



**TOWN OF JAFFREY
SPECIAL EVENTS PERMIT**

Resolution # _____

Special Event Permit Application

Event Name: _____

Event Location: _____

Event Purpose: _____

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 displayed?

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

Deviation from the Town of Jaffrey Signs Ordinance may require a variance from the Zoning Board of Adjustment. Questions regarding the ordinance should be directed to the Code Enforcement Officer.

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

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; 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:

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

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

Date: _____

Time: _____

Location: _____

Vendor: _____

Do you plan to utilize Town of Jaffrey property or facilities? Yes No

If yes, please make a reservation for the property/facility with the appropriate town department. Contact the Town Manager's Office (603-532-7880) if you need assistance locating the correct department

If yes, a certificate of insurance general liability with minimum limits of \$1,000,000 per occurrence shall be required. The Town of Jaffrey must be named as an additional insured through an endorsement to the insurance policy

Reservation made? Yes No

If yes, Date _____ With Jaffrey Staff Member _____

Approval of this application will reserve for the applicant the requested event date/place providing all the requirements outlined in the Special Events Permit 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

Date: _____

Jaffrey Board of Selectmen:

Signature: _____

Signature: _____

Signature: _____