

TOWN OF CHARLOTTE
APPLICATION FOR USE OF TOWN FACILITIES

Approved for Use: September 22, 2014

Name of Organization/Event: MUSIC AT THE BEACH
Date(s) of Event: 7/24, 7/31, 8/7
Organization's Address: 3085 SPEAR ST / TOWN EVENT
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: 6-8 pm - PREMIERE
MUSIC / CLASSICAL QUARTET VSO SKYLARK
Event Start Time: 6 pm Event End Time: 8 pm

Anticipated Attendance
Participants 200 Staff/Volunteers 4 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 CVFRS Official _____

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: 10-12 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.

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.

Technical help is available from Charlotte CSWD representative, Ken Spencer: kspencer@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 Ken Spencer:

kspencer@cswd.net

Number of buckets needed _____ CARRY-IN / CARRY-OUT

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)

CARRY-IN / CARRY-OUT

_____ 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 _____ N/A

Plan for assisting participants with sorting streams _____

Plan for decontaminating streams _____

In consideration of this request to use town highways and/or town-owned property and facilities BILL FRASER HARRIS / TOC (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 