

TOWN OF SPRINGFIELD
96 Main Street – Springfield, VT 05156
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TOONERVILLE TRAIL PERMIT APPLICATION

APPLICANT _____ DATE _____

ADDRESS _____ TELEPHONE _____

_____ CELL PHONE _____

EMAIL _____

SPONSORING ORGANIZATION _____

EVENT THEME _____

EVENT DATE(S) _____ TIME: From _____ To _____

ASSEMBLY LOCATION _____ TIME _____

DISPERSAL LOCATION _____ TIME _____

PROPOSED ROUTE _____

MAP? _____ WILL PADDOCK ROAD AND/OR CHARLESTOWN ROAD BE USED? _____

APPROXIMATE NUMBER OF PARTICIPANTS _____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION PROVIDED IS VALID AND I WILL ABIDE BY ANY ADDITIONAL PROVISIONS NOTED BY OFFICIALS OF THE TOWN OF SPRINGFIELD. I AGREE TO MAINTAIN ALL PARTICIPANTS OF THE EVENT SOLELY WITHIN THE PRESCRIBED ROUTE, AND THAT THE ORGANIZATION HOLDS HARMLESS THE TOWN OF SPRINGFIELD FROM ANY CLAIMS OF LIABILITY THAT MAY ARISE AS A RESULT OF THIS EVENT.

A LIABILITY INSURANCE CERTIFICATE IN THE AMOUNT OF \$1,000,000.00 LISTING THE TOWN OF SPRINGFIELD AS ADDITIONALLY INSURED FOR THE DAY OF THE EVENT IS REQUIRED.

SIGNATURE _____ DATE _____

OFFICIAL USE ONLY

APPLICATION APPROVED: [] APPLICATION DENIED: []

IF DENIED, REASON: _____

SIGNATURE _____ DATE _____