

~~PLEASE DISREGARD THE JULY 6TH EVENT.~~

#1

TOWN OF CHARLOTTE
APPLICATION FOR USE OF TOWN FACILITIES

Approved for Use: September 22, 2014

Name of Organization/Event: RALEIGHMONT, COM - GREENBUSH Bull.
Date(s) of Event: JUNE 28, 2015 Tri.
Organization's Address: 166 ATHLETIC DRIVE
Non-Profit _____ For Profit X
If non-profit, briefly explain the benefit fund: _____

Contact information for Organization/Representative:
Name of Event Manager/Title: RYNNE M. HODDGE
Email address: RYNNE@RALEIGHMONT.COM
Telephone number: 802-316-7142
Mobile telephone number: SAME

Location
Town highways GREENBUSH - FERRY - LAKE (2x) - THOMP. PT. (1x)
Town Beach _____ Senior Center _____ Town Hall _____ Other _____
Brief description of requested use of facility: _____
ROADS ONLY
Event Start Time: 8AM Event End Time: 12:30

Anticipated Attendance
Participants 150 Staff/Volunteers 12 Vendors/Caterer _____ Total 162 50 Olympic
100 Sprint

Will food be served? ___ (yes) X (no)
Will alcohol be served: ___ (yes) X (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)
SHERRILL POLICE, PARKING ATTENDANTS.

Has the Charlotte Fire & Rescue been notified? Yes _____ No X, WILL BE USING CHARLOTTE FIRE.

Are State of Vermont permits required? Yes _____ No X

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

Has this event been held in Charlotte before? Yes X No _____
If yes, please list years: 1998-2014

Is this event open to Charlotte residents? Yes X 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.

Waste Management - NOT APPLICABLE

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 - NOT APPLICABLE

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 _____

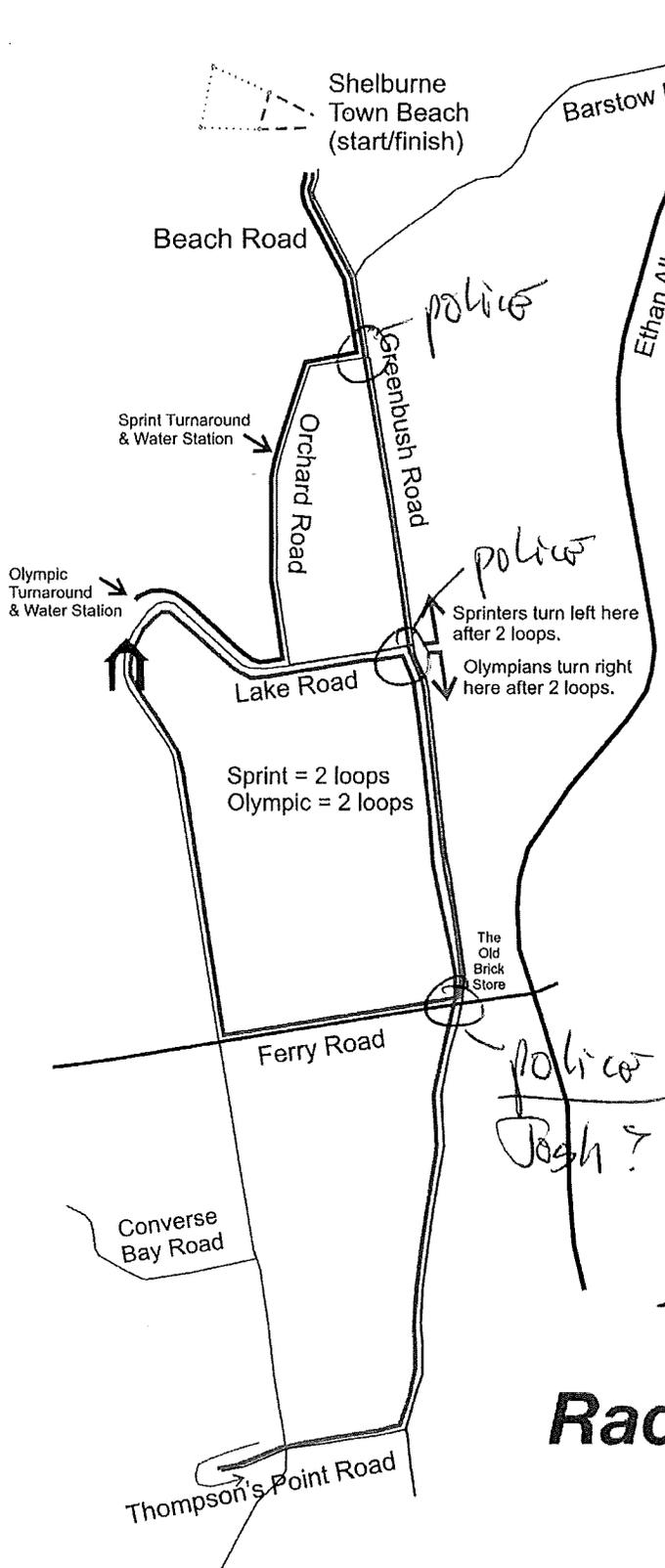
In consideration of this request to use town highways and/or town-owned property and facilities _____ (organization/group/business) and I agree, and for myself/ourselves and my/our heirs, executors and administrators agree to indemnify, defend and hold forever harmless the Town of Charlotte and its officers, 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 _____

