

TOWN OF HOPKINTON, RI
SPECIAL EVENT – MULTI-EVENT APPLICATION

1. Name of Applicant: _____

Date of Birth _____ State of Incorporation _____
(If individual) (If corporation)

2. Address of Applicant: _____

3. If applicant is a corporation, please include the names, addresses and dates of birth of all its officers and directors: _____

4. Name of Sponsor or Promotor if different from applicant (if applicable):

a. Address: _____

b. Date of Birth (if individual): _____

c. State of Incorporation (if Corporation): _____

d. If Corporation, name and address of each officer and director:

6. Type of event: _____

Single Event: ()

*Multi-event: ()

*For Multi-events provide a separate list with specific details for each proposed event as required in Sec. 3-3(7); (a) through (c):

- (a) The date or dates;
- (b) The activities to occur at the event including whether live or any other type of entertainment will take place and/or if any sound projection/amplification equipment will be used;
- (c) Any other planned activities involving unusual or loud noises including

- but not limited to fireworks displays;
- (d) Activities involving the use of flames or flammable materials; and
 - (e) The proposed hours for each event.

Multi-event description attached: Yes () No ()

7. Description: _____

8. Date and hours of event(s): _____

9. Proposed location: _____

- a. Include plat map of location prepared by licensed engineer showing the names of adjoining property owners within two hundred (200) feet of proposed location.

Attached: Yes () No ()

- b. Include legal description of location. Attached: Yes () No ()

- c. Owner of location. (if a corporation, list officers and directors including addresses):

10. List and describe all amusements or vehicles to be operated at proposed location:

11. Anticipated number of participants: _____ Spectators: _____

12. a. Will food and/or beverages be served? Yes () No ()

- b. If the answer to Question 11(a) is "yes", please describe nature of same and attach copy of the appropriate license(s) permitting this activity:

Copy of licenses attached: Yes () No ()

13. (a) Will goods be sold? Yes () No ()

- (b) If the answer to Question 12(a) is "yes", please describe the nature of the same and attach a copy of appropriate license(s) permitting this activity:

Copy of licenses attached: Yes () No ()

14. If a fee or donation is required or requested from participants or spectators, please describe:

15. Public liability insurance/performance bond:

(a) Amount \$ _____

(b) Town of Hopkinton named additional insured? Yes (☐) No (☐)

(c) Copy attached: Yes (☐) No (☐)

16. Parking available for _____ automobiles. Describe parking facilities: _____

17. Describe sanitary facilities to be provided: _____

18. Describe first aid and safety measures to be provided: _____

19. Describe police services to be provided (one officer per 100 attendants- required by ordinance): _____

20. Describe lighting to be provided: _____

21. Describe noise control plan: _____

22. Other conditions required by Council: _____

23. Is the applicant a non-profit charitable or religious entity? Yes (☐) No (☐)

If yes, attach evidence of non-profit status. Attached: _____

24. Are you requesting a waiver of any requirements of Chapter 3 of the Hopkinton Town Ordinances? Yes (☐) No (☐)

25. If the answer to Question 23 is yes, please specify for which section(s) the waiver is being requested and indicate the reason(s) for the request: _____

26. Filing fees: \$100.00 (____) Single Event \$200.00 (Multi-event)
Filing fee is to be paid upon filing of the application.

27. License fee: \$100.00
Due upon issuance of license.

28. Signature of applicant: _____
(If a corporation, a duly authorized officer must sign)

(Return to Town Clerk's Office)