

Special Event/Amusement Permit Application

Date of Application:				
Name of Organization:				
Applicants Full Name and Address:				
Daytime Phone:	Mobile Phone:	Email Address:		
Address/Location of Activity:				
Individual in charge on day of event:				
Contact Number:				
Description of Event:				
Date(s) of Event:	Estima	ted Attendance:		
Time of Event: From:		To:		
Sp	pecial Event/Amusemen	t Permit Application		
Sp. For Town Use:	pecial Event/Amusemen	t Permit Application		
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For Town Use:	eting:	t Permit Application Waived		
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For Town Use: Date of Selectboard Mee Special Event Permit App Approved/Denied/Appro	eting: plication Fee: Paid: pved with conditions			

Are provisions in place for managing safe parking, vehicle, and pedestrian traffic? Please explain what they are below:
Please include a site map with your application:
Proof of Insurance must be provided at time of application.
Be advised a fee may be charged by the Selectboard at time of application approval not to exceed 50\$. The selectboard is authorized to reduce or waive applicable fees as they determine.
Fee charged: Fee waived:
By signing, I agree to comply with the Town of Berlin's Special Event Ordinance and to any conditions that may be imposed by the Selectboard as a condition of approval. Failure to comply with the ordinance and/or conditions may result in revocation of the permit.
Signature of Applicant:
Printed Name of Applicant:

For Town Use:			
The permit application is:			
Approved			
Disapproved			
Approved with the following conditions:			
1.			
2.			
3.			
4.			
Selectboard Chair Signature:			