RaceVermont Triathlon - Sprint & Olympic Distance

500 yard lake swim / 15.8 mi. bike / 3.1 mi. run

.9 mi. lake swim / 27 mi. bike / 6.2 mi. run



IMPORTANT NOTICE ABOUT BIKE PORTION:

Everyone will depart from the beach and head south onto Greenbush Road, turning right onto Ferry Road at The Old Brick Store to begin 2 loops of Ferry/Lake/Greenbush Roads. Once two loops are finished, Sprinters will head left onto Greenbush Road to go back to the beach. Olympians will turn right onto Greenbush Road to head south to the Thompson's Point Road turnaround. Olympians return to the beach by going straight through the intersection at Ferry Road and returning via Greenbush Road.

TOWN OF CHARLOTTE
APPLICATION FOR USE OF TOWN FACILITIES

Approved for Use: September 22, 2014

Name of Organization/Event: RALEIGHVERMONT.COM
Date(s) of Event: LAKE MONSTER SPINNI / OLYMPIC TRI & AQUATRIKE (Aug 16)
Organization's Address: 1160 ATHLETIC DRIVE, SHELBURNE, VT. 05482
Non-Profit For Profit
If non-profit, briefly explain the benefit fund: _____

Contact information for Organization/Representative:
Name of Event Manager/Title: RAYNE HEROLD
Email address: RAYNE@RALEIGHVERMONT.COM
Telephone number: 802-316-7142
Mobile telephone number: (SAME)

Location
Town highways GREENBUSH - FERRY - LAKE THOMPSON PI.
Town Beach Senior Center Town Hall Other
Brief description of requested use of facility: _____

Event Start Time: 8 AM Event End Time: 12:30

Anticipated Attendance
Participants 50 Staff/Volunteers 12 Vendors/Caterer _____ Total 162

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)
ALL TRAFFIC CONTROL BY SHELBURNE POLICE. ALL PARKING AT SHELBURNE BEACH. VOLUNTEERS BY IZVT.

Has the Charlotte Fire & Rescue been notified? Yes _____ No X They will be.

Are State of Vermont permits required? Yes _____ No X

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

Has this event been held in Charlotte before? Yes X No _____
If yes, please list years: 1999 - 2014

Is this event open to Charlotte residents? Yes X 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.

Waste Management *NOT APPLICABLE.*

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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 - *NOT APPLICABLE. DONE AT SHALBONA BENCH.*

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

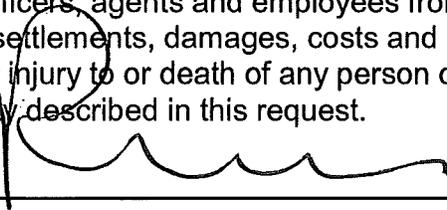
Side-by-side composting/ recycling/trash stations are required, labeled with Vermont's Universal Symbols. See: <http://cswd.net/about-cswd/universal-recycling-law-act-148/>

