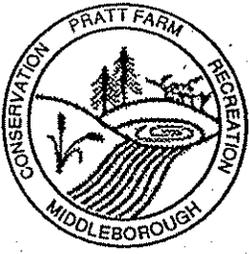


NEW BUSINESS

9-14-09



Pratt Farm Fall Festival • Middleborough, Massachusetts

AUGUST 31, 2009

BOARD OF SELECTMEN
TOWN HALL
NICKERSON AVENUE
MIDDLEBOROUGH, MASS. 02346

TO OUR HONORABLE SELECTMEN:

WE ARE HAVING THE PRATT FARM FESTIVAL ON OCTOBER 3RD FROM
9 A.M. TO 4 P.M. RAIN DATE OCTOBER 10TH.

WE WOULD LIKE TO ASK YOU FOR YOUR PERMISSION TO USE THE TOWN
HALL PARKING LOT FOR A PICK UP STATION TO THE FESTIVAL. AS
IN THE PAST. WE HOPE TO HAVE USE OF THE GATRA BUSES, VIA
THE COUNCIL OF AGING.

THIS IS ALSO AN INVITATION FOR OUR TOWN FATHERS & MOTHERS
TO ATTEND OUR 19TH ANNUAL FALL FESTIVAL.

SINCERELY YOURS,

Susan Jigerjian
CO CHAIRMAN

APPLICATION AND UTILIZATION AGREEMENT
TOWN HALL
MIDDLEBOROUGH, MASSACHUSETTS

PLEASE SUBMIT PAYMENT WITH APPLICATION

DATE OF APPLICATION 04 SEPT 09

ORGANIZATION/INDIVIDUAL Woods Lake Terrace

ADDRESS PO Box 451

CITY, STATE, ZIP Middleboro, MA 02346 TEL # 508-889-0112

CO-APPLICANT (BARTENDING SERVICE) _____

OWNER NAME _____

ADDRESS _____

CITY, STATE, ZIP _____ TEL # _____

DATE(S) OF EVENT 14 OCT 09 APPROXIMATE NUMBER OF PARTICIPANTS 150
(ATTACH SEPARATE SHEET IF NECESSARY)

TIME OF DAY(S) REQUIRED 7:00 TO 1:00

Be sure to include any set-up or dismantling day(s)/time requirements.

BRIEFLY DESCRIBE TYPE OF ACTIVITY Bi-Annual Mtg to discuss Roads + ways

ASSIGNED SPACE MEETING ROOM _____ GRAND BALLROOM _____ GROUNDS If using
grounds, will building access be required for sanitary facilities? _____

*Note - There is no air conditioning available in the Grand Ballroom

Are you requesting a one-day alcoholic beverage license? NO Licensing fee of \$ _____ plus \$100.00 required at
time of application. This will be refunded if license denied prior to event or activity.

Food will be served NO Name of Caterer _____ Telephone # _____

*If food is to be served, please contact the Health Department for the appropriate permits.

We expect to bring in the following additional equipment/furnishings possible overhead projector

Any required insurance policy/indemnification agreement must be attached to application.

Rental Deposit (Bond) \$100.00 Check # _____ (must be tendered with application and will be returned within two-
weeks if no damage to building, grounds or equipment has been reported).

Rental Cost _____ One-day alcoholic beverage license fee _____ Personnel Cost _____ Total Cost _____

Name of Designated Town Official volunteering to perform security service _____

Signature of Volunteer _____

Application Approved by Board of Selectmen (date) _____ Fees Waived _____ Fees Due _____

I/we _____ hereby acknowledge return of our \$100.00 bond payment.