



**Board of License Commissioners
Greenfield, Massachusetts**

*14 Court Square, Greenfield, MA 01301
phone: 413) 772-1580 fax: 413) 772-1519
email: LoriK@townofgreenfield.org*

Application for Entertainment Event

Date _____

Applicant information:

Applicant / licensee name _____

Applicant / licensee address _____

Applicant / licensee phone number _____

Applicant / licensee email _____

Social security number _____

– OR –

Business FID number _____

Event Information:

Name of proposed event _____

Dates of proposed event _____

Hours _____

Location of proposed event _____

Approximate number of people expected to attend _____

Number of years your organization has been running this event in Greenfield _____

Will the proposed event be:

- musical
- theatrical
- exhibitions
- amusements
- other _____

Fully & specifically describe the conditions of the proposed exhibition, show, &/or amusements.



**Board of License Commissioners
Greenfield, Massachusetts**

14 Court Square, Greenfield, MA 01301
phone: 413) 772-1580 fax: 413) 772-1519
email: LoriK@townofgreenfield.org

Fully & specifically describe the premises upon which the proposed event is to take place.

Attach a map of the premises indicating parking area(s), entertainment area(s), vendor area(s), location & number of toilets, location & number of garbage receptacles, garbage storage area, camping area(s), location of first aid/medical stations.

Will vendors be selling:

- merchandise
- food/beverage
- alcohol
- other services _____

Fully & specifically describe the extent to which the event &/or premises would affect public safety, health, or order.

Describe the appropriate level and nature of security &/or traffic control that would be needed.

What provisions will be made regarding security/traffic control?



**Board of License Commissioners
Greenfield, Massachusetts**

*14 Court Square, Greenfield, MA 01301
phone: 413) 772-1580 fax: 413) 772-1519
email: LoriK@townofgreenfield.org*

What provisions will be made regarding first aid and emergency medical care?

Approximately how much time will be needed to clean up the site after the event? _____
What provisions will be made regarding clean up of the site?

Any other concerns or pertinent information regarding the event of which the City should be aware?

Are you also applying to place signs within Greenfield to advertise or give directions to your event?

_____ Yes _____ No

If yes, at which locations? _____

If this is a mobile entertainment organization (i.e. Circus, Carnival, Fair), for how many staff will you be providing housing? _____

Attach a copy of your insurance policy or liability binder indicating a minimum policy of \$1Million/\$2Million Individual/Group.

I attest that to my knowledge the information provided in this application is accurate and not misleading.

Signature of applicant _____

Date _____

License fees: Monday – Saturday = \$25.00 per day, Sunday = \$20.00