

ONE-DAY SPECIAL PERMIT REQUEST

Date of Application: _____

**TO: Chief/Designee and
Brockton Police Department**

**Brockton License Commission
City Hall, 45 School St., Room B-5**

Name of Organization: _____

Address of Organization: _____

Person in charge: _____ Tel. Number: _____

Address of Person in charge: _____

Date of Event: _____ Time: _____ to _____

Type of Function: _____ Place: _____

Number of Persons Expected to Attend: _____

Type of License: **All Alcoholic** _____ **Wine and Malt** _____

Admission to be charged: _____ Permit to conduct Lottery: _____

Will there be any Entertainment: _____

If yes, describe: _____

Recommendation of Police Department:

Number of Police Officers: _____ Working hours of officers: _____

Stipulations on License for Police Detail's Attention:

Approved: _____

Police Chief/Designee

Note: No gambling will be allowed except that covered by "Permit to Conduct Lottery"

Signed under the Penalties of Perjury.

Signature of Applicant

Date: _____

**ANY STATEMENTS CONTAINED HEREIN FOUND TO BE UNTRUE SHALL BE
CAUSE FOR THE CANCELLATION AND/OR REVOCATION OF ANY LICENSE
GRANTED TO THE APPLICANT OR CORPORATION IN WHICH IS A PRINCIPAL
OR AGENT.**