

TOWN OF CHARLOTTE
APPLICATION FOR USE OF TOWN FACILITIES

Approved for Use: September 22, 2014

Name of Organization/Event: Cycle 4 CMT
Date(s) of Event: September 20, 2015
Organization's Address: Charcot-Maria-Tooth Association (CMTA) P.O. Box 105
Non-Profit For Profit Glenolden PA 19036
If non-profit, briefly explain the benefit fund: Please see Attachment, Item 1

Contact information for Organization/Representative:

Name of Event Manager/Title: Chris Ouellette
Email address: cycle4cmt@gmail.com
Telephone number: 802-985-2245
Mobile telephone number: 508-330-5828

Location

Town highways Please see Attachment, Item 2
Town Beach Senior Center Town Hall Other The Old Lantern
Brief description of requested use of facility: Central event location - start and stop for cycling event, enter cycling event - food, music, speeches, silent auction
Event Start Time: 8:00 a.m. Event End Time: 6:00 p.m.
* Cycling portion of the event from 8:00 a.m. - 1:00 p.m.

Anticipated Attendance

Participants 145-190 Staff/Volunteers 5-10 Vendors/Caterer 150-200 Total ~50% cyclists ~50% noncyclists

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.

The Old Lantern, liquor license # 3013-002

Safety Arrangements: (attach additional sheet if needed)

(Parking, course monitors, water and aid stations, traffic control)

Please see Attachment, Item 3

Has the Charlotte Fire & Rescue been notified? 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 see Attachment, Item 4

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.

Attached.

OVER