



TOWN OF WILTON

42 Main Street

PO Box 83

Wilton, NH 03086

Town office: phone (603) 654-9451, fax (603) 654-6663

Special Event Permit Application

Applicant: _____

Tele: _____

Address: _____

Email: _____

Event Sponsor: _____

Tele: _____

Address: _____

E-mail: _____

Land Owner: _____

Tele: _____

Address: _____

E-mail: _____

Name of Event: _____

Event Location: _____

Date(s) of Event _____

Hours of operation: _____

Expected Attendance Numbers: _____

Describe Event:

Describe area or building to be used (**Attach sketch if available**):

Describe any temporary structures:

Describe any signs or barricades:

Describe any food and/or liquor service:

Describe any additional rest room facilities:

Describe location and area used for parking:

Describe outdoor lighting

Describe any amplified sound system:

Describe any fireworks or pyrotechnics:

Number of on site workers/volunteers
expected: _____

Other permits that will be obtained:

Will you have a Safety Response Plan?	YES	NO
Do you have Event Insurance?	YES	NO

STATEMENT OF ASSURANCE

I am authorized by the event sponsor to make this application and to the best of my knowledge this information is true and accurate. By signing this application, I hereby certify that have read the Special Event Ordinance and agree to abide by all applicable regulations. I state and acknowledge that all liability for this event is assumed and accepted by the event sponsor and/or applicant.

Signature:_____

Date:_____

Police Department Review: Reviewed by:_____

Date:_____

Comments:_____

Fire Department Review: Reviewed by:_____

Date:_____

Comments:_____

Department Review: Reviewed by:_____ Date:_____

Comments:_____

Select Board

Comments:_____

THIS SPECIAL EVENT PERMIT IS APPROVED THIS _____ DAY OF _____,
20____

BY THE WILTON SELECT BOARD: _____

