

Town of Chilmark Beach Event Application



Beach Superintendent: Martina Mastromonaco

Town of Chilmark Beach Event Application

Permit for Beach Event

For the _____ Beach
Menemsha/Squibnocket

Event Date: _____ Event Time: Start _____ End _____

Type of Event:

____ Wedding Reception

____ Cook out

____ Business Group

____ Non-Profit Group

____ Other _____

Catering Company _____

Phone # _____

Contact Person _____

Catering Fee \$100.00 _____

Check Number # _____

Age Group _____ Number of People Expected to Attend the Event _____

Name of Applicant _____

Address: On Island _____

Off Island _____

Island Phone # _____ Off Island Phone # _____

Fax # _____

Mode of Transportation to be used

____ Taxi Company _____ Contact Phone # _____

____ Bus Company _____ Contact Phone # _____

____ Van Contact Phone # _____

____ Other Please Specify _____

Harbormaster
645-2846

Fire Chief
645-2550

Board of Heath
645-2105

**Superintendent
of Beaches**
693-6008

Approved

Approved

Approved

Approved

Date

Date

Date

Date

I the above applicant have received, understand and will comply with the regulations regarding a beach event in the Town of Chilmark. If event is catered I understand there is a fee of \$100.00 and caterer report form must be completed prior to approval.

PRINT

Fee Paid _____

Event Number _____

SIGNATURE

DATE

Town of Chilmark Beach Event Application

Regulations for Town of Chilmark Beach Department

Beach Event

- 1) Only one event a week will be scheduled per beach. This is done on a first come basis.
- 2) Events shall not exceed **forty** people.
- 3) Permit from the board of health must be submitted from the catering company along with permit for catered beach event, the catering company must submit the menu to BOH.
- 4) A copy of the catering company's license must be on file with the Town of Chilmark and can be submitted along with application.
- 5) For a gathering over **ten** people. Taxis or mini-buses are required for transportation. No cars will be allowed in Menemsha for these events.
- 6) No tents or chairs are allowed.
- 7) The permittee is responsible for the removal of **ALL** trash. Town trash cans or dumpsters may **NOT** be used.
- 8) All events on Menemsha Beach will be to the east of the second groin and they will not have exclusive use of any portion of the beach.
- 9) Hours of events are limited to 5:00 PM- 11:00 PM
- 10) All applications must be signed by the Police Chief. If you are planning to have a fire to cook Fire Chief must also sign application. If event is catered application must also be signed by the Board of Health. **Do not submit application before ALL appropriate departments have approved.**
- 11) Applications will be submitted to the superintendent of beaches only after they have been signed by the Police Chief, Fire Chief and the Board of Health for the final approval.
- 12) Please include a letter explaining any special conditions that may exist.

Cook out Menemsha or Squibnocket

- 1) There are **NO** open fires allowed in the State of Massachusetts.
 - 2) All fires on the beach must be contained in a grill.
 - 3) **NO** fires are to be left unattended.
 - 4) Grills are to be placed at a minimum of twenty-five feet from any beach grass, and are **NOT** to be placed on the dunes.
 - 5) Fires must be extinguished at the end of use; contents (cooking coals) must be buried at a minimum of two feet below the sand, in the inter-tidal zone and then doused with water.
 - 6) **THERE ARE NO TRADITIONAL CLAMBAKES ALLOWED BETWEEN JUNE 15-LABOR DAY.**
 - 7) *If event is catered a copy of regulation must be provided to caterer, catered events must fill out caterers report form to be approved by Board of Health.(\$100.00 fee for catered events).*
- ALL APPLICATIONS MUST BE SIGNED AT THE BOTTOM, CONFIRMING THAT THE APPLICANT HAS READ AND UNDERSTANDS ALL REGULATIONS PERTAINING TO A BEACH EVENT.**

Caterer Form for Beach Event

Chilmark Board of Health
Special Event Caterer Reporting Form

Caterer Name: _____

Caterer Address: _____

Caterer Phone No.: _____ Fax No.: _____

Caterer Emergency Contact Name: _____

Caterer Emergency Contact Phone No.: _____
(If No Answer At Above Phone No.)

Town In Which Caterer Is Licensed to Operate: _____
(Attach Copy of Permit)

Event Name/Title: _____

Event Location: _____

Event Date: _____ Event Hours: _____

Number To Be Served At Event: _____

Kitchen Name: _____

Kitchen address: _____

Kitchen Phone No.: _____

Types of Food Served: _____
(Attach Menu)

Signature of Caterer: _____ DATE: _____

THIS FORM ***MUST*** BE RECEIVED BY BOARD OF HEALTH IN TOWN IN WHICH THE EVENT WILL
OCCUR 24 HOURS ***PRIOR*** TO The EVENT

Catering Fee for Beach Use \$100.00
Make Payment To: Town of Chilmark
Attach Payment to original application for beach event

FEE PAID _____