

TOWN OF MILLVILLE, MA
TRUSTEES OF VETERANS MEMORIAL PARK

APPLICATION FOR USE OF VETERANS MEMORIAL PARK

Applicant is responsible for obtaining any and all necessary Permits/Licenses as required by the Town of Millville.

Name of Applicant: _____

Company/Organization Name (if applicable): _____

Address: _____

Phone Number(s): _____

E-Mail Address: _____

Nature of Event: _____

Event Date and Time: _____

Estimated Number of Persons Attending: _____ less than 50 _____ more than 50

If more than 50, how many persons (estimate): _____

Do you intend to amplify your event: _____ YES _____ NO

I received and read a copy of the Veterans Memorial Park Use of the Park Policy and understand its contents. I agree, on behalf of myself and/or the Company/Organization which I represent, to abide by the terms of the Veterans Memorial Park Use of the Park Policy, as indicated by my signature as applicant below.

If this application is on behalf of a Company or Organization, I certify by my signature that I am authorized to sign this application on behalf of said Company or Organization.

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I agree to hold harmless the Town of Millville, its employees, officials, agents, representatives and affiliated governmental agencies, from any and all liability, loss, damage, cost, causes of actions, suits, damages, judgments, executions, claims of personal injury or property damage and demands whatsoever made by any and all third parties relating to, or resulting from the {Name of the Event} _____
_____ to be conducted on or about {Date} _____.

Signature of Applicant: _____ Date: _____

APPROVED BY:

Signature of Police Chief/Designee Date: _____

Signature of Fire Chief/Designee Date: _____

Signature of Chairman/Designee Date: _____
Trustees Veterans Memorial Park

TOWN OF MILLVILLE, MA
TRUSTEES OF VETERANS MEMORIAL PARK

USE OF VETERANS MEMORIAL PARK POLICY

Applicant is responsible for obtaining any and all necessary permits and/or licenses for the event.

1. Obtain, complete and return the signed Application for Use of the Park and Use of Park Policy.
 - Complete all required information.
 - Return to Trustee Chairman or designee.
 - Receive written permission to use the Park.
 - Notify Chairman of receipt of permission and plan to use the Park
 - Notify Chairman of intent to cancel the event.
2. There is No Parking on Main Street, Route 122, in the vicinity of the Park.
3. The Monument may not be used for any postings, exhibits or other materials.
4. Bathroom facilities are not available. The Applicant is responsible for bringing sanitary facilities into the Park. See the Board of Health for proper location of such facilities.
5. Electrical hook-up is available at the Monument. Usage charge for electricity.
(See Fire Chief for approval.)
6. Vehicles are not allowed on the Park grounds.
7. Applicant is responsible for removal of all event-generated trash. There is one trash receptacle in the Park. At the close of the event, trash must be removed from this receptacle and all other trash containers that the applicant uses.
8. Use of the Park is restricted to the perimeters of the Park only.
 - Do not use the Fire Station property to the rear side of the building.
 - Do not allow anyone on the hillside at the rear of the Park.
 - Respect all neighboring properties.
 - The applicant is responsible for monitoring the use of the Park.
9. Tables and chairs may be set up on the grounds.
10. Tents or Canopies not more than 12' x 12' in size may be set up. Any variance from this regulation must be approved by the Chairman/Designee.
11. Posters, signs, etc..., must not block other signage on the grounds.
Do not attach anything to existing sign posts or to the trees.
Remove all signs at the close of the event.
12. Smoking and/or the use of alcoholic beverages is not allowed on public property.
13. No pets are allowed in the Park during the event. EXCEPTION: This restriction does not apply to certified guide or service dogs as defined in M.G.L. Chapter 140, section 139.
14. If food is to be served, a permit must be secured from the Town Board of Health

Signed: _____

Date: _____