

TOWN OF CHARLOTTE
APPLICATION FOR USE OF TOWN FACILITIES

Approved for Use: September 22, 2014

Name of Organization/Event: Vermont CARES Champ Ride
Date(s) of Event: 6/13/15
Organization's Address: 187 Saint Paul Street
Non-Profit For Profit
If non-profit, briefly explain the benefit fund: HIV Prevention

Contact information for Organization/Representative:

Name of Event Manager/Title: Christian Pinillos Events and Marketing
Email address: Christian@vtcares.org
Telephone number: 802.963.2437
Mobile telephone number: 802.793.2286

Location

Town highways 1 Spear Street, Hinesburg Rd, Church Hill Rd, Ferry Rd, Greenbush Rd
Town Beach Senior Center Town Hall Other
Brief description of requested use of facility: _____

Event Start Time: 8:00 AM Event End Time: 4:00 PM

Anticipated Attendance

Participants 100 Staff/Volunteers 20 Vendors/Caterer 0 Total 120

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)

Parking water and stations but none the town of Charlotte

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: 2014, 2013, 2012

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.

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):

Christian Pinillos
Email address: Christian@vtaires.org
Telephone number: 802-865-2437
Mobile telephone number: 802-793-2286

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 0

Compostable materials: 0 food scraps only; 0 food scraps and other organics

Compost management plan: 0 will use onsite compost bin; 0 will take to CCS Compost Shed; 0 will drop off at CSWD facility; 0 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 0

Plan for assisting participants with sorting streams 0

Plan for decontaminating streams 0

In consideration of this request to use town highways and/or town-owned property and facilities Vermont CARES (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 