

Town of Weymouth, Massachusetts Robert L. Hedlund, Mayor

75 Middle Street, Weymouth, MA 02189 Office: 781-340-5012 ◆ Fax: 781-335-8184

SPECIAL EVENT REQUEST FORM

(Please allow at least 2 to 4 weeks for Approval)

Contact Person:		
Address:		Zip Code:
Phone Number:	Email:	
EVENT INFORMATION		
Type of Event:		
Location:		
Date:	_ Number of At	tendees:
Start Time:	_ End Time: _	
EVENT DETAILS		
Will Alcohol be served? (No alcohol allowed on Town property) Raffle/Lottery to be held?	☐ Yes ☐ Yes	No (Licensing permit may be required)No (Must be a non-profit; permit required)
Will Food be served?	Yes	No (Health permit may be required)
If Yes, please describe type of foo	d and method o	of serving:
Will you have a tent?	Yes	☐ No (Larger tents may require a building permit
Are you Requesting use of Town Field?	Yes	No (If Yes, Recreation Dept. permit needed)
Are you Requesting use of School Property? Yes		No (If Yes, provide approval from school)
How will you dispose of trash/garbage? _		
What sanitary bathrooms will be available	e?	
Please describe any additional details, suc	h as traffic and	parking plan:

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CONTACT:	
EVENT TYPE:	EVENT DATE:
NOTES:	
Large events may rec	ase allow at least 2 to 4 weeks for Approval. quire additional time for approval. until you receive final approval from the Town.
Please mail this form	n back to the Mayor's Office at: n, MA 02189 or fax it to 781-335-8184
• • •	t this form, please call the Mayor's Office at constituentservices@weymouth.ma.us
APPROVALS – FOR INTERNAL	USE ONLY
Police Department	Fire Department
Department of Public Works	Parks and Recreation
Health Department (if necessary)	Building/Licensing Department (if necessary)
Planning Department (if necessary)	Library Department (if necessary)