

**NEWTON POLICE DEPARTMENT
TRAFFIC BUREAU
25 CHESTNUT ST
NEWTON, MA 02465**

APPLICATION FOR SPECIAL EVENT ID (EMPLOYEE)

EVENT NAME: _____

EVENT DATE: _____

NAME: _____

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PHONE NUMBER OF BUSINESS: _____

BUSINESS E-MAIL: _____

NAME OF OWNER: _____

OWNER E-MAIL: _____

ADDRESS OF OWNER: _____

OWNER CELL PHONE: _____

SOCIAL SECURITY #: _____

DRIVERS' LICENSE #: _____ (STATE: _____)

CONTACT PERSON IN CHARGE DURING EVENT:

NAME: _____ **CELL PHONE #:** _____

A \$5.00 FEE IS REQUIRED TO OBTAIN A SPECIAL EVENT LICENSE:

CHECK OR MONEY ORDER ONLY: PLEASE MAKE PAYABLE TO THE

“CITY OF NEWTON” (ALL FEES ARE NON-REFUNDABLE)

SIGNATURE OF APPLICANT: _____

DATE: _____

BOARD OF PROBATION (B.O.P):

YES: _____

NO: _____

IF DENIED-REASON: _____