

TOWN OF EAST HARTFORD POLICE DEPARTMENT



Melody A. Currey
Mayor

BUREAU OF OPERATIONS
OUTDOOR AMUSEMENT PERMITS
31 SCHOOL STREET
EAST HARTFORD, CT 06108
(860) 528-4401



Mark J. Sirois
Chief of Police

OUTDOOR AMUSEMENT PERMIT APPLICATION

1. Name of Event:
2. Date(s) of Event:
3. Applicant's name, home & work phone numbers, home address, and e-mail address:
4. If partnership, corporation, club, or association, list names of all partners or officers and business address.
5. List the location of the proposed amusement: (Name of facility and address)
6. List the dates and hours of operation for each day (if location changes on a particular day, please list):
7. Provide a detailed description of the proposed amusement:
8. Will Music or Other Entertainment Be Provided Out-Of-Doors?
YES
 - a. If 'YES,' during what days and hours will music or entertainment be provided (note: this is different from hours of operation)?
9. What Is The Expected Age Group(s) of Participants?
10. What is the Expected Attendance at the Proposed Amusement:
(If more than one performance, indicate time/day/date and anticipated attendance for each.)
11. Provide a detailed description of the proposed amusement's anticipated impact on the surrounding community. Please comment on each topic below:
 - a. Crowd Size Impact:
 - b. Traffic Control and Flow Plan at Site & Impact on Surrounding/Supporting Streets:

- c. Parking Plan On Site & Impact on Surrounding/Supporting Streets:
- d. Noise Impact on Neighborhood:
- e. Trash & Litter Control Plan for the Amusement Site and Surrounding Community During and Immediately After the Proposed Amusement:
- f. List expected general disruption to neighborhood's normal life and activities:
- g. Other Expected Influence on Surrounding Neighborhood:

12. Provide a Detailed Plan for the Following:

- a. Accessibility of Amusement Site to Emergency, Police, Fire & Medical Personnel and Vehicles:
- b. Provisions for Notification of Proper Authorities in the Case of an Emergency:
- c. Any Provision for On-Site Emergency Medical Services:
- d. Crowd Control Plan:
- e. If on Town Property, the Plan for the Return of the Amusement Site to Pre-Amusement Condition:
- f. Provision of Sanitary Facilities:

13. Will food be provided, served, or sold on site:

NO : food available AND **NO** contact has been made with the East Hartford Health Department

14. Does the Proposed Amusement Involve the Sale and/or Provision of Alcoholic Beverages to Amusement Attendees,

NO , Alcoholic Beverages will be served or Provided

If 'YES', Describe, In Detail, Any and All Arrangements and What Procedures Shall Be Employed:

- a. For Such Sale or Provision,
- b. To Ensure That Alcohol Is Not Sold or Provided to Minors or Intoxicated Persons.

Check if Copy of Liquor Permit, as Required by State Law, is included with application.

15. Include any other information which the applicant deems relevant (time waivers and fee waiver requests should go here):

----- The following space is intentionally left blank. -----

CGS Sec. 53a-157. False Statement: Class A Misdemeanor.

A person is guilty of False Statement when he intentionally makes a false written statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he does not believe to be true and which statement is intended to mislead a public servant in the performance of his official duties.

- a. False Statement is a Class A Misdemeanor.
- b. The penalty for a Class A Misdemeanor is imprisonment for a term not to exceed one (1) year, or a fine not to exceed \$1,000, or both a fine and imprisonment.

I declare, under the penalties of False Statement, that the information provided in this application is true and correct to the best of my knowledge:

(Applicant Signature)

(Printed Name)

(Date Signed)

(Send application electronically to cfrank@ci.east-hartford.ct.us)

FOR OFFICE USE ONLY:

Insurance Certificate Included:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Liquor Permit Included:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Time Waiver Request Included:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Fee Waiver Request Included:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Received By: _____

Employee Number: _____

Date & Time Signed: _____ : _____ AM PM

Time remaining before event: _____ days.