



## County of Dukes County, Massachusetts

### Permit Application for Beach Event

Name of the Beach \_\_\_\_\_  
Location on the Beach \_\_\_\_\_

Note: events are permitted only north of the "big" bridge  
If it is state beach please include the entrance number

#### **Applicant**

Name \_\_\_\_\_  
Address On-Island \_\_\_\_\_  
Off-Island \_\_\_\_\_  
Phone # On-Island \_\_\_\_\_  
Off-Island \_\_\_\_\_

Fax# \_\_\_\_\_

E-Mail \_\_\_\_\_

#### **Event Date**

Start Time \_\_\_\_\_

Rain Date \_\_\_\_\_

End Time \_\_\_\_\_

#### **Total # of People Expected**

Total # of Paid Staff \_\_\_\_\_

#### **Type of Event**

Description of Event \_\_\_\_\_

Commercial ( ) / Social ( ) / Other ( )

**Food** - Will food be served? Yes ( ) No ( )

Who will be preparing the food? \_\_\_\_\_

\*Food that is not served by a licensed caterer is consumed at one's own risk.\*

Will food be sold? Yes ( ) No ( )

\*Food being sold must be prepared by a licensed caterer or a certified "Serve-Safe" Person.\*

#### **Catering Company**

Phone# \_\_\_\_\_  
Contact Person \_\_\_\_\_

Please attach copy of license & permit from Board of Health

#### **Serve-Safe Certified**

Name of Person Certified \_\_\_\_\_

Yes ( ) No ( )

Please attach a copy of one-day permit from Board of Health

Will there be a grill? Yes ( ) No ( )

Yes ( ) No ( )

If caterer, please attach copy of a permit from the Oak Bluffs Fire Dept.

Name of Porta-Potty Company \_\_\_\_\_  
Phone # \_\_\_\_\_

Will a canopy or tent be erected? Yes ( ) No ( )

Size: \_\_\_\_\_

If Rented, Name of Company \_\_\_\_\_  
Phone # \_\_\_\_\_

List other equipment that will be used. (ie. Tables, Chairs, ect.)

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