## Large gathering permit application

Name of Applicant		
Mailing Address		
<u>Contact Person</u>	Contact Person who will be at Event	1 -
Contact Person Phone	Contact Person will be present at eve	ent phone Number
Contact Person Cell	Contact Person will be present at eve	ent cell phone Number
<u>Description of Event</u>	Please attached addition sheets of pa	aper if description cannot fit in space
Location of Event		
<u>Date of Event</u>	Day(s)/Hours of event	Start time End time
Estimated Attendance	Minimum No:	Maximum No:
Types of Alcohol Being Served		

<sup>&</sup>lt;sup>1</sup> Applicant must be reachable during entire event at a moment's Notice

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## The following Facilities will be available for the event

Part Land				
Sanitation:	No. of Units:	Male:	Female:	
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Water Supply from:				
Food will be served fro	m and/or by:	**************************************		
Beverages will be serve	ed from and/or by:			
Illumination after dark	will be provided by:			
Medical and First Aid P	rovided by:			
Traffic Control Provide	d by:	Crowd control by & No.	of officers:	
D 1: - (				
Parking for	is planned.			
Attach plan of exact parking location and exact route to be kept open for emergency vehicles				
If this is not applicable to this permit explain:				

Name of Promoter	Applicant	
Mailing address:	Mailing address	
Phone: Cell:	Phone: Cell:	
Email:	Email:	
I		
Signature:	_ Date:	
Name of Property Owner (The following MUST BE completed by the owner of the property involved)		
Mailing address:	Phone Number:	
Email:	Cell Phone:	
I, have thoroughly discussed the above event with the Promoter and am in agreement with him/her in all areas. I do hereby give my consent to use my property for this event. I do hereby consent to the entry, at any time, in the course of his/her duties, any official of the Town in the performance of their official duties, including but not limited to inspection. I also agree to provide surety that the Town deems necessary. Under the Penalty of perjury, I do here by certify that the above is true.		
Signature: Date:		

Departmental Approvals: Please attach any comments or special requirements to this application		
Fire Chief Signature of Approval:	Date: Comments:	
Sheriff Department Approval:	Date: Comments:	
Road Foreman Approval:	Date: Comments:	
Rescue Squad:	Date: Comments:	
Applicant: I do hereby agree to the additional requirements:		
Applicants Signature:	Date:	

For town use only do not write below this line.		
Permit Number	Date:	
Approved	Reason:	
Denied	Reason	
Select Board Signatures:		