



TOWN OF EXETER

32 COURT STREET • EXETER, NH • 03833 • (603) 773-6151 • www.exeternh.gov

Special Event Application

The Town of Exeter requires licensing for all Special Events where the Select Board is the licensing authority.

Return all Special Event applications to Exeter Parks and Recreation, at 32 Court Street, Exeter NH.

For information or questions concerning the application call 603-773-6151 or email mroy@exeternh.gov.

Special Event License (Reference RSA 286 1-5, Town Ordinance Chapter 807)

| | | | | | | |
|--|--|--------------------------------------|--|---|--|--|
| Please Check <u>Type</u> of Event: | | | | | | |
| <input type="checkbox"/> Special Event | <input type="checkbox"/> Road Race/ Bike Race | <input type="checkbox"/> Parade | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Protest/Rally | | |
| Please Check <u>Location</u> Requested: | | | | | | |
| <input type="checkbox"/> Town Hall | <input type="checkbox"/> Bandstand | <input type="checkbox"/> Art Gallery | <input type="checkbox"/> Swasey Parkway | <input type="checkbox"/> Senior Center | <input type="checkbox"/> Raynes Barn/Farm | <input type="checkbox"/> Parks/Recreation Property |
| <input type="checkbox"/> Town Hall Upstairs Back Rm | <input type="checkbox"/> Town Hall Small Front Green Rm | <input type="checkbox"/> Founders | <input type="checkbox"/> Swasey Pavilion | <input type="checkbox"/> Downtown Sidewalk | <input type="checkbox"/> Townhouse Common | Name Rec Property: _____ |

EVENT CONTACT INFORMATION

Organization Name: _____

Organization Address: _____

Event Representative Name: _____

Event Representative Title: _____ Phone # _____

Day of Contact Name: _____ Day of Contact Phone # _____

Event Representative Email: _____

EVENT DETAILS

Date of Event: _____

Start Time: _____ End Time: _____

Name of Event: _____

Number of Anticipated Attendees (Including Volunteers and Staff): _____

Describe the Proposed Event: _____

Blocking Off Road(s): Yes No If yes, which one(s) _____

Sign Board Use:

Plywood Large: Yes No Dates: _____

Poster Board: Yes No Dates: _____

A-Frame Use: Yes No Dates: _____

of Parking Spaces: _____ Locations: _____



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WILL YOUR EVENT INVOLVE ANY OF THE FOLLOWING? (Please check all that apply)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| Food/Beverage/Concessions/Vendors/sales (inspection by Health Officer) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Alcoholic Beverages Served | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | State Liquor Permit Received | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Town Liquor Permit Approved | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Electronic sound amplification equipment, speakers, public address system (must follow noise ordinance) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date Rcvd: _____ |
| Propane/Charcoal BBQ grills (inspection by Health Officer) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date Rcvd: _____ |
| Electrical set up/ electrical cords run to the site (inspection needed by Electric Inspector) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Fire pits, bonfires, kindle fire, campfire and other outdoor burning (must have permit from Fire Department) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Tents/canopies If so, list quantity and size | <input type="checkbox"/> Yes | <input type="checkbox"/> No | # & Size _____ |
| Animals at the event. If so, describe | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Motorized Vehicles. If so, describe | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

ADDITIONAL DOCUMENTATION NEEDED TO COMPLETE/ATTACH TO PERMIT APPLICATION

All applicants for Special Events need to provide written submission of the plans below. The Town staff will review your application and if additional information is required or if not enough information was supplied with this application, the Town will contact you to schedule a meeting.

- Site Plan:** Please attach a drawing of the event layout, including parking, facilities, vendor setup etc. (even if you supplied one in previous years).
- Security/Crowd Control Plan:** Describe how you plan to manage event goers while not surpassing the maximum seating capacity of indoor events or how you will secure, control, and assure compliance with laws and licensing conditions in the case of an outdoor event.

- Traffic Control/ Parking Plan:** The estimated number of vehicles, provisions for parking, number of police officers or employees necessary to control traffic, type and location of any signs, and any other accommodations or procedures planned to handle attendees and their vehicles.



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4. Fire Emergency Plan: The estimated number of occupants of all indoor events to assure compliance with the laws and permit rules and conditions required by the NH State Fire Code and its adopted references for places of assembly.

5. Ambulance/ Medical Service Plan: Detail the on-site emergency medical services and transportation plan.

6. Ticket Distribution Plan: Outline the distribution of tickets prior to the event and/or at the time and place of the event, including provision for a limitation on ticket sales to maintain required occupancy levels and provision for the refund of ticket costs in the event of cancellation of the event.

