsite compost bin; _____ will take to CCS Compost Shed;
_____ will drop off at CSWD facility: _____ will hire compost or three-stream hauler

Plan for recyclables and trash (check one)

Will use Town's existing recycling and trash infrastructure. Fee may apply.

_____ Will contract for three-stream pick-up by hauler

_____ Will drop off at CSWD facility

Waste Stations

Side-by-side composting/ recycling/trash stations are required, labeled with Vermont's Universal



Symbols.

See: <http://cswd.net/about-cswd/universal-recycling-law-act-148/>

Number of waste stations needed for event 3

Plan for assisting participants with sorting streams SIGNAGE

Plan for decontaminating streams N/A

In consideration of this request to use town highways and/or town-owned property and facilities BILL FRASER-HARRIS/IOC (organization/group/business) and I agree, and for myself/ourselves and my/our heirs, executors and administrators agree to indemnify, defend and hold forever harmless the Town of Charlotte and its officers, agents and employees from and against any claims, demands, liabilities, actions, judgments, settlements, damages, costs and expenses (including attorney's fees and disbursements) for injury to or death of any person or damage to property arising out of or resulting from the activity described in this request.

Signature of authorized representative

[Handwritten signature]