



Agenda Date: _____

Application Fee: \$100.00

City of Quincy
Board of License Commission
1305 Hancock St.
Quincy, Ma. 02169
617-376-1134

ROAD RACE/WALK APPLICATION

ORGANIZATION NAME: _____

LOCATION REQUESTED: _____

ADDRESS: _____

PHONE: _____ **email:** _____

CONTACT PERSON: _____

CATERER/FOOD: _____

TYPE OF EVENT: _____

Event Date: _____ Start Time _____ End Time _____

Number of Participants: _____

Describe the proposed event in detail. Attach map with route and any road closures: _____

PLEASE NOTE THE FOLLOWING:

ALL APPLICANTS MUST CONTACT THE FOLLOWING DEPARTMENTS:

QUINCY POLICE DEPARTEMENT: 617-376-5700

QUINCY FIRE DEPARTMENT: 617-376-1040

PARK DEPARTMENT: 617-376-1251

DPW: 617-376-1900

HEALTH DEPARTMENT: 617-376-1270

RAFFLE PERMIT: 617-376-1145

FILING FEE: _____

POLICE DEPARTMENT DETAIL FEE: _____

ALL NON PROFIT APPLICANTS MUST SUBMIT 501C-3 STATUS.

CERTIFICATE OF LIABILITY INSURANCE REQUIRED. THIS CERTIFICATE MUST NAME THE CITY OF QUINCY AS ADDITIONALLY INSURED FOR THE DATE AND LOCATION OF YOUR EVENT. THE CERTIFICATE MUST BE SUBMITTED BEFORE A PERMIT IS ISSUED.

Signature of Applicant _____

Date: _____

All applicants must appear before the Board for approval.