

Return to: Town Administrator
503 Province Road
PO Box 550
Gilmanton, NH 03237

PERMIT NO. _____

-Police Department Use Only-
No. of Officers Required _____

Restrictions: _____

APPROVED _____
Gilmanton Police Dept.

LICENSE FEE: \$ _____ .00

This application must be submitted thirty (30) days prior to proposed event to allow for the processing of the application. Town of Gilmanton

APPLICATION FOR ENTERTAINMENT/EVENT PERMIT

Organization/Individual Name _____ Phone _____

Address _____

Person in charge of event _____ Phone _____

Address _____

Sponsor of Event _____ Phone _____

Address _____

Type of and Description of Event _____

Location of Event _____

Proposed Dates: From _____ To _____

Proposed Hours: From _____ To _____

Indicate the number of persons expected to participate _____

Indicate the approximate number of spectators _____

Will the event include food vendors? Yes: ___ No: ___ if yes please list name(s) below

ADDITIONAL INFORMATION

If the event is on the Town Property, will you need electricity? Yes ___ No ___

If "Yes", please indicate times needed for electricity: _____ am/pm _____ am/pm

Certificate of Insurance Enclosed: Yes: _____ No: _____

Request for Street Closure: Yes: _____ No: _____ (If yes, See Below)

Yes _____ No _____ Letter for closure attached

PERMISSION FOR STREET CLOSURE MUST BE RECEIVED BY SELECTMAN BEFORE PERMIT CAN BE ISSUED. Letter must be submitted to Town Administrator.

Signed _____ Date _____

APPROVED _____ Date _____

Chairman of Board of Selectman

adopted 9/10/14