City of Boston Street Closing Permit Application

Street Name:Neighborhood				
Close from (where)	to (where)_			
Date of event:	_Closing time: (start time)	to (end time)		
Event:				
Organization				
Name of person applying				
Address:				
Telephone:	Cell #Fax:			
E-Mail:	WWW:	_		
Type of Event: Non-Profi	t (proof may be required) Con	nmercial		
Fee/Donation/Charge:	How much?			
Music: What kind:				
Food: What kind:				
Vendors:Alcoholic	Beverages served or consumed:			
Attendance:	Open to public/neighborhood: _			
Street to be closed by (de	scribe who & how)			
Who will clean up and rea	move trash:			
How are you notifying str Attach copy of notice:	reet residents: Method:	When?		
		, stages, propane, alcoholic beverages a ice of Consumer Affairs & Licensing, R		
SIGNATURE OF APPLI	CANT:	DATE:		

Please complete this form as accurately as you can and return it to:
Permit Division-Street Closing Initiation
BOSTON PARKS & RECREATION DEPARTMENT
1010 MASSACHUSETTS AVENUE, BOSTON, MA 02118
Telephone (617) 961-3050 Fax (617) 635-3227

Transportation Departments approve.