



Special Event / Street Closure Permit Application

1. Event Sponsor

Name: Capital City Farmers Market	Email: manager@montpelierfarmersmarket.com
Address: P.O Box 515, Montpelier, VT 05601	
Cell Phone: [REDACTED]	Other Phone: TBD

2. Event Details

Name of Event: Capital City Farmers Market	
General description of the event (1 to 3 sentences): The Capital City Farmers Market takes place every Saturday from May to October. We have over 50 vendors bringing the best of local food, product, and crafts to the center of downtown, Montpelier and have been doing so for over 40 years.	
Date of Event: Every Saturday from May 4 to October 26	Start and End Time of Event: 9am to 1pm
Street(s) to be Closed - Please attach a sketch of the event layout. State St, from intersection with Main St to intersection with Elm St.	
Time Street will close (recommend up to an hour before event): 7am	Time Street will reopen (recommend 30 minutes after the event ends): 2:30pm
Number of Staff/Volunteers on site for Event: 1 staff, plus additional market members	
Number of people expected at event: 1500	Number of vendors and/or entertainers who will participate: 55 weekly
Name of General liability insurance carrier – Please attach proof of insurance. (General liability insurance for Special Events in the downtown area must be obtained by the Event Sponsor.) Co-operative Insurance Companies	

3. Community Support

<p>Is this a reoccurring event in Montpelier?</p> <p style="text-align: center;">Yes</p>	<p>If no, do you have experience elsewhere with such events? Please explain.</p>
<p>How does this event benefit the public (as outlined in the Street Closure Policy)?</p> <p style="text-align: center;">Bringing local food, crafts and entertainment to downtown.</p>	

4. Public Safety and Public Health

<p>Please describe any discussions or arrangements that the Event Sponsor has made with public safety or public works professionals in Montpelier.</p> <p style="text-align: center;">We conducted a lot of planning with public safety and public works professionals on the logistics of this market.</p>
<p>What arrangements have been made for food, water, and toilet facilities (if applicable)?</p> <p style="text-align: center;">Food and beverages are sold by vendors. We are working with the City on signage for toilet facilities at City Hall.</p>
<p>What arrangements have been made to assure that litter will be cleaned up and disposed of and that trash and recycling containers will be provided?</p> <p style="text-align: center;">The City has agreed to add extra trash cans on State St every Saturday.</p>
<p>If additional law enforcement officials will be hired for your event, please list:</p>
<p>Please note any other unique aspects of this event:</p> <p style="text-align: center;">We have been coordinating this move for two years with city officials, and with members of Montpelier Alive and the DBA.</p>
<p>Will noise levels or hours exceed the city's noise ordinance? If so, will this event require a request for variance from the noise ordinance?</p> <p style="text-align: center;">No.</p>

5. Accessibility

As this event will take place on public property, I, as the Event Sponsor, attest that this event and all related programming and facilities meet the Americans with Disabilities Act accessibility requirements. These requirements are available at the City's website.

Hannah Blackmer

Hannah Blackmer

3/4/2019

Signature

Printed Name

Date

6. Signature

I, the undersigned, certify that the information provided above is valid and I will abide by any additional provisions note by Officials below. I acknowledge that I have read and understand the Montpelier Street Closure policy and that I am responsible for compliance with all requirements contained in that policy. I also agree to be onsite for the duration of the above mentioned street closure.

Hannah Blackmer

Hannah Blackmer

3/4/2019

Signature

Printed Name

Date

Notice Documentation

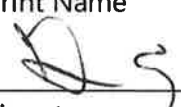
Name of Event:	
Date of Event:	Start and End Time of Event:
Street(s) to be Closed:	
Time Street will close (recommend up to an hour before event):	Time Street will reopen (recommend 30 minutes after the event ends):
Date of City Council Meeting to consider permit request:	
Describe Efforts made to notify residents and businesses along the street to be closed. Notification must include both the date/time of the proposed event and the date/time of the City Council meeting where the street closure will be considered.	

FOR OFFICIAL USE ONLY

The following parties have reviewed and approved:

POLICE	
<p>Reviewed by:</p> <p><u>NEIL MARTEL</u></p> <p>Print Name</p> <p><u>[Signature]</u></p> <p>Signature</p> <p><u>3/5/19</u></p> <p>Date</p>	<p><input type="checkbox"/> Reviewed – recommend approval with no conditions</p> <p><input checked="" type="checkbox"/> Reviewed – recommend approval with conditions: <i>Group will setup & provide appropriate detour signs/ Barricades & cones as needed. Police if available will assist with vehicles & traffic control initially.</i></p> <p><input type="checkbox"/> Reviewed – do not recommend approval</p>
PUBLIC WORKS	
<p>Reviewed by:</p> <p><u>Tom McArdle</u></p> <p>Print Name</p> <p><u>[Signature]</u></p> <p>Signature</p> <p><u>3/5/19</u></p> <p>Date</p>	<p><input type="checkbox"/> Reviewed – recommend approval with no conditions</p> <p><input checked="" type="checkbox"/> Reviewed – recommend approval with conditions: <i>see traffic control plan & detour route sign package - implement as per pilot.</i></p> <p><input type="checkbox"/> Reviewed – do not recommend approval</p>
FIRE DEPARTMENT	
<p>Reviewed by:</p> <p><u>Robert Gowans</u></p> <p>Print Name</p> <p><u>[Signature]</u></p> <p>Signature</p> <p><u>3-4-19</u></p> <p>Date</p>	<p><input type="checkbox"/> Reviewed – recommend approval with no conditions</p> <p><input checked="" type="checkbox"/> Reviewed – recommend approval with conditions: <i>Mandatory Emergency Vehicle Access</i></p> <p><input type="checkbox"/> Reviewed – do not recommend approval</p>

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MONTPELIER ALIVE	
Reviewed by: <u> Dan Groberg </u> Print Name  Signature <u> 3/5/18 </u> Date	<input type="checkbox"/> Reviewed – recommend approval with no conditions <input checked="" type="checkbox"/> Reviewed – recommend approval with conditions: <u> Regular check-ins with MSA </u> <input type="checkbox"/> Reviewed – do not recommend approval
OTHER	
Reviewed by: _____ Print Name _____ Signature _____ Date	<input type="checkbox"/> Reviewed – recommend approval with no conditions <input type="checkbox"/> Reviewed – recommend approval with conditions: <input type="checkbox"/> Reviewed – do not recommend approval

This permit request was reviewed at the _____ City Council meeting.
(MONTH/DAY/YEAR)

This permit request was: APPROVED _____ DENIED _____

