

Large gathering permit application

<u>Name of Applicant</u>	PAUL G. GOYETTE	
<u>Mailing Address</u>	1 ARCH RD WESTFIELD MA 01085	
<u>Contact Person</u>	Contact Person who will be at Event ¹ PAUL GOYETTE	
<u>Contact Person Phone</u>	Contact Person will be present at event phone Number 413-2469770	
<u>Contact Person Cell</u>	Contact Person will be present at event cell phone Number 413-246-9770	
<u>Description of Event</u>	Please attached addition sheets of paper if description cannot fit in space MOTORCYCLE RACES. SATURDAY 12-3 SUNDAY 8-4	
<u>Location of Event</u>	1587 STROHMAIER RD POUNAL VT	
<u>Date of Event</u>	<u>Day(s)/Hours of event</u>	<u>Start time</u> SUNDAY 12pm SUNDAY 8am <u>End time</u> SUNDAY 3pm SUNDAY 4pm
	5-10 th -25	MAY 10TH 12pm-3pm MAY 11TH 8am-4pm
<u>Estimated Attendance</u>	<u>Minimum No:</u> 500	<u>Maximum No:</u> 1000
<u>Types of Alcohol Being Served</u>	N/A NONE	

¹ Applicant must be reachable during entire event at a moment's Notice

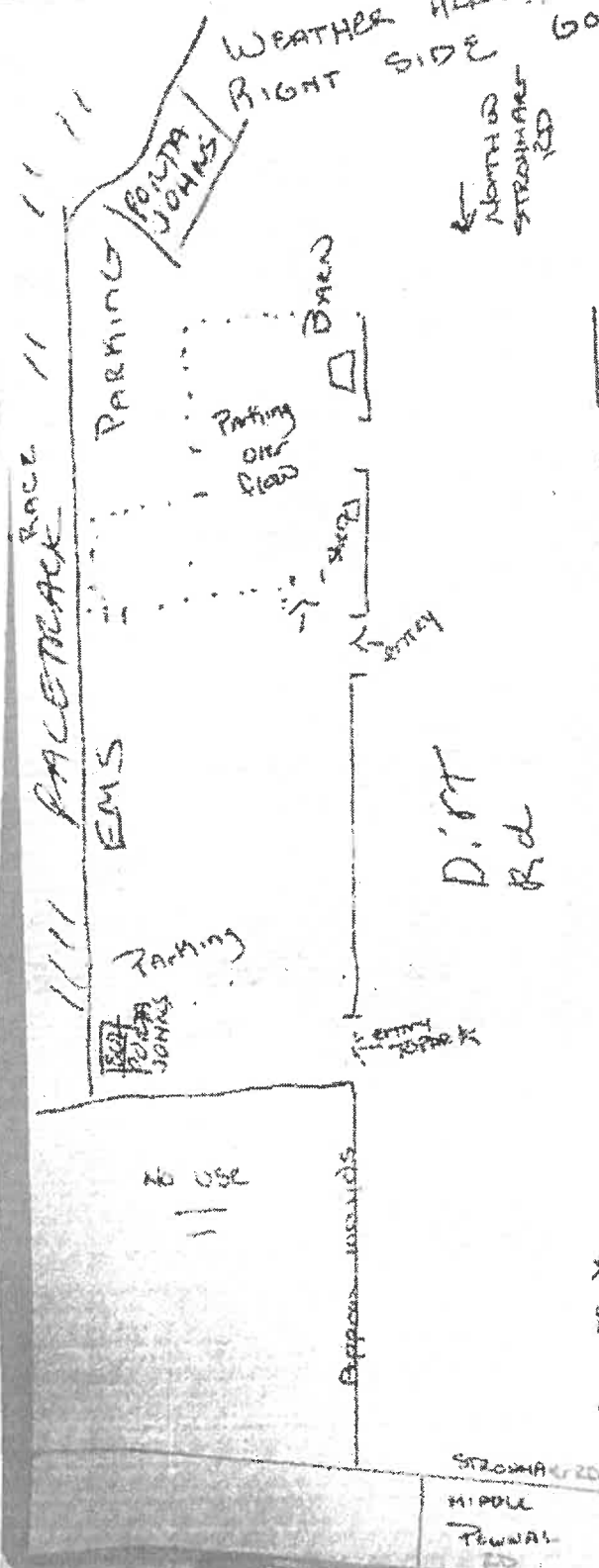
Departmental Approvals: Please attach any comments or special requirements to this application	
Fire Chief Signature of Approval:	Date: Comments:
Sheriff Department Approval:	Date: Comments:
Road Foreman Approval:	Date: Comments:
Rescue Squad:	Date: Comments:
Applicant: I do hereby agree to the additional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

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

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The following Facilities will be available for the event

Sanitation: PORTA POTTYS 802 RESTROOMS	No. of Units: 10	Male: UNI SEX	Female: "
Water Supply from: N/A			
Food will be served from and/or by: FOOD TRUCK - FOOD VENDOR WILL APPLY FOR PERMIT			
Beverages will be served from and/or by: N/A			
Illumination after dark will be provided by: P27 LIGHT TOWERS			
Medical and First Aid Provided by: POWELL RESCUE SQUAD			
Traffic Control Provided by: N/A		Crowd control by & No. of officers: N/A	
Parking for <u>250</u> 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:			



WEATHER ALLOWS ALL RACE
RIGHT SIDE GOING NORTH.

EVENT ON
NO ACTUAL
RACING ON
LEFT. NO
MATTER THE WEATHER

↓ NORTH SIDE
STROMAYER RD

□ JOE'S HOUSE
1587 STROMAYER RD

Diveaway

" IF SOUTH SIDE
STROMAYER RD
HAS MUD UNPASSABLE
WILL DETOUR PERSONS
TO BENNINGTON
ENTRY

ENTRY
SEPARATE
FIELD

DIRT
RD

PARKING

FOOT LOCKS

TO USE

STROMAYER RD
MIDDLE
REAR

Name of Promoter: PAUL GOYETTE	Applicant: PAUL GOYETTE
Mailing address: CARSH RD WESTFIELD MA 01095	Mailing address: "
Phone: 413-246-9770	Phone: " Cell: "
Email: P27OFFROAD@EMAIL.COM	Email: "

I **PAUL GOYETTE**, do hereby 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: **1-19-2025**

Name of Property Owner (The following MUST BE completed by the owner of the property involved)

JOE STROHMAIER	
Mailing address: 1587 STROHMAIER RD POWNAL VT.	Phone Number: 802-681-5361
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: **1-19-2025**

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:	
<i>Marta Gade</i>	<i>M. K. ...</i>
<i>Angela Bowling</i>	
<i>H. J. ...</i>	