APPLICATION FOR PERMIT FOR ORGANIZED BIKE & ROAD RACES

Applicant: ___________________________________________ Email: ______________________________

Group Affiliation (If Any): ________________________________________________________________

Mailing Address: _____________________________ City: ________________ State: ______ Zip:_______

Phone: _____________________________ Cell Phone: _____________________________

Type of Event (Please be specific as to number of persons, equipment to be used (if any), whether food or beverages will be served, parking arrangements, etc.):

_____________________________________________________________________________________________
_____________________________________________________________________________________________

Streets &/or Roads to be Used:

_____________________________________________________________________________________________
_____________________________________________________________________________________________

Date(s) and Hours Race/Event:

_____________________________________________________________________________________________

Applicant is responsible for obtaining all necessary permits and inspections (see page 2)

If Town Beaches are being used the Use of Town Property MUST be completed in addition to this application.

I, as applicant for the above, do hereby acknowledge that the town is exempt from any liability for this activity. I, as applicant for the above, additionally guarantee that the area to be used will be cleaned and left free of any debris at the completion of said activity.

_______________________________________________
Signature of Applicant

_______________________________
Signature of the Town Manager:

Action by the Town Manager:

____ Approved as submitted

____ Approved with the following condition(s):

__________________________________________________________

____ Disapproved with the following reason(s):

__________________________________________________________

_______________________________
Signature of the Town Manager:
<table>
<thead>
<tr>
<th>Health/Conservation Agent Signature:</th>
<th>Building Commissioner Signature:</th>
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<tbody>
<tr>
<td>Comments/Conditions:</td>
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<td>Permits/Inspections needed:</td>
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<tr>
<th>Police Department Signature:</th>
<th>Fire Department Signature:</th>
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<td>Comments/Conditions:</td>
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<tr>
<th>DPW Signature:</th>
<th>Harbormaster Signature:</th>
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<td>Comments/Conditions:</td>
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<th>Recreation and Beach Director:</th>
<th>Other:</th>
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<td>Comments/Conditions:</td>
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EVENT NOTIFICATION FORM

Date: ______________________

Ms. Mary-Joe Perry
District Highway Director, District Five
MassDOT, Highway Division
1000 County Street
Taunton, MA 02780

Dear Sir:

Please be advised that the Grantee(s) of this Event has notified the Board of Selectmen/City Council, Local Police Department, Local Fire Department and if applicable the State Police of its intention to conduct road work/parade/race/ride or other events impacting State Highways on Route(s) in or through the City/Town(s) of benefiting ____________________________

The Grantee(s) of this Event understands that it must give the Police and Fire Departments at least 48 hours notice before the commencement of the proposed event.

The Grantee(s) must supply a Traffic Management Plan when the roadway is occupied and for all detours associated with said events to this Department and to all officials listed below. The Grantee(s) must notify the local and/or state police to set up a detour of this area with appropriate signs and barricades. The local Fire Department must be notified of the detour to ensure that measures will be taken to minimize disruption to the Fire Department's emergency service during the event. The Grantee(s) must also notify local media (newspapers, radio) of this proposed event.

The following signatures are required prior to the issuance of the Permit.

LOCAL POLICE DEPARTMENT
Signed: ___________________________
Title: ___________________________
City/Town: _______________________

FIRE DEPARTMENT
Signed: ___________________________
Title: ___________________________
City/Town: _______________________

BOARD OF SELECTMEN/CITY COUNCIL
Signed: ___________________________
Title: ___________________________
City/Town: _______________________

STATE POLICE DEPARTMENT
Signed: ___________________________
Title: ___________________________
City/Town: _______________________