



## APPLICATION FOR TEMPORARY EVENT

Name of Applicant:

Application Date:

Telephone Number:

Email Address:

### Description of Event

Event Name:

Event Sponsor/Organization:

Event Date(s):

Event Time:

Event Location:

Estimated number of Participants:

Event details:

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Amplified Sounds      Yes      No      Details:

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Temporary Tents      Yes      No      Details:

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Will Food Be Sold/Served      Yes      No      Details:

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Please attach venue map including temporary tents, indication of food vendor locations and restrooms.

### EVENT APPROVAL

Board of Selectmen

Fire Marshal

Fire Chief

Ambulance Association

State Police

Building Official

Health District

Wetlands Enforcement Officer

Zoning Enforcement Officer