



City of Brockton
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