

## Billerica Board of Health

Town Hall 365 Boston Road Billerica, MA 01821

Phone: 978-671-0931 Fax: 978-671-0919 Web Site www.town.billerica.ma.us

## APPLICATION FOR A PERMIT TO CONDUCT A TRANSITORY GATHERING Pursuant to Billerica Board of Health Regulations Chapter 1, Section 1.6.001

## **PLEASE PRINT**

FEE \$50.00

	DATE	
NAME OF COMPANY/APPLICANT		
ADDRESS OF APPLICANT		
NAME OF CONTACT PERSON		
TITLE TELEPHON	E#	
EMAIL ADDRESS		
LOCATION OF TRANSITORY GATHERING		
ADDRESS OF TRANSITORY GATHERING		
TYPE OF EVENT TIME OF		
DATE OF EVENT TIME OF	FEVENT	
Please submit the following information with this application.		
1) Plan of buildings, trailers, vehicles, land, etc. to be used.		
2) Appropriate fees in accordance with the most current Bille	rica Board of Health Fee Schedule.	
A PERMIT IS REQUIRED PRIOR TO CONDUC INCOMPLETE APPLICATIONS WILL DELAY F	URTHER REVIEW AND PROC	ESSING
Pursuant to Billerica Health Regulations, Chapter 1, Section 1.9.00 and approval period.	11 this application is subject to a thin	ty (30) day review
Failure to comply with applicable laws, rules, and regulations may but not be limited to fines, suspension, or revocation of permits or Health.		
Pursuant to Massachusetts General Law Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.		
Print Name of Applicant	RECEIVED	
Signature of Applicant Date		