



SPECIAL EVENT REQUEST APPLICATION

TOWN OF SHARON
90 SOUTH MAIN STREET
SHARON, MA 02067

You may need approval from several departments to host an event in Sharon on town property. You can start the process with this application, and we will help direct you through the process.

SPECIAL EVENTS: For special events, parades, carnivals, festivals, tournaments, derby's, road races, etc., please attach a letter of intent which includes all details of the event; site plans, including sample fliers, registration forms, flag raising, etc.

SPECIAL EVENT CONSIDERATIONS:

- A separate security deposit of \$250 will be required for all Special Events. Security deposits will not be refunded should the town property be left in poor condition or damages incurred.
- Renter will maintain during the period of service the following insurance policy: Commercial General Liability; \$1,000,000 Each Occurrence; \$2,000,000 General Aggregate; \$2,000,000 Products and Completed Operations Aggregate; \$1,000,000 Personal and Advertising Injury; \$300,000 Fire Legal Liability; \$10,000 Medical Payments. The policy must include **Town of Sharon** and its subsidiaries as additionally insured.
- If you move any equipment, they must be put back in their original place upon event completion. All outdoor rentals must end by 10pm.
- If you are using amplified sound, the sounds must be kept within range as to not disturb the neighborhood surrounding in the area and end by 9:00pm.
- Smoking or drugs are not allowed at any municipal property. Alcohol is by permit only in specified approved locations, according to site plan.
- Trash must be removed by the users.
- Dogs are not allowed on recreational playing surfaces and must be leashed at all times.
- At Veterans' Memorial Park Beach, dogs are not permitted from April 15th to October 15th.
- Permit for raffles may be obtained by contacting the Town Clerk office.
- In the event of a weather-related emergency, we reserve the right to cancel the rental. Any payment made will be refunded.

APPROVED RESERVATIONS MAY NOT BE SUBLETTERED OR TRANSFERRED.

Please provide at least a 120-day notice per special event request so that proper permissions and approvals can be obtained by the various boards/committees.



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LICENSES AND FEES

Below is a sample of the typical licenses and permits and the associated fees. For information about applying for any of the licenses, please contact the respective departments.

CLASS OF LICENSE	FEE
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SELECT BOARD

One-Day Liquor License - All Alcohol	\$75.00
One-Day Liquor License - Wine/Malts	\$50.00
Food Truck	\$50.00

(Must complete a Special One Day Alcoholic Beverage License Application)

FACILITY/FIELD REQUESTING: Submit a separate request for different locations.

- | | |
|--|--|
| <input type="checkbox"/> Ames Softball Fields
Circle: Field A, B, C, D | <input type="checkbox"/> Sharon Community Center Front
Lawn |
| <input type="checkbox"/> Deborah Sampson,
Sacred Heart Field | <input type="checkbox"/> Deborah Sampson Baseball Fields
Circle: Field A, B, C, D or E |
| <input type="checkbox"/> Gavins Pond Soccer Field:
Circle: Field One or Field Two | <input type="checkbox"/> Veterans' Memorial Park Beach
Specific Needs: _____
<div style="display: flex; justify-content: center; gap: 10px;"> <input type="checkbox"/> Park <input type="checkbox"/> Beach/Waterfront </div> |

Waterfront guests must meet Christian's Law (G.L. c. 111, § 127A 1/2) requirements

HEALTH DEPARTMENT

Retail Food	Health Department: \$150/year
One Day Event (Caterers)	Health Department: \$30/year
	Health Department: \$100/year

RECREATION DEPARTMENT

Outdoor Field Non-Profit Sharon Group:	\$20/hr/field
For-Profit Sharon Group:	\$30/hr/field
Non-Resident Group:	\$40/hr/field

Temporary Bathrooms	Recreation Department: \$300/unit/day
	*Market rates will apply
Bathroom Cleaning Fee (Ames/DS/Beach)	Ames/DS: \$150/day
	Beach: \$250/day
Health Department:	\$25/event
Veterans' Memorial Park Beach Facility Bathrooms	\$125/day
Lifeguard (1 guard for every 25 guests)	\$25/guard/hour

PUBLIC SAFETY STAFF

Police Detail Hourly, a minimum of 4 hours
Must be canceled 12 hours in advance

Fire Detail	Hourly, if needed
Department of Public Works	Hourly, if needed



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Expected Attendance		Sharon Non-Profit Organization OR Sharon Public Schools	Sharon For Profit Business	Out of Town Non-Profit Organization	Out of Town For Profit Business
Up to 50	Off Season	\$300	\$500	\$600	\$800
	In Season	\$500	\$700	\$900	\$1200
51-100	Off Season	\$500	\$700	\$900	\$1200
	In Season	\$750	\$1000	\$1300	\$1700
101-249	Off Season	\$500	\$850	\$1200	\$1600
	In Season	\$950	\$1300	\$1700	\$2200
250-400	Off Season	\$750	\$1100	\$1400	\$2000
	In Season	\$1150	\$1500	\$2100	\$2700
401-550	Off Season	\$1000	\$1350	\$1700	\$2400
	In Season	\$1350	\$1700	\$2500	\$3200

ADDITIONAL CONSIDERATIONS:

Event requests for more than 551 expected attendees, fee will be determined on a case by case basis by the *Sharon Select Board*.

