



TOWN OF SCITUATE

195 Danielson Pike, Scituate, RI 02857  
(401) 647-2822 ext. 100

SPECIAL EVENT  
LICENSE APPLICATION  
(INDOOR AND OUTDOOR)

*Pursuant to the Ordinances of the Town of Scituate,  
applicants are subject to compliance with all State and local laws and regulations*

Date(s) of Event: Rain Date(s):

Name of Event:

Address of Event: Map # Lot #

**Applicant Information**

Name of Applicant:

Name of Business or Organization: Non-Profit Organization:  Yes  No  
**\*MUST INCLUDE PROOF OF STATUS\***

Business Address: Business Phone:

Mailing Address:

Primary Contact: Phone:

*Applicant is required to inform the Town Clerk's office of any change of address.*

**Type of License** (check all that apply) *Please attach fee with application.*

SPECIAL EVENT (One Day) -- \$100.00  ANNUAL ENTERTAINMENT (Annual) – \$250.00

If alcohol is to be served at this event, please attach a copy of your contract with a Class P licensed caterer.  
If no caterer, are you applying for a Class F liquor License?  Yes  No

**Description of Event :**  check here if attaching more detailed description

Please describe activities, location, food and beverage service planned for this event.

**Activities:**

**Location:** (room/area of property to be used)

**Food Service:**

**Beverage Service:**

Special requirements of ordinance (if any):

Police Detail Required  Yes  No Fire Detail Required  Yes  No

**Property Owner Information**  Same as Applicant

Owner of Property: Phone:

Property Owner's Address:

Property Owner's Signature: Date:

<b>Corporate Information</b> If incorporated, fill in the following information		
<i>Officers</i>	<i>Legal Address</i>	
President:		
Vice President:		
Secretary:		
Treasurer:		
<b>Insurance</b>		
Applicant carries Liability Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> If "yes" certificate(s) of insurance are attached.		
<b>Other Requirements:</b>		
It is the responsibility of the applicant to schedule inspections and to provide proof that inspections are complete.		
<b>Signature of Applicant</b>		
I hereby state that the above information is true and accurate		
<i>Applicant's Signature</i>		<i>Date</i>
<i>Owner's Signature (if different than Applicant)</i>		<i>Date</i>
Applicant Should Be Present at Hearing to Answer Questions		
<b>FOR OFFICIAL USE</b>		
License Fee Paid - Amount \$:		
For Town Employee internal use only: (please mark that you have approved this application)		
Chief of Police: _____	DPW Director: _____	Building Official: _____
Fire Chief: _____	Tax Collector: _____	
<input type="checkbox"/> The Town Clerk (Non-Profit Organization); OR		
<input type="checkbox"/> At a meeting of the Scituate Town Council, held on _____, the above stated application was:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
License #:	Date Issued:	Town Clerk:
Pursuant to Chapter 6 of the Ordinances of the Town of Scituate, I hereby acknowledge receipt of the above described license.		
<i>(Signature of licensee, officer of corporation or general or limited partner)</i>		<i>Date</i>

# TOWN OF SCITUATE

## Public Events and Entertainment Licensing Checklist

All applications and submittals must be submitted to the Town Clerk's office at least 14 days prior to the scheduled Town Council meeting (always held the second Thursday of the month).

Completed Application	
Application Fee (Waived for Non-Profit)	
Payment for mailing (Waived for Non-Profit)	
Map of off-street parking plan	
Sanitation Plan	
Trash/Recycling removal plan	
Town taxes current	
Proof of 501(c)(3), 501(c)(4), or charitable, civic or fraternal organization – <b>*if fee is to be waived must be provided*</b>	