

City of Brockton
Office of the Mayor Bill Carpenter
Event Questionnaire
Application Packet

Please print off this form, fill it out and bring it to the Police department and the Fire department to get their approval.

When finished, bring the completed form back to the Mayor's office to receive your permit. There is no fee.



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Office of the Mayor Bill Carpenter
Event Questionnaire
Application Packet

45 School Street Brockton, Massachusetts 02301
Phone: 508-580-7123 Fax: 508-559-7960

Name of Applicant: _____

Address: _____

Telephone Number: _____

Sponsor of the Event: _____

Sponsor's Address: _____

Sponsor's Telephone Number: _____

Contact Person: _____

Contact Person's Address: _____

Contact Person's Telephone Number: _____

Alternate Contact Person's Telephone Number: _____

Type of Event: (describe in detail) _____

Date and Time of Event: _____

Location of Event: _____

Is the Event indoor or outdoor: _____

How many days will the Event last: _____

What is the expected attendance each day: _____

Is food going to be served: _____

Is alcohol going to be served: _____

How many people will be employed each day: _____

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Are you planning to block a street? YES _____ NO _____

If YES what street? _____

If YES between what two streets? _____ and _____

If YES from _____ am/pm to _____ am/pm

If YES what do you intend to block the street with? _____

If YES what will be in the street other than legally parked cars _____

I understand that nothing permanent can be placed in the street and that emergency vehicles must be allowed access to the street. Initial here _____

Describe what security arrangements the applicant has made for this event: _____

Is parking available at the location of the event: _____

If so, how many spaces are available: _____

What arrangements, if any, have been made for off-site parking: _____

Applicant

Applicant

Dated: _____

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RECOMMENDATION FORM
BROCKTON POLICE DEPARTMENT

I, _____, of the Brockton Police Department have reviewed the application of

for a _____

to be held at _____

on _____

which is to start at _____ a.m./p.m. and end at _____ a.m./p.m.
for a period of _____ days.

Based upon the application, I would

Recommend its approval without conditions;

Recommend its approval subject to the following conditions:

Would **not** recommend its approval.

Brockton Police Department

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RECOMMENDATION FORM
BROCKTON FIRE DEPARTMENT

I, _____, of the Brockton Fire Department have reviewed the application of

for a _____

to be held at _____

on _____

which is to start at _____ a.m./p.m. and end at _____ a.m./p.m.
for a period of _____ days.

Based upon the application, I would

Recommend its approval without conditions;

Recommend its approval subject to the following conditions:

Would **not** recommend its approval.

Brockton Fire Department