



Town of Winchendon

Block Party Rules and Conditions

1. The closure of a street for block parties should pertain only to local residential streets.
2. Length not to exceed lesser of one block or 300 feet.
3. Street and sidewalks must be clear and clean by 1 (one) hour after sunset.
4. No street shall be closed for a block party more than once a year.
5. You must provide your own barricade cones for the event. You may use green or orange cones, 24 inches or higher placed every four feet across the street. You may not use vehicles, picnic benches and chairs.
6. The closure point of intersections and cul-de-sacs must be kept clear of tables or anything other than the barricades in order to allow easy access for emergency vehicles, if necessary.
7. Nothing shall be placed in the street(s).
8. Adult supervision must be provided at all times.
9. All activities and games are to be conducted at your own risk.
10. Noise levels to be kept within Town of Winchendon code limits or party will be shut down.
11. There will be no alcohol on public property (see current by-law).
12. There will be no hydrant use.
13. Clean-up shall be the responsibility of the applicant. A \$200.00 deposit is required payable by check to the Town of Winchendon.
14. The Town of Winchendon encourages the use of recycling receptacles for cans/bottles, paper and cardboard.
15. Approval will be subject to all other Town ordinances and governmental restrictions and any violation(s) may result in stopping the party.
16. Applicants and all event participants must comply with all other applicable town, county, state and federal regulations.
17. Applications may be obtained from and submitted to: Town of Winchendon, Town Manager, 109 Front Street, Dept. 1, Winchendon, MA 01475, Phone (978) 297-0085. It can also be found on our web-site at www.townofwinchendon.com.
18. Signatures from 100% of all households within the party area indicating their consent must be submitted with the application along with the liability waiver (use attached Page 3 Signature Authorization Form and Page 4 Waiver Release of Liability Form – make additional copies as needed).
19. Applications must be **submitted at least 45 calendar days prior to the event and in time for the Board of Selectmen to review at their next meeting.**
20. A non-refundable \$50.00 Block Party Application Fee must be paid at the time of the application submittal. Applicant shall pay by check payable to the "Town of Winchendon." Please write "Block Party" and the applicant's last name in the memo section of your check, i.e. "Block" Party – Smith."
21. Incomplete or improperly completed applications will not be processed.
22. Applications will be routed to various Departments for comment.
23. You should plan on attending the Board of Selectmen's meeting to discuss your application. You will receive approval/denial notification via U.S. mail within one week of the Board of Selectmen's meeting where it was considered.
24. Please keep a copy of this application for your records.

~~ Please keep these rules for your reference ~~



Special Event – Block Party Permit Application

Applications must be submitted at least 45 calendar days prior to the event.

Date of Block Party:	Day: Mon Tues Wed Thurs Fri Sat Sun
Location of Block Party (Street Name and from house #_____ to house #_____):	
Number of homes involved:	Number of Participants Expected:
Actual Event Hours: _____ am/pm to _____ am/pm (no later than one hour after sunset)	
Has this section of your street been closed for a block party within the last year? Yes____ No____	

Applicant Information		
Applicant (Name):		Email address:
Address:		
Daytime Phone No.:	Evening Phone No.:	Fax No.:
*Contact Person "on-site" day of the event:		Pager/Cellular No.
*NOTE: THIS PERSON MUST BE IN ATTENDANCE FOR THE DURATION OF THE EVENT AND IMMEDIATELY AVAILABLE TO TOWN OFFICIALS.		

I have read and understand the Block Party Rules (pg. 1 of this application)

Print Name

Signature

Date: _____

☐ Copy of driver's license.

Submit to: Town Manager's Office – 109 Front St., Dept. 1, Winchendon, MA 01475

Please submit this signature authorization form, the completed application including the \$50.00 application fee and liability waiver forms to:

Town Manager's Office
109 Front Street, Dept. 1
Winchendon, MA 01475
Tel: (978) 297-0085

EVENT ORGANIZER/GROUP WAIVER AND RELEASE OF LIABILITY



EVENT ORGANIZER/GROUP NAME: _____

EVENT NAME: _____

EVENT LOCATION: _____

EVENT DATE(S): _____

ON BEHALF OF THE ABOVE EVENT/GROUP, I expressly **WAIVE, RELEASE** and **DISCHARGE** the Town of Winchendon, Mass., its officers, agents and employees or any other person from any and all **LIABILITY** for any death, disability, personal injury, property damage, property theft or actions, including any alleged or actual negligent act or omissions, regardless of whether such act or omission is active or passive which may accrue to myself or members of my organization/group or our heirs in connection with our participation in the above described event. I fully understand and acknowledge that the Town of Winchendon is relying on my representation that I have authorization to sign this document and that I will provide all members of my group a completed copy of this Waiver prior to our participation.

I expressly **INDEMNIFY AND HOLD HARMLESS** the Town of Winchendon, its elected and appointed officers, agents and employees from any and all liabilities or claims made by me or my organization/group, my/our heirs and any other individuals or entities as a result of any of my/our actions in connection with my/our participation in this event except for those claims arising from the sole negligence or sole willful misconduct of the Town, its officers, employees, volunteers or other representatives. Such indemnification includes liability settlements, damage awards, costs and attorney fees associated with any such claims.

I hereby certify that I have read this document, understand its content, and am authorized to sign this document on behalf of all members of the event/group I represent.

DATE: _____

SIGNATURE: _____

NAME: _____

(Please Print)

TITLE: _____

ADDRESS: _____
