



**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](http://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 \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

LOCATION OF TRANSITORY GATHERING \_\_\_\_\_

ADDRESS OF TRANSITORY GATHERING \_\_\_\_\_

TYPE OF EVENT \_\_\_\_\_

DATE OF EVENT \_\_\_\_\_ TIME OF EVENT \_\_\_\_\_

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 Billerica Board of Health Fee Schedule.

**A PERMIT IS REQUIRED PRIOR TO CONDUCTING A TRANSITORY GATHERING**  
**INCOMPLETE APPLICATIONS WILL DELAY FURTHER REVIEW AND PROCESSING**

Pursuant to Billerica Health Regulations, Chapter 1, Section 1.9.001 this application is subject to a thirty (30) day review and approval period.

Failure to comply with applicable laws, rules, and regulations may be cause for administrative action which may include but not be limited to fines, suspension, or revocation of permits or other legal action as deemed necessary by the Board of 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

\_\_\_\_\_  
Signature of Applicant                      Date

