

Application fee: \$50.00

**PERMIT APPLICATION
FOR THEATRICALS, PARADES AND OPEN AIR MEETINGS**

Name: _____ Phone number: _____

Address: _____

Date of Event: _____ Location: _____

Description of Event: _____
(Attach addition information, if needed)

If there is more than one person hosting this event please include name(s) as well as all persons living on the property for which this permit application is being reviewed. Please list additional persons on separate sheet of paper.

If this event is being hosted by an organization, group, club, association or other non-person entity please indicate the name of that group:

Name: _____ Phone number: _____

Address: _____

Is this organization incorporated? **Yes No**

Name of leader, president, director, etc. of group hosting event:

Name: _____ Phone number: _____

Address: _____

Please indicate the location of the event to include the street and number and or an apartment number.

This permit application is only valid for the property described in the above space. Any spill over to other properties and or trespassing will be cause for police action unless the abutting property has also been issued a permit.

Please do not write in the box.		
Application fee _____	Received by _____	Date: _____
Public services fee _____	Received by _____	Date: _____

Please indicate the owner of this property:

Name: _____

Address: _____

Phone: _____ (H) _____ (B)

Please indicate the manager of this property --if applicable:

Name: _____

Address: _____

Phone: _____ (H) _____ (B)

Please describe all of the activities you are planning at this event.

Please indicate the date and time this event will begin and end.

Please be specific.

Requested start time/date: _____ Requested end time/date: _____

Name of performers (if applicable): _____

Address: _____

Phone: _____

Please indicate the number or people that you expect to attend this event.

Approx. number of attendees: _____

I. Police Section

Will alcohol be present at this event? **Yes No**

Please explain above answer:

Will any alcohol be sold at this event? **Yes No**

If **Yes**, the proper State of NH license shall be enclosed with this application.

Will attendees of this event be allowed to carry alcohol onto the property for which this license application is being reviewed? **Yes No**

If **No**, what will be done to prevent this?

Please explain:

If **Yes**, what will be done to ensure that persons who are not of legal drinking age, are prevented from consuming, possessing and/or carrying alcohol onto the property?

Please explain:

Please be cautioned that allowing persons, who have not yet reached the legal drinking age, to carry onto, possess and or consume alcohol on the property for which this permit application is being reviewed for constitutes an offense of: RSA 179:5; Prohibited Sales.

Will there be any gambling at this event? **Yes No**

If **Yes**, the proper State of NH license shall be submitted with this application.

Will vehicular traffic be impacted during this event? **Yes No**

If **Yes** please explain:

Police Department

Comments/Requirments:

Signature of Police Chief: _____
Date: _____

II. Health Section

Will there be any food sold at this event? **Yes No**

If **Yes**, indicate the name of the vendor (if more than one place information on a separate sheet)

Name: _____

Address: _____

Phone: _____ (H) _____ (B)

Will there be an area for food handlers to wash their hands? **Yes No**

Does this event have adequate restroom facilities? **Yes No**

A minimum of 1 male and 1 female toilet facilities shall be required for each 75 persons attending this activity.

Example:

75 persons = 2 toilets

76 to 150 = 4 toilets

151 to 225 = 6 toilets

226 to 300 = 8 toilets

Please list the name of the person(s) or company that will be responsible for supplying then removing sanitary facilities.

Name: _____

Address: _____

Phone: _____ (H) _____ (B)

Please indicate when sanitary facilities will be removed. _____

Who will be responsible for the removal of any other refuse that is left as a result of this event?

Name: _____

Address: _____

Phone: _____ (H) _____ (B)

When will this refuse be removed? _____

Comments/Requirments: _____

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Signature of Health Officer: _____

Date: _____

III. Fire Section

Will this activity be having any type of open fire? **Yes No**

If **Yes**, a Permit to Kindle Fire must be submitted with this license application.

If any part of this activity is going to be held within a building, structure or tent does the building, structure or tent comply to life safety codes? **Yes No**

**** Fireworks are prohibited from any public event and will not be allowed.**

Comments/Requirments: _____

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Signature of Fire Chief: _____ Date: _____