## Large gathering permit application

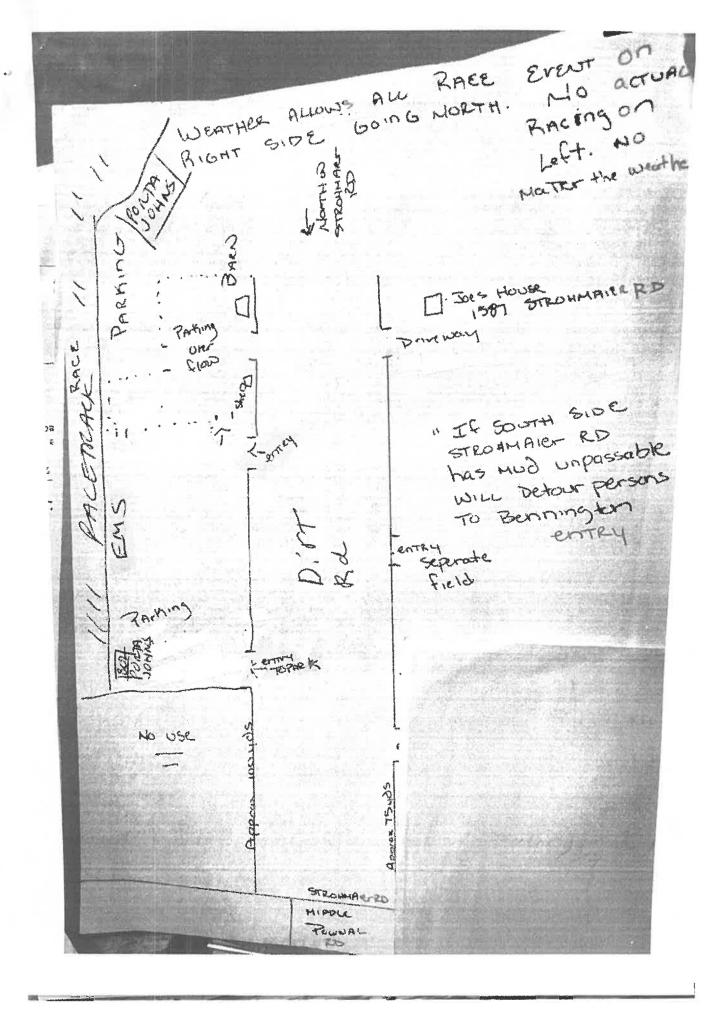
Name of Applicant	PAUL G. GOYETTE	
Mailing Address	I ARCH PO WESTALEUD MA 01085	
Contact Person	Contact Person who will be at Event 1 PAUL GOYETTE	
Contact Person Phone	Contact Person will be present at event phone Number 413 - 2469770	
Contact Person Cell	Contact Person will be present at event cell phone Number 413-246-9770	
Description of Event	Please attached addition sheets of paper if description cannot fit in space  MOTORCICLE PACES. SATURDAY  12-3 SUNDAY 8-4	
Location of Event	1587 STROHMAIER RD	
Date of Event 5-485-24	MAY 5TH BAM-4 PM SUNDAY 4 PM	
Estimated Attendance	Minimum No: 500 Maximum No: 1000	
Types of Alcohol Being Served	N/A NONE	

<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

I'm and a second				
Sanitation: POTTYS No. of Units:	Male:	Female:		
862 RESTMOMS 10	UNISO	11		
Water Supply from:	***	CALLED CO.		
YA				
Food will be served from and/or by:	1986/9999			
FOOD TOUCK - FOOD	VEUDOR WILL	APPLY FOR PERMIT		
Beverages will be served from and/or by:	220°000 annuary (1000)	-10		
N/A				
Illumination after dark will be provided by:		**************************************		
P27 LIGHT DOWE	rs			
Medical and First Aid Provided by:		The desired contract of the co		
YOWN OR RESCUE	SQUAD			
Traffic Control Provided by:	Crowd control by & No.	of officers:		
NA.	MA			
Parking for is planned.	Hap in a	V ************************************		
Attach plan of eyest parking location and eyest much as to be a few				
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:	* Y-10-10-1			
	***************************************	The state of the s		



7//				
Name of Promoter PAUL GOYETTE	Applicant AUL GOYETTE			
Mailing address:	Mailing address			
Mailing address: LARCH RD WESTIELD Moios	7			
Phone: Cell:	Phone: Cell:			
413-246-9770	i.			
The state of the s	CONTRACTOR AND WAY AND A PROPERTY OF THE CONTRACTOR AND A PROPERTY			
Email:	Email:			
D270FPROAD (DEMAIL, LIM				
I ALL COYENE, do here by accept all responsibility for the above-described event. I agree to adhere to all laws and regulations of the Town of Pownal and the state of Vermont. 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: 2-17-2024				
Name of Property Owner (The following MUST BE completed by the owner of the property involved)  STPOHMATER				
Mailing address: 1587 STRUI-MAIKK RD ROWNGEV	Phone Number: 802-681-5361			
Email:	Cell Phone:			
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: 2-/8-24				

Departmental Approvals: Please attach any	y 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 addition	nal requirements:
Applicants Signature:	Date:

For town use only do not write below t	this line.
Permit Number	Date: 2/28/24
Make Starden	Reason:
Denied	Reason
Select Board Signatures:	