



Consumer Affairs and Licensing

Mayor Martin J. Walsh

APPLICATION FOR A ONE-TIME CARNIVAL LICENSE

I hereby request a license an entertainment license to operate a carnival at (address): _____
_____.

Carnival will consist of the following: (please select and list amount)

- ☐ Adult ride(s) _____ ☐ Game(s) _____ ☐ **Other (please describe):**
☐ Kiddie ride(s) _____ ☐ Inflatable(s) _____
☐ Pony ride(s) _____ ☐ Arcade game(s) _____

Please describe the type of ride(s) or game(s) selected: _____

Said carnival will take place during the following **date(s) and time(s)**:

Date: _____ Time: _____ to _____
Date: _____ Time: _____ to _____
Date: _____ Time: _____ to _____

SIGN OFF - DISTRICT POLICE CAPTAIN

Police Captain Signature: _____ BPD Area: _____ Date: _____
☐ Approved ☐ Denied Comments: _____
Detail recommended? ☐ Yes ☐ No If Yes, how many? _____

- ❖ Certificate of Liability Insurance, Vaccination Certificate, License to Operate Amusement Devices and other additional documentation may be required.
- ❖ The Division would like the application to be submitted at least two weeks prior to the event(s).
- ❖ Application payment must be by certified check, money order (payable to the "City of Boston"), or debit/credit card.

Carnival Operator Name: _____

Daytime Telephone: _____

Email: _____

Address: _____

Signature: _____

Date: _____

Carnival Sponsor Name: _____

Daytime Telephone: _____

Email: _____

Address: _____

Signature: _____

Date: _____

BOSTON CITY HALL, ROOM 817, ONE CITY HALL SQUARE, BOSTON, MA 02201
TELEPHONE: LICENSING DIVISION 617-635-4165 • FAX: 617-635-0709 • MOCAL@BOSTON.GOV

1. Is this event being advertised? ☐ Yes ☐ No
 - a. If yes, where is it being advertised? ☐ Radio ☐ Newspaper ☐ Flyers ☐ Other: _____
2. Did you sign a lease or an agreement to use the property? ☐ Yes ☐ No
 - a. If yes, please supply the Division with a copy of each.
3. Who will be the person in charge of the event? _____
4. What is your plan for internal security? Who will be in charge of security? How many security personnel will be on duty? How will they be identified? What will be their duties? _____

5. You must have insurance coverage for the event. Have you named the sponsoring group as the additionally insured? ☐ Yes ☐ No
 - a. Please provide the Division with a copy of this insurance policy.
6. Your amusement rides must be certified by the Department of Public Safety, Division of Engineering. Please provide a copy of this Certificate.
7. Copies of the carnival operator's licenses must be on file in the on-site carnival office.
8. Please explain the provision for portable toilets? Also, list number of handicapped toilets. _____

9. Who is providing the food for the event? _____
10. If you are cooking on-site with propane, sterno or gas, you must obtain open air fire permits from the Boston Fire Department and submit copies of these permits to the Division.
11. Will you be serving alcohol and/or beer & wine at this event? ☐ Yes ☐ No
 - a. If yes, please provide the Division with a copy of this license
12. Will you be offering any entertainment other than what is being applied for on this application?
☐ Yes ☐ No
 - a. If yes, please fill out a one-time entertainment license application.

(For Office Use Only)

DIVISION APPROVAL: ☐ Approved ☐ Denied

Director's Signature: _____ Date: _____