Number of waste stations needed for event _____

Plan for assisting participants with sorting streams _____

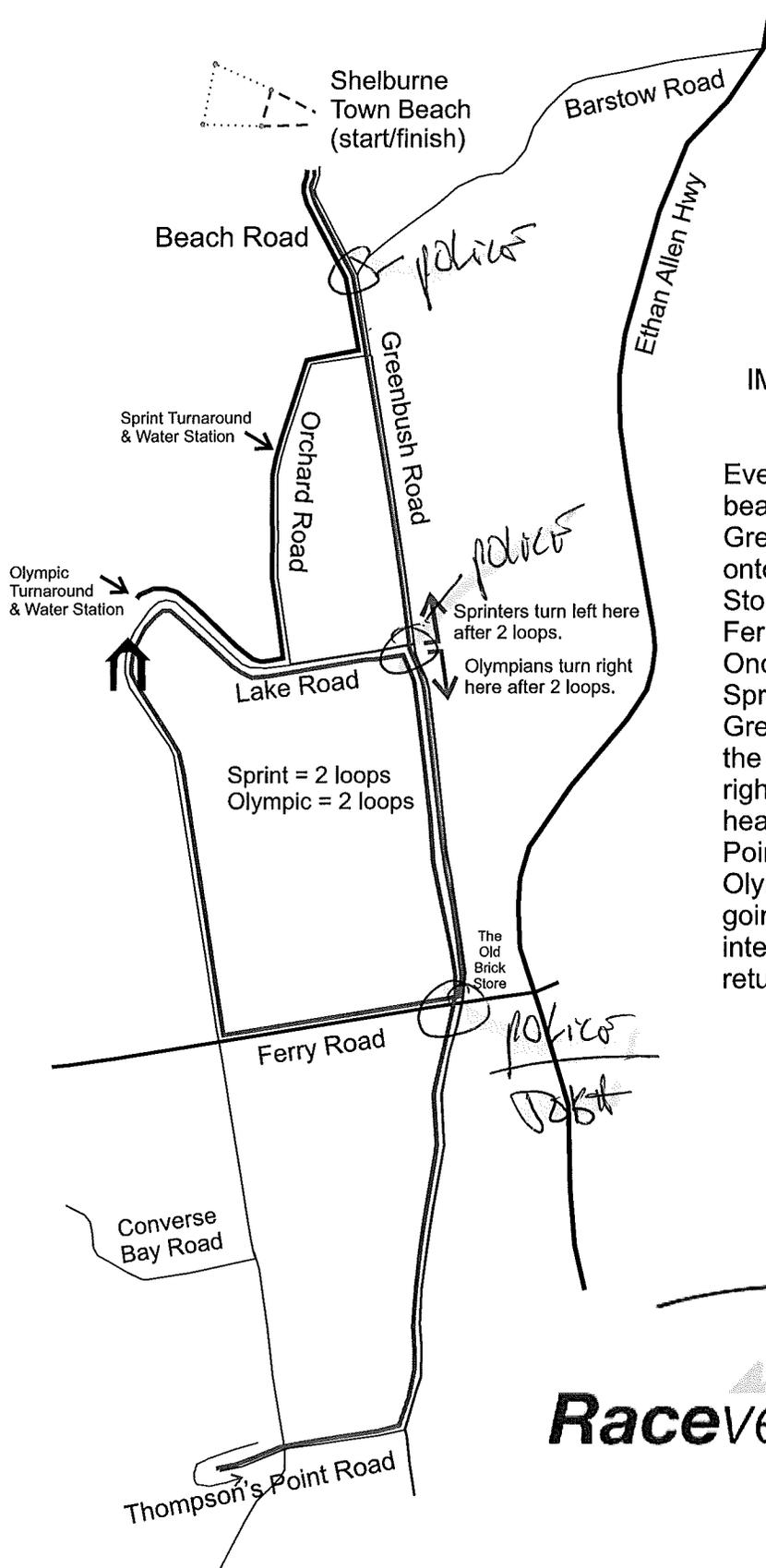
Plan for decontaminating streams _____

In consideration of this request to use town highways and/or town-owned property and facilities _____ *RENEWALBUT.COM.* (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 _____ 

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Name of Organization/Event: RALEIGHMONT.COM
Date(s) of Event: CHARLOTTE COVERED BRIDGE 1/2 MARATHON - SEPT 12
Organization's Address: 1160 ATHLETIC DRIVE, SHELBORNE, VT. 05482
Non-Profit _____ For Profit X
If non-profit, briefly explain the benefit fund: _____

Contact information for Organization/Representative:
Name of Event Manager/Title: RAYNE HERZOG
Email address: RAYNE@RALEIGHMONT.COM
Telephone number: 802-316-7142
Mobile telephone number: (SAME)

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 250 Staff/Volunteers 12 Vendors/Caterer _____ Total 262

Will food be served? _____ (yes) X (no)
Will alcohol be served: _____ (yes) X (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)
ALL TRAFFIC CONTROL BY SHELBORNE POLICE. ALL PARKING AT SHELBORNE BEACH. VOLUNTEERS BY IZVT.

Has the Charlotte Fire & Rescue been notified? Yes _____ No X. They will be.

