TOWN OF BUCKLAND
SIDEWALK USE PERMIT

This permit is to be filled out in conjunction with the Town's written policy – see separate document.

Date of Event: __8/28+29/21__ Name of Event: __Tag Sale__

Name of applicant or organization: __St. Joseph Parish__

Profit _____ Non-Profit __✓__ [ ] check here if non-profit requesting fee waiver

Description of activity and purpose of request: (including date, time, location, etc.) __8/28   8AM-2PM   8/29 9AM-noon__
__34 Monroe Avenue__
__Tag Sale - fund raiser__

Please check off or write N/A, for not applicable:

__n/A__ If I am selling food, I have a temporary food permit from the Board of Health.
__n/A__ If I am setting up for an event, I have contacted the sponsoring organization to
          register, etc..
__✓__   I am an organizer of an event and am applying for a blanket permit. I will
          coordinate all the requirements for vendors at my event [see written policy (c)].
__✓__   I am leaving at least 36" of sidewalk around my table/cart/etc., to allow access.
__✓__   I have written permission from the owner of the premises in front of which I
          wish to set up (submit a copy with this application).
__n/A__ If I plan to be in the road, I have permission from the police, or have notified
          the police.
__✓__   I will sweep the area I have used when I am done.
__n/A__ I have attached a copy of my State Vendors License (if applicable).
__n/A__ I am requesting use of amplification (describe): _____

__Sandra A Hanks__   __413-625-9659__   __Church rectory__
Print Name   **Telephone Number**   __413-625-6045__
__Sandra C Hank__
Signature   ⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯⋯
                                      Bill Police Services To:
__50 Heath Sto Terrace__
__Shelburne Falls MA__   _____
__01370__   _____
                                      _____
Address

Vendor License Information (if applicable): _n/a_

    Name on license: _____

    Vendor license number: _____

    Date(s) license is valid: _____

    I am exempt from this requirement under M.G. L. because: _____

    _____

    _____

This permit must be completed in full and returned with a non-refundable $5.00 application fee to the Town of Buckland, no later than 30 days prior to date requested for the activity.

(Town Use Only)

Date this application is received by Town _____

Fee Paid: Check # _____ /Cash ___✓___ Rcd by: _____

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Police Department: Approved _____   Disapproved _____

Recommendation of Police Department: Traffic &/or crowd control assessment:

_____

_____

Estimated cost to the Town: _____   _____   _____
                                                Chief of Police   Date

- -

Board of Selectmen: Approved _____   Disapproved _____

_____   _____
Chair, Board of Selectmen   Date