7. Sanitary Facilities Plan: A plan appropriate for the number of attendees, which will include information relative to portable toilet facilities, trash containers, and a provision that the property and surrounding areas and roadways shall be cleared of all debris within 12 hours following the event.

8. Food Service Plan: A food service plan, which may require review and acceptance by the Exeter Health Officer or a vendor permit from the Fire Department. Please list what types of food will be served and where it will be served within the facility.

9. Special Duty Service Fees: The application fee does not include the cost of Fire or Police protection/detail, or any other extra Town expense required to protect the health and safety of the public which can reasonably be attributed to the event. All such costs associated with the use of active and stand-by emergency and other services provided by the Town of Exeter, or by other towns' emergency services, shall be borne by the applicant, promoter or sponsor.

10. Liability Insurance Required: Certificate of Insurance and endorsement/provisions to be submitted with completed application. Required Amounts: General Liability/Bodily Injury/Property Damage: \$1,000,000 per occurrence, \$2,000,000 aggregate; the Town of Exeter must be listed as additionally insured.



Special Event COVID - 19 Addendum

Due to COVID-19 the Town of Exeter is requiring guidelines be adhered to for special event permits. All use of Town parks and facilities must abide by the New Hampshire Governor's emergency COVID- 19 orders. Please initial each line below stating that you will provide the additional documentation required or abide by the guideline noted.

COVID-19 GENERAL GUIDELINES

1. Provide Parks & Recreation documentation of how the organizers and vendors will provide education and training around safe practices as it relates to hygiene, sanitation (cleaning and disinfection policies), and illness policies outlined in the New Hampshire Universal Guidelines and in this document. Initial _____

2. Provide an updated map indicating how the event will be spread out to adhere to the 6' social distancing rule. Initial _____

All organizers, vendors, and attendees must maintain at least 6 feet apart from others at all times. Initial _____

3. Organizers shall handle all garbage following each event. Initial _____

4. Organizations shall require vendors to sign usual participation waivers outlining the additional risks due to COVID-19 associated with the activity. Initial _____

5. Organizations shall provide and require the review of the following documents/links to all volunteers and vendors: Initial _____

- CDC Guidelines
- Universal Guidelines for All New Hampshire Employers and Employees
- CDC Use of Cloth Face Coverings

6. Organizations shall have each volunteer and vendor sign a document indicating that they have received & reviewed the above documents and shall do their best to abide by the above mentioned Guidelines. Copies of said documents are required to be turned into the Exeter Parks and Recreation 48 hours prior to the event. Initial _____

7. Organization shall have each vendor and volunteer to sign a waiver acknowledging the seriousness of Covid-19 and to not hold the Town of Exeter responsible for a possible exposure. Initial _____

8. It is understood that this is a temporary permit in which can be revoked, eliminated or extended due to the fluidity of COVID-19 and/or non-compliance. Initial _____

COVID -19 VENDOR GUIDELINES

9. Recommended that cash and product not handled by the same person. Initial _____

10. All vendors should consider plexiglas/display changes/protective measures for displaying product. Initial _____

11. Plastic tables (no wood) need to be used and disinfect commonly touched surfaces Initial _____

12. Only the vendor can handle products and place customer purchases away from other products. Initial _____

13. Only one shopper under the tent at a time to prevent overcrowding and adhering to 6' social distancing Initial _____

14. Vendors should offer cash-free/no-touch payment options encouraged (Apple Pay, Venmo, etc.) Initial _____

15. Provide foot traffic flow patterns to meet social distancing requirements. Initial _____

16. All food vendors will complete the "ServSafe COVID-19 Precautions Training Video" and will provide a copy of the certificate to the Town and the sponsoring organization. (Health Officer can provide link) Initial _____



Special Event COVID - 19 Addendum

COVID-19 HEALTH GUIDELINES

17. Require all volunteers and vendors to report any symptoms of COVID-19 or close contact to a person with COVID-19 to the lead contact person. Vendors and Volunteers should not attend events if they feel sick. Initial _____

18. Vendors and volunteers should be screened on arrival to each event by asking if the individual: Initial _____
a. Has any symptoms of COVID-19 (see Universal Guidelines for list of potential symptoms) or fever of 100.4 degrees F or higher (parents should take the participant's temp prior to bring them to the facility).
b. Has had any close contact with someone who is suspected or confirmed to have COVID-19 in the past 14 days.
c. Traveled in the past 14 days either:
i. Internationally (outside the U.S.),
ii. By cruise ship, or
iii. Domestically (within the U.S.) outside of NH, VT, or ME on public transportation (e.g., bus, train, plane, etc.).