Are State of Vermont permits required? Yes _____ No X

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

Has this event been held in Charlotte before? Yes X No _____
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Email address: _____

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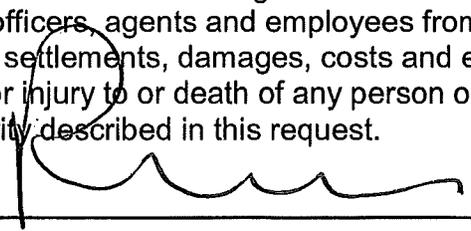
Number of waste stations needed for event _____

Plan for assisting participants with sorting streams _____

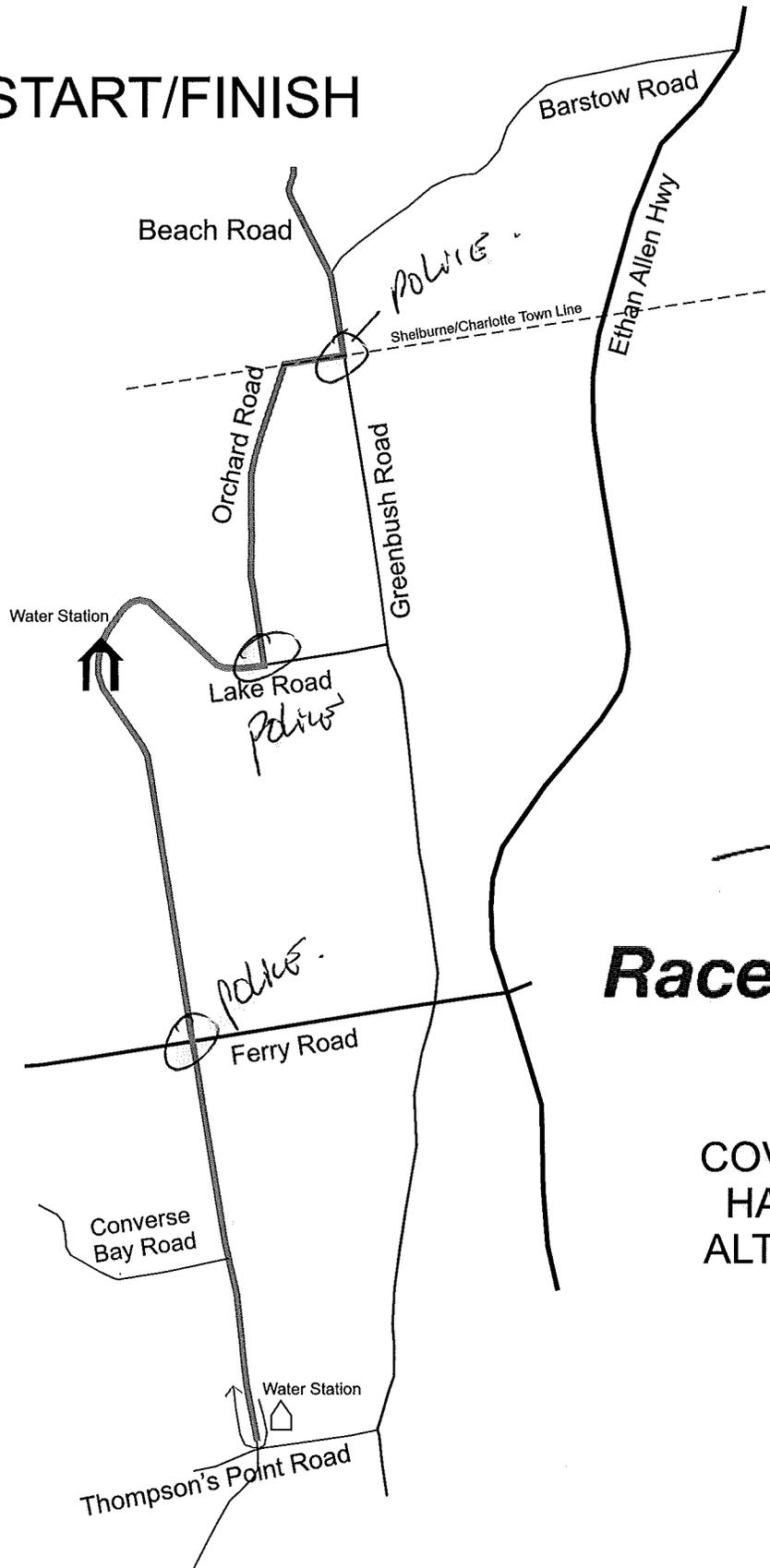
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Signature of authorized representative _____



START/FINISH



CHARLOTTE
COVERED BRIDGES
HALF MARATHON
ALTERNATE ROUTE