

TOWN OF CHARLOTTE
APPLICATION FOR USE OF TOWN FACILITIES

Approved for Use: September 22, 2014

Name of Organization/Event: _____
Date(s) of Event: _____
Organization's Address: _____
Non-Profit _____ For Profit _____
If non-profit, briefly explain the benefit fund: _____

Contact information for Organization/Representative:

Name of Event Manager/Title: _____
Email address: _____
Telephone number: _____
Mobile telephone number: _____

Location

Town highways _____
Town Beach ___ Senior Center ___ Town Hall ___ Other _____
Brief description of requested use of facility: _____

Event Start Time: _____ Event End Time: _____

Anticipated Attendance

Participants _____ Staff/Volunteers _____ Vendors/Caterer _____ Total _____
Will food be served? ___ (yes) ___ (no)
Will alcohol be served: ___ (yes) ___ (no).

If yes, include copy of the caterer's license and certificate of insurance.

Safety Arrangements: (attach additional sheet if needed)
(Parking, course monitors, water and aid stations, traffic control)

Has Charlotte Fire & Rescue been notified? Yes _____ No _____

Signature of Fire or Rescue Chief or Ass't. Chief
contact: 425-3111 or admin@cvfrs.org

Is a standby ambulance needed? Yes _____ No _____

Are State of Vermont permits required ? Yes _____ No _____

Is a port-o-let proposed? Yes _____ No _____

Has this event been held in Charlotte before? Yes _____ No _____

If yes, please list years: _____

Is this event open to Charlotte residents? Yes _____ No _____

Please attach an event map, if applicable.

Please attach or e-mail a certificate of insurance for the event which names the Town of Charlotte as an "additional insured" for general liability coverage.

OVER

Waste Management

The Town of Charlotte is dedicated to making all events in public spaces as waste free as possible by reducing packaging and single use items, and by collecting waste in three streams: *compostables, recycling and trash*. All events held in public spaces will adhere to these expectations, and comply with [VT ACT 148 Universal Recycling Law](#) and [CSWD’s Solid Waste Management Ordinance](#).

Please see Recommendations for Waste Reduction in the attached addendum. (Live link)

Event sponsors are responsible for communicating these recommendations to all vendors/caterers.

Technical help is available from Charlotte CSWD representative, Abby Foulk: afoulk@gmavt.net

Event Person in Charge of Waste Management (if not event manager):

Email address: _____

Telephone number: _____

Mobile telephone number: _____

Plan for Compostables

Use of food scrap buckets is required for events at which food is served. Buckets are available from the Town, CSWD, and haulers. To obtain from Town, please contact Abby Foulk: afoulk@gmavt.net

Number of buckets needed _____

Compostable materials: ___ food scraps only; ___ food scraps and other organics

Compost management plan: ___ will use onsite compost bin: ___ will take to CCS Compost Shed; ___ will drop off at CSWD facility: ___ will hire compost or three-stream hauler

Plan for recyclables and trash (check one)

___ Will use Town’s existing recycling and trash infrastructure. Fee may apply.

___ Will contract for three-stream pick-up by hauler

___ Will drop off at CSWD facility

Waste Stations

Side-by-side composting/ recycling/trash stations are required, labeled with Vermont’s Universal



Symbols.

See: <http://cswd.net/about-cswd/universal-recycling-law-act-148/>

Number of waste stations needed for event _____

Plan for assisting participants with sorting streams _____

Plan for decontaminating streams _____

In consideration of this request to use town highways and/or town-owned property and facilities _____ (organization/group/business) and I agree, and for myself/ourselves and my/our heirs, executors and administrators agree to indemnify, defend and hold forever harmless the Town of Charlotte and its officers, agents and employees from and against any claims, demands, liabilities, actions, judgments, settlements, damages, costs and expenses (including attorney’s fees and disbursements) for injury to or death of any person or damage to property arising out of or resulting from the activity described in this request.

Signature of authorized representative _____