



TOWN OF EAST LONGMEADOW
60 Center Square
East Longmeadow, MA 01028
413-525-5400 www.eastlongmeadowma.gov

ONE DAY ENTERTAINMENT APPLICATION

You may apply for a One Day Entertainment License from the Clerk's Office at least 30 days prior to the event.

Applicant Name: _____ Daytime Phone: _____

Applicant E-Mail Address: _____

Address: _____

Organization: _____

Organization Address: _____

Type of Event/Purpose: _____

Event Address: _____

Is event a fundraiser? Yes No If yes, proceeds are for: _____

Will the event be held under a tent greater than 400 square feet (permit required, see below)? Yes No

Event Date: _____ Approximate # of Persons: _____ Hours to/from: _____

DESCRIPTION OF ENTERTAINMENT

In the space below, please describe in detail the type of entertainment planned for your event. The Town Council reserves the right to limit types of entertainment which they may deem to be unsafe or have a negative impact on the surrounding community.

~Cost is **\$50.00**, due with application. Make check payable to: *Town of East Longmeadow*~

It is required that you include a copy of your Certificate of Insurance Liability with this application.

Signature of Applicant

Date

Information regarding other requirements

- **FOOD:** If you will be serving food, and don't already have a food service permit, you must contact the Health Department to apply for a permit.
- **PROPANE:** If you are using propane at your function, you must contact the Fire Department to apply for a permit.
- **TENT:** If you are erecting a tent greater than 400 square feet on the premises for your event, you must contact the Building Department (413-525-5400 ext. 1150) to apply for a permit far enough in advance to allow the permit to be issued and a field inspection completed.

TOWN DEPARTMENT APPROVALS

For Office Use Only

<p>For Police Department Official Use Only</p> <p><input type="checkbox"/> Approval Recommended <input type="checkbox"/> Approval Not Recommended</p> <p>Police Officer Required: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other</p> <p>Comments/Conditions: _____ _____</p> <p>Date: _____</p> <p>Police Chief Signature: _____</p>	<p>For Fire Department Official Use Only</p> <p><input type="checkbox"/> Approval Recommended <input type="checkbox"/> Approval Not Recommended</p> <p>Comments/Conditions: _____ _____</p> <p>Date: _____</p> <p>Fire Chief Signature: _____</p>
<p>For Building Department Official Use Only</p> <p><input type="checkbox"/> Approval Recommended <input type="checkbox"/> Approval Not Recommended</p> <p>Comments/Conditions: _____ _____</p> <p>Date: _____</p> <p>Building Commissioner Signature: _____</p>	<p>For Health Department Official Use Only</p> <p><input type="checkbox"/> Approval Recommended <input type="checkbox"/> Approval Not Recommended</p> <p>Comments/Conditions: _____ _____</p> <p>Date: _____</p> <p>Health Director Signature: _____</p>
<p>TOWN COUNCIL OFFICIAL USE ONLY</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved with Restrictions*</p> <p>*Restrictions: _____ _____</p> <p>Date: _____</p> <p>Town Council President Signature: _____</p>	