For events such as tournaments, the Town reserves the right to use the fees outlined on the Field Permit application.

IN-SEASON DEFINITION: IN SEASON: MEMORIAL DAY THROUGH LABOR DAY

LENGTH OF EVENT: Rates are for events with a six-hour maximum time frame.

Filling out this application does not automatically constitute approval. Please allow 14 business days for a written response. All requests will be reviewed and accepted/denied based on department policy, nature/ scope of rental, as well as facility and staff availability. Rentals are not offered on New Year's Eve, New Year's Day, Presidents' Day, Patriots' Day, Easter, Memorial Day, Juneteenth, Independence Day, Labor Day, Rosh Hoshana, Yom Kippur, Indigenous People's Day, Veteran's Day, Thanksgiving Eve, Thanksgiving Day, Christmas Eve, or Christmas Day.



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Name of Event: _____

Event Type/Purpose/Intended Use: _____

Is this a fundraiser?

Yes No

Event Date Requested: _____

Alternate Date: _____

Name of Organization Benefitting from Fundraiser: _____

If this organization is a registered I.R.S. 501(c)(3), please provide supporting documentation.

Non-Profit/Business Responsible for Event: _____

Address: _____ Phone Number: _____

Time of Event: _____ Set-Up Time: _____ Breakdown Time: _____

PUBLIC PRIVATE EXPECTED ATTENDANCE: _____ ADMISSION FEES: _____

REQUESTOR/GROUP/ORGANIZATION INFORMATION

Name of submitter: _____ Email: _____

Sponsoring Organization: _____ Tax Id: _____

Address of Organization/Requestor: _____

City/Town: _____ Zip Code: _____

Phone: _____

For weather and scheduling conflicts contact: _____

Phone: _____ Email: _____

Billing Contact: _____

Phone: _____ Email: _____

PRIORITY LEVEL:

Town of Sharon
Dept: _____

Sharon Youth
Organization

Sharon Adult Sports
Organization

Sharon Non-Profit
Organization

Sharon For Profit
Organization

Non-Resident
Organization/Business

FOR OFFICE USE ONLY

Request Received
Date: _____

COI CERTIFICATE

Event Plan

Facility Charge
Due: _____

Amount Paid: \$ _____ Date Paid: _____



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EVENT DETAILS: Submit supporting documents to describe needs, if applicable

IF THE EVENT WILL REQUIRE ANY OF THE FOLLOWING, PLEASE PROVIDE EVIDENCE OF ARRANGEMENTS.

POLICE DETAIL YES NO _____

FIRE PERMIT YES NO _____

TEMPORARY STRUCTURES/TENTS YES NO _____

FOOD PERMIT (HEALTH DEPARTMENT) YES NO _____

VENDING/CONCESSIONS (HEALTH DEPARTMENT) YES NO _____

FOOD BEVERAGE GOODS OTHER: _____

FOOD TRUCK YES NO If yes, name of provider: _____

Health Certificate: _____

PORTABLE RESTROOMS (HEALTH DEPARTMENT) YES NO
Did you apply for permit? YES NO DATE OF APPLICATION: _____

LIQUOR LICENSE (SELECT BOARD) YES NO DATE OF APPLICATION: _____

WATER SOURCE YES NO BLOCK PUBLIC ROADWAYS YES NO

DPW/CUSTODIAL STAFF REQUESTED/NEEDED YES NO

TRASH/RECEPTACLES YES NO If yes, # requested: _____

ELECTRICITY YES NO If yes, location requested: _____

ENTERTAINMENT YES NO If yes, what kind?: _____

ARE BUSES EXPECTED? YES NO If yes, #requested: _____

CERTIFIED CORI CHECKS CONDUCTED YES NO

ACTIVITIES: RIDES GAMES ANIMALS RAFFLES OTHER:

PLEASE NOTE: INFLATABLES ARE NOT PERMITTED ON TOWN OF SHARON PROPERTY

- This signed and dated SPECIAL EVENT REQUEST APPLICATION FORM
- CERTIFICATE OF INSURANCE (COI) listing the TOWN OF SHARON as additionally insured.
- ATTACHMENTS Any required contracts, certifications, permits, or other.
- SITE PLAN. Traffic and parking plan. Road closure map, if needed.

I have received, read, understand, and agree to and assume all responsibility for the use of the requested Town of Sharon facility and fulfillment of the policies and regulations of the Facility User Policy Packet for the Town of Sharon Recreation Department.

REQUESTOR SIGNATURE TITLE/POSITION

DATE

Special Event Permit Application

