



**TOWN OF JAFFREY
SPECIAL EVENTS PERMIT**

Special Event Permit Application

Event Name: _____

Purpose of
Event: _____

Organization/Sponsor Name: _____ _____
Address: _____ _____ _____ _____ _____
Phone: _____
E-mail: _____

Date of Event: _____ Time: _____

Date of Set-up: _____ Time: _____

Date of Clean-up: _____ Time: _____

List any streets that may be closed, including specific dates and times plus time of re-opening:

STREET	CLOSING DATE	CLOSING TIME	DATE OF RE-OPENING	TIME OF RE-OPENING

List projected number of persons attending the event, include basis for projection:

Will any temporary structures be built?

If yes, describe in detail and include location: Yes No

Will any signs or pennants be hung?

If yes, describe in detail, size and include location: Yes No

(Please note that signage must be removed no later than 72 hours after the conclusion of the event.)

Will there be any entertainment or music?

If yes, describe performance, times and location: Yes No

Will additional utility services be used such as power and water beyond that which is available in the area? Yes No

Describe in detail specific utilities and location: *(Any additional utilities must be provided by the applicant)*

Is a parade planned in connection with the event? Yes No

State details, time and anticipated crowd; attach a map of route and NHDOT permit, if required.

Are any street peddlers or vendors being planned? Describe in detail:

Are food sales planned? Yes No Describe in detail: *(Applicant should also contact the health officer for regulations governing food sales.)*

Describe in detail how do you plan to remove refuse and garbage:

Describe in detail how do you plan to provide security:

Describe parking areas and available transportation modes to and from the event:

Will existing bathroom facilities be adequate? Yes No

Describe plans to augment available sanitary facilities

Do you plan to sell any beer, wine or alcoholic beverages for public consumption? Yes No

List any license presently held (section a.); provide evidence of liquor liability insurance to Jaffrey.

List beverages and vendors, plus locations and times of sale.

BEVERAGE	VENDOR	TIME OF SALE	LOCATION	LICENSE

Explain the proposed controls for the sale of alcohol beverages where minors may be present:

15. Do you plan to publicize the event?
If yes, attach publicity plans. Yes No

Do you plan a fireworks display?
If yes, specify: Yes No

Date: _____

Time: _____

Location: _____

Vendor: _____

Approval of this application will reserve for the applicant the requested event date/place providing all requirements outlined in this policy are met. If the special event request is approved, the sponsor shall assume full responsibility for compliance with all conditions, fees, and charges and further agrees to pay any cost associated with damage to the Town of Jaffrey property, lost barricades/signs, cleanup by the Town or any other additional Town expense caused by this event, over and above the security deposit.

Applicant's Signature: _____ **Date:** _____

Approved

Denied

Authorized Signature: _____ **Date:** _____