



Michelle Wu, Mayor  
 Dr. Bisola Ojikutu, MD, MPH,  
 Executive Director



James Hooley, Chief of Department  
 Sophia Dyer, MD, Medical Director

## Boston Emergency Medical Services Permit Application

**Boston Emergency Medical Services, 785 Albany Street, Boston, MA 02118**  
**Telephone (617) 343-2367 Fax (617) 343-1199 24-hour (617) 343-1400**

Event Name: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_

Event type: check all that apply

Festival	<input type="checkbox"/>	Run/Walk	<input type="checkbox"/>
Concert	<input type="checkbox"/>	Boating/Swim	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>		

Event Description: \_\_\_\_\_

Estimated number of participants & spectators: \_\_\_\_\_ Will alcohol be served? \_\_\_\_\_

Organizer: \_\_\_\_\_ Event Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Where is event advertised?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Site set up maps; run/walk route maps; road closure plans to be provided with application**

I understand that I am responsible for payment upon receipt of invoice and that the total cost will include 1/2 hour before and after time on site for BEMS personnel to report to duty, obtain, and return vehicle(s) and equipment. I further understand and agree that I may incur additional cost if the event runs longer than scheduled or attendance exceeds estimates stated above. I understand that BEMS has complete and total discretion to cancel this permit at any time if BEMS determines, based upon consideration of safety and security, that such action is in the best interests of the public. I hereby release the Boston Public Health Commission and BEMS ("Releasees") from any and all liability, claims, known or unknown, arising out of the Releasees participation in the event covered by this permit. I also hereby promise to indemnify and defend the Boston Public Health Commission and BEMS from any all and claims or lawsuits brought against BPHC or BEMS by any third party arising out of or related to the negligence of myself or any of the employees or agents of the entity obtaining this permit. The information I have provided is truthful and accurate.

**Signature**

**Date**

**Boston EMS Use Only**

<b>Services:</b>	<b>Personnel</b>	<b>Unit Price</b>	<b>Time on site</b>	<b>*Hours</b>	<b>Cost</b>
Basic Life Support Squad Unit	1 EMT	\$86.00			
Basic Life Support Ambulance	2 EMTs	\$161.25			
Bicycle Defibrillator Team	2 EMTs	\$134.38			
Advanced Life Support Ambulance	2 PMED	\$193.50			
Medical Station (staff only)	3 EMTs	\$258.00			
Proceed-Out Team	2 EMTs	\$123.63			
Proceed-Out Team w/Gator	2 EMTs	\$150.50			
Boat Qualified EMT	1 EMT	\$96.75			
Special Operations Support Unit	1 Special Ops EMT	\$129.00			
Special Operations Supervisor	1 Special Ops Capt. Or Lt.	\$96.75			
Additional EMT / EMCO	1 EMT or EMCO	\$75.25			
Additional Paramedic	1 PMED	\$80.63			
Shift Commander	1 Deputy Supt.	\$118.25			
					<b>Total</b>

*\*Total hours to include 1/2 before and after time on site for personnel to report to duty, obtain, and return vehicle(s) and equipment.*

Special Events Coordinator

Signature of Boston EMS Representative

Title

Date

**Special Considerations:**

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