

# APPLICATION CHECKLIST

Use this list to ensure that you have included supporting documentation to accompany the information on your Event Application.

**Documents that must be submitted:**

- Complete the full signed Event Application.
- Five Copies of Application and Application Checklist to be submitted
- A copy of your Certificate of Insurance naming the Town of Tamworth as an additional insured. (If Town property to be used)

<u>Submitted</u>	<u>Does not apply</u>	<u>Item and required documents.</u>
<input type="checkbox"/>	<input type="checkbox"/>	Application Form – Completed/Signed. (Five Copies)
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Event Schedule.
<input type="checkbox"/>	<input type="checkbox"/>	The schedule of clean up.
<input type="checkbox"/>	<input type="checkbox"/>	Trash Removal.
<input type="checkbox"/>	<input type="checkbox"/>	Event Set up and Take down.
<input type="checkbox"/>	<input type="checkbox"/>	Sanitary Facilities placement and removal.
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Insurance. Certificate must include the Town of Tamworth as an additional Insurer.
<input type="checkbox"/>	<input type="checkbox"/>	Event Map and Details.
<input type="checkbox"/>	<input type="checkbox"/>	Police Department Review for Crowd control.
<input type="checkbox"/>	<input type="checkbox"/>	Copies of all Necessary State Permits.
<input type="checkbox"/>	<input type="checkbox"/>	NH DOT Right-of-way Permit
<input type="checkbox"/>	<input type="checkbox"/>	State Health Permit (Food Services).
<input type="checkbox"/>	<input type="checkbox"/>	State of NH Liquor License.
<input type="checkbox"/>	<input type="checkbox"/>	Tent inspection by Fire Chief (To be attached when done)
Date to be done _____		

# TOWN OF TAMWORTH PERMIT FOR TEMPORARY OUTDOOR EVENT

APPLICATION # \_\_\_\_\_

Valid From: \_\_\_\_\_ To \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Event Sponsor: \_\_\_\_\_

Street Location: \_\_\_\_\_

Tax Map Number \_\_\_\_\_ - \_\_\_\_\_

Type of Event: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

1. A DETAILED Description of the event and anticipated crowd size:

---

---

---

---

2. A map or sketch (attach to permit application) of the layout of the event, including vendor layout (where applicable) (the use of State Rights-of-Ways requires NHDOT approval). The map should include:

- A. Roadways or sidewalks that will be used. (such as in races, parades, etc.)
- B. Roadways, sidewalks, or parking lots that will be blocked. (festivals, block parties, parades, races, etc.)
- C. Location of any tents that will be used and the sizes. (Certificate of flame proofing)
- d. Any parking on Town roads.

3. If roads, sidewalks, or parking lots are to be blocked, specifically list:

- A. Day(s) of week: \_\_\_\_\_
- B. Date(s): From \_\_\_\_\_ To \_\_\_\_\_
- C. Hour(s): From \_\_\_\_\_ To \_\_\_\_\_

4. Please answer the following questions by circling the correct answer:

A. Open fire for cooking or campfire? Yes      No      N/A  
(If yes, permit must be received before event from the Fire Department)

B. Certificate of Insurance attached in amount of \$1,000,000 per claim, \$2,000,000 general aggregate. Yes      No      N/A

C. Alcohol sales and consumption?    Yes        No        N/A  
(LOCATION ON MAP AND DETAIL, REQUIRES CONTACT WITH STATE LIQUOR  
COMMISSION AND SELECT BOARD WRITTEN APPROVAL)

D. Will portable toilets be used?        Yes        No        N/A  
(PROVIDE LOCATION ON MAP)

5. Describe any specific traffic or crowd control you might require: \_\_\_\_\_

\_\_\_\_\_

6. Contact person during event and how to contact: (PHONE NUMBER) \_\_\_\_\_

\_\_\_\_\_

7. Any other information you may feel may be helpful in assisting the Town in making a determination on your request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Large events or events using multiple sites must designate a person(s) to coordinate the event with the Police Department and Fire Department. It is your responsibility to contact and meet with the Police Chief, Fire Chief, or their representative prior to making application for the temporary event permit. If Town owned property is being used the sponsor understands that all Town rules and regulations will be followed. In the event of any damage that may occur, it is your responsibility to bring the damaged property to normal original state.

I hereby acknowledge that this event will be held in accordance with the provisions of the Temporary Outdoor Event Policy and any additional conditions or provisions as imposed by the Select Board, and all local and state regulations. Further, I hereby acknowledge that the policy of the Select Board is that no advertisement of an event shall occur prior to Select Board approval.

\_\_\_\_\_  
Event Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner (Printed)

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

The application must be received at least ninety (90) days prior to the event. A decision will be rendered 30 days prior to the event.

**TEMPORARY EVENT  
PERMIT STAFF REVIEW FORM**

**To: DEPARTMENT HEADS**

**From:** Select Board's Office

**Date:** \_\_\_\_\_

**Select Board meeting date:** \_\_\_\_\_

*NAME/GROUP SUBMITTING REQUEST:* \_\_\_\_\_

**DATE OF EVENT:** \_\_\_\_\_

**APPLICATION #** \_\_\_\_\_

PERMITS CANNOT BE ISSUED WITHOUT YOUR APPROVAL. PLEASE INITIAL YOUR RESPONSE AND SEND THIS FORM BACK TO THE TOWN ADMINISTRATOR no later than \_\_\_\_\_ THANK YOU FOR YOUR COOPERATION.

<u>Department</u>	<u>Approval</u>	<u>Approval w/conditions (attached)</u>	<u>Denial.</u>
Police	_____	_____	_____
Fire/Rescue	_____	_____ <input type="checkbox"/> tent inspection	_____
Public Works	_____	_____	_____
Parks & Recreation	_____	_____	_____
Select Board	_____	_____	_____

\_\_\_\_\_  
Emery Roberts – Chair

\_\_\_\_\_  
Karl Behr

\_\_\_\_\_  
Richard Doucette

\_\_\_\_\_  
Lianne Prentice

\_\_\_\_\_  
Steve Schaeffer