

Town of Bridgewater

PROCEDURES FOR CARNIVALS/CIRCUS TYPE ACTIVITIES

Any individual or group wishing to sponsor a carnival or circus type fund raising activity should notify the Town offices listed below. Notification should be by completed application on the form available at the Office of the Selectmen, Town Hall, Bridgewater, MA.

1. STATE

If the activity is located on Bedford Street (Rt. 18/28), a state-maintained route, the Mass. Highway Department must be notified at least thirty days prior to the event.

2. LOCAL

Office of Selectmen: Notification 30 days prior to event.

Police Department: Notification 7 days prior to event to determine police details necessary for traffic and crowd control.

Inspectional Services: A minimum of 3 days prior to date of inspection, arrangement should be made for inspection of propane storage.

Board of Health: A minimum of 7 days prior to date of inspection, arrangements should be made for inspection of all food vendors. Inspection will be done only when all food vendors are completely set up for operation.

|       |                                   |                        |
|-------|-----------------------------------|------------------------|
| FEES: | Electrical Permit with Inspection | \$55.00                |
|       | Police Detail                     | \$25.50/hour (4hr min) |
|       | Board of Health Permit            | \$5.00/booth           |

# TOWN OF BRIDGEWATER

## OFFICE OF SELECTMEN



Bridgewater, MA 02324

### CARNIVAL OR CIRCUS APPLICATION

SPONSOR \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

CONTACT TELEPHONE \_\_\_\_\_ DATES FROM \_\_\_\_\_ TO \_\_\_\_\_

SPONSOR ADDRESS \_\_\_\_\_

LOCATION OF EVENT \_\_\_\_\_

CARNIVAL/CIRCUS COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

TYPE AND LIMITS OF POLICY \_\_\_\_\_

WORKMEN'S COMPENSATION INSURANCE CERTIFICATION \_\_\_\_\_

LICENSE FROM COMMISSIONER OF PUBLIC SAFETY (RIDES) \_\_\_\_\_

COPIES OF THIS APPLICATION MUST BE SUBMITTED TO THE FOLLOWING TOWN OFFICES: BOARD OF SELECTMEN, BOARD OF HEALTH, FIRE DEPARTMENT, POLICE DEPARTMENT, INSPECTIONAL SERVICES.

AT LEAST ONE COPY OF THIS APPLICATION MUST BE SIGNED BY THE FOLLOWING OFFICES AND CLEARLY POSTED ON THE MANAGERS TRAILER FOR THE DURATION OF THE EVENT:

BOARD OF SELECTMEN \_\_\_\_\_, CHAIRMAN

BOARD OF HEALTH \_\_\_\_\_ NO. OF VENDORS INSPECTED \_\_\_\_\_

FIRE DEPARTMENT \_\_\_\_\_

BUILDING INSPECTOR \_\_\_\_\_ NO. OF RIDES \_\_\_\_\_

ELECTRICAL INSPECTOR \_\_\_\_\_

POLICE DEPARTMENT \_\_\_\_\_