



Town of Somers
600 Main Street
Somers, CT 06071
860-763-8207

Application for Mass Gathering Event Permit

Application must be submitted 60 days prior to Event

Date of Application: _____

Event: _____

Date(s) of Event

Hours of Operation

Estimated Attendance

Organization Name: _____

Contact Person: _____

Address: _____ City _____ State _____ Zip _____

Telephone(s): _____ Email: _____

Location of Event: _____

Property Owner: _____ Telephone: _____

Describe in detail the activities planned; a site plan must be provided, showing the location of all facilities, access roads, etc.:

Describe services needed for this event: (tents, parking, traffic control, road closures, etc.)

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- YES NO Has this event been held before?
- YES NO Is the applicant a non-profit entity? If yes, provide current tax exemption certificate
- YES NO Are you or any vendor erecting a tent larger than 300 sq. / ft? (additional permits required)
- YES NO Are you or any vendor serving food? Number of Food Vendors_____ (additional Permit(s) from Health Dept are required)
- YES NO Are you or any vendor serving alcohol/liquor? (temporary liquor permit may be required)
- YES NO Fireworks, pyrotechnics, amusement rides and/or animals planned as part of the event? (inspections may be required by both Building Official/Fire Marshal/state permits/fees)
- YES NO Will merchandise be sold along roadways? _____ (vendor permit required)
- YES NO Will sanitary/hand wash facilities be provided? # sanitary_____ # hand wash_____ (ADA facilities are required at all events)
- YES NO Will public water be available? (If not, a potability test for the water supply is required)
- YES NO Will any roads need to be closed or any traffic devices needed? (Police and/or Public Works to review and advise services required and associated fees)
- YES NO Have provisions for on-site security been provided (Police to review and advise services Required with associated fees)
- YES NO Does this event require Fire, EMS on site?
- YES NO Have you made any provision for on-site medical services? _____ (Fire, EMS review and advice on services and associated fees)

As the applicant, I hereby certify that the information I have provided on this form is complete and accurate to the best of my knowledge. I agree to abide by the terms set forth in this application, and the rules and regulations of the Town of Somers. I understand that failure to do so may result in the cancellation of the event, the denial of future permits, plus any fines or legal actions deemed appropriate.

Application Signature: _____ Date: _____