



Thomas M. Menino, Mayor  
Barbara Ferrer, PHD, Executive Director



James Hooley, Chief of Department  
Sophia Dyer, MD, Medical Director

### Boston Emergency Medical Services Permit Application

Permit #	
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**Boston Emergency Medical Services, 785 Albany Street, Boston, MA 02118**  
Telephone (617) 343-2367 Fax (617) 343-1199 24-hour (617) 343-1400

Event Name: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_

Event type: Check all that apply

Run/Walk	<input type="checkbox"/>	Festival	<input type="checkbox"/>
Boating/Swim	<input type="checkbox"/>	Concert	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>		

Event Description: \_\_\_\_\_

Estimated number of participants: \_\_\_\_\_ Spectators: \_\_\_\_\_ Will alcohol be served? \_\_\_\_\_

Organizer: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

Fax: \_\_\_\_\_

Is event advertised? \_\_\_\_\_

Billing Information: \_\_\_\_\_

Where? \_\_\_\_\_

**Site set up maps; run/walk route maps; road closure plans to be provided with application**

I understand that I am responsible for payment upon receipt of invoice and that the total cost will include 1/2 hour before and after time on site for BEMS personnel to report to duty, obtain, and return vehicle(s) and equipment. I further understand and agree that I may incur additional cost if the event runs longer than scheduled or attendance exceeds estimates stated above. I understand that BEMS has complete and total discretion to cancel this permit at any time if BEMS determines, based upon consideration of safety and security, that such action is in the best interests of the public. I hereby release the Boston Public Health Commission and BEMS ("Releasees") from any and all liability, claims, known or unknown, arising out of the Releasees participation in the event covered by this permit. I also hereby promise to indemnify and defend the Boston Public Health Commission and BEMS from any all and claims or lawsuits brought against BPHC or BEMS by any third party arising out of or related to the negligence of myself or any of the employees or agents of the entity obtaining this permit. The information I have provided is truthful and accurate.

**Signature**

**Date**





**City of Boston**  
**EMERGENCY MEDICAL SERVICES**  
<http://www.cityofboston.gov/EMS>

**Guidelines for Event Permit Application**

**I. INTRODUCTION**

The following guidelines are issued to assist the public in complying with the requirements of the Boston Emergency Medical Services (EMS) Special Assignment Details Regulation. The regulation was promulgated on 10/01/2009 by the Boston Public Health Commission. A copy can be found at

<http://www.bphc.org/boardofhealth/regulations/Pages/Home.aspx>

**II. PROCEDURE**

1. The person, organization, or other entity sponsoring any event for which attendance is anticipated to exceed five thousand (5,000) people; or an event in the city that requires the organizer to file a City of Boston Public Event Application or Film Permitting Request; or any event held in the City that because of its nature or the activities performed therein may adversely impact public health or the administration of timely and adequate emergency medical services to event attendees or the surrounding public shall file a Permit Application with Boston EMS at least seven days before the first day of the event.
2. Upon receipt of the completed Permit Application, Boston EMS will work with the event organizer to determine the appropriate level of EMS coverage required for the event. The determination will be provided to the event sponsor on the reverse of the Permit Application and shall include the type of service required and the total fee for providing such service. The fee shall be determined based upon the Boston EMS Fee Schedule, noted on reverse of the Permit Application.
3. All fees for Boston EMS services shall be paid upon receipt of invoice, paid by check or money order payable to Boston Emergency Medical Services.
4. If an event is cancelled, the sponsor/applicant must notify the Special Operations Division Supervisor of Boston EMS, or designee, at least one business day before the event, by telephone, at 785 Albany Street, in Boston, at 617-343-2367 (M-F, 8 am-5 pm), or the on duty Dispatch Operations Supervisor at 617-343-1400 during non-business hours. Failure to provide notice in accordance with these guidelines may result in charges for costs incurred by Boston EMS for the staff assigned to the event.

### **III. UNEXPECTED ATTENDANCE**

1. In the event anticipated or actual attendance at a public function exceeds the estimate initially provided to Boston EMS on the Permit Application, the event sponsor/applicant shall immediately notify the Special Operations Supervisor at 617-343-2367 (M-F, 8-5), or on duty Dispatch Operations Supervisor at 617-343-1400 during non-business hours.. The event sponsor/applicant shall be responsible for payment for any and all additional services provided by Boston EMS.
2. If Boston EMS determines that attendance at an event exceeds the estimate provided on the Permit Application on the day of the event, the Chief of Boston EMS or designee may, in their sole discretion, require the sponsor/applicant to pay for additional detail personnel that may be deemed necessary to cover the event.

Below are brief descriptions of types of personnel and equipment that may be required for event coverage from Boston EMS: The fee schedule is on page 2 of the permit application.

- Single EMT-D or Paramedic
- Squad unit: 1 EMT-D w/non-transport vehicle
- Bike Team: 2 EMT-D w/equipped bicycles
- BLS Ambulance w/2 EMT-D
- ALS Ambulance w/2 Paramedics
- Medical Station w/2 EMTs and 1 Paramedic