

TOWN OF BARTLETT
OFFICE OF THE SELECTMEN
56 Town Hall Road
Intervale, NH 03845
(603) 356-2950
Website: www.townofbartlettnh.org

SPECIAL EVENTS LICENSE APPLICATION
(must be submitted 90 days in advance of the event)

DATE OF APPLICATION: _____ DATE OF EVENT: _____
NAME/TYPE OF EVENT: _____
LOCATION OF EVENT: _____ HOURS OF EVENT: _____
NO. OF PARTICIPANTS: _____ NO. OF SPECTATORS: _____
SPONSOR/ORGANIZER OF THE EVENT: _____
CONTACT PERSON: _____ PHONE: _____
MAILING ADDRESS: _____ STATE _____ ZIP CODE _____
EMAIL ADDRESS: _____

***** PLEASE ATTACH A DETAILED DESCRIPTION OF THE EVENT *****

FOR TOWN OFFICE USE

<i>PUBLIC HEARING</i>	<i>YES</i>	<i>NO</i>	<i>If yes, date</i> _____
<i>SECURITY PLAN</i>	<i>YES</i>	<i>NO</i>	<i>If yes, must contact the Police Chief (603)356-5868</i>
<i>TRAFFIC CONTROL</i>	<i>YES</i>	<i>NO</i>	<i>If yes, must contact the Police Chief (603)356-5868</i>
<i>FIRE PLAN/INSPECTION</i>	<i>YES</i>	<i>NO</i>	<i>If yes, must contact the Fire Chief (603)383-9555</i>
<i>AMBULANCE</i>	<i>YES</i>	<i>NO</i>	<i>If yes, contact Ambulance, PO Box 422, Glen, NH 03838</i>
<i>SANITARY FACILITIES</i>	<i>YES</i>	<i>NO</i>	<i>If yes, describe</i> _____
<i>CERT OF INSURANCE/BOND</i>	<i>YES</i>	<i>NO</i>	<i>If yes, describe</i> _____
<i>OTHER/CONDITIONS:</i> _____			

DATE: _____ APPROVED BY: _____

BOARD OF SELECTMEN