19. Any volunteer or vendor(s) with any COVID-19 symptoms, those who report close contact with someone suspected or confirmed with COVID-19, or those reporting travel risk factors should not be allowed into the event: Initial _____
a. Symptomatic persons should be instructed to contact their health care provider to be tested for COVID-19 and self-isolate at home following the instructions below.
b. Asymptomatic persons reporting close contact with someone suspected or confirmed with COVID-19, or who report one of the traveled-related risk factors should self-quarantine for 14 days from their last exposure or return from travel.

20. Person(s) with suspect or confirmed COVID-19 must stay home until symptom based criteria are met for discontinuation of isolation: Initial _____
a. At least 10 days have passed since symptoms first appeared AND
b. At least 3 days (72 hours) have passed since recovery (recovery is defined as resolution of fever off any fever reducing medications plus improvement in other symptoms)

21. Organizers shall provide hand sanitizer and face masks at entry points to the events along with proper signage recommending masks be worn while attending the event. Initial _____

22. Vendors and volunteers must wear masks at all times and vendors must wear gloves when serving customers. Initial _____

23. An isolation area shall be identified and communicated to all vendors and volunteers at the beginning of each event for those that develop symptoms during the event. Initial _____

24. Vendors, organizers and volunteers are required to have way to sanitize/wash their hands Initial _____

The Director of Parks and Recreation will not review incomplete applications. All items must be initialed. Failure to do so shall result in an incomplete application which will not be processed. The undersigned attests that the supplied information is accurate and complete and requests that the Director of Parks and Recreation proceed with processing this application. The undersigned attests that they have read and agree to all provisions of this use of the Town of Exeter's Special Event Permit. They attest that it is the responsibility of the organization to educate any vendors, volunteers, spectators etc. of these rules. **ANY VIOLATION OF THESE RULES WILL RESULT IN AN IMMEDIATE SUSPENSION OF THE PERMIT FOR THE ORGANIZATION.**

Applicant Signature

Date



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- After the Event, billing for the Special Duty Services will be based on actual hours incurred by Town personnel. The total will be invoiced. A history of non-payment or late payment of any application fee and or Special Duty Services is grounds to deny your request for future event permits.
- A performance bond for events over 5,000 participants per day and or other security acceptable to the Town may be required in an amount equal to the amount estimated for Special Duty Services Fees as described above.

BY SIGNING BELOW, I CONFIRM THAT ALL INFORMATION PROVIDED HEREIN AND IN ALL ATTACHMENTS IS TRUE AND ACCURATE, ACKNOWLEDGE THAT THIS APPLICATION WILL NOT BE REVIEWED BY THE SELECT BOARD UNTIL CONSIDERED COMPLETE BY TOWN REVIEW STAFF, AND STATE THAT ALL LIABILITY FOR THIS EVENT IS ASSUMED AND ACCEPTED BY THE APPLICANT.

Print Name

Applicant Signature **Date**

I ALSO CONFIRM THAT I AM RESPONSIBLE FOR ALL COSTS INCURRED FOR THIS EVENT INCLUDING ALL SPECIAL DUTY POLICE, FIRE AND HEALTH/SAFETY SERVICES. ALL SERVICES MUST BE PAID IN FULL UPON RECEIPT OF THE INVOICE. IF NOT PAID IN FULL, THE TOWN WILL CHARGE 2% INTEREST PER MONTH.

THE TOWN MAY REQUEST/SUE FOR LEGAL EXPENSES IF THE TOWN HAS TO GO TO COLLECTIONS FOR UNPAID AMOUNTS. I AM RESPONSIBLE FOR ALL FEES, WHICH MAY INCLUDE INTEREST, ATTORNEY AND COURT FEES.

THE TOWN RESERVES ITS RIGHTS TO PURSUE ALL AVAILABLE LEGAL REMEDIES FOR DAMAGE TO TOWN PROPERTY OR VIOLATION OF ANY LAWS, RULES OR CONDITIONS APPLICABLE TO USE OF TOWN PROPERTY. IN ADDITION, SUCH CONDUCT MAY RESULT IN REVOCATION OF PERMISSION AND/OR DENIAL OF FUTURE REQUESTS FOR PERMISSION TO USE TOWN PROPERTY.

Print Name

Applicant Signature **Date**

FOR OFFICE USE ONLY

Cost For Event: \$ _____

Entered Into RecTrac: Yes No

Sent Invoice: Yes No

Received Insurance: Yes No

Signed Off By Each Department Head

Police Chief Yes No
 DPW Yes No

Via Email Via Email

Health Inspector Yes No
 Parks & Rec Yes No

Via Email Via Email