



OFFICE OF THE BOARD OF SELECTMEN
TOWN OF EAST BRIDGEWATER

www.eastbridgewaterma.gov
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APPLICATION FOR ENTERTAINMENT LICENSE

DATE: _____

NAME OF APPLICANT: _____

PLACE OF BUSINESS: _____

HOURS OF OPERATION: _____

TYPE OF ENTERTAINMENT: _____

DAYS/HOURS OF ENTERTAINMENT: _____

OTHER LICENSES HELD BY APPLICANT: _____

HOME ADDRESS: _____

TELEPHONE: HOME _____ BUSINESS _____

EMAIL: _____

I understand that the use of theatrical special effects/or pyrotechnic displays is regulated under 527 CMR and Mass General Laws Chapter 148. I understand that the use of these devices at the above listed business location may not occur until, and unless, permitted to do so by the head of the East Bridgewater Fire Department.

Are you requesting a permit for Theatrical Special Effects or Pyrotechnic Display? YES ☐ NO ☐

Please signify that you have read the above statement and will adhere to all regulations as described.

SIGNATURE: _____