

TOWN OF WOLFEBORO
APPLICATION CHECKLIST
FOR
TEMPORARY OUTDOOR EVENT

COMPLETED APPLICATION FORM
A REVIEW OF THE EVENT SCHEDULE
THE SCHEDULE OF CLEAN-UP
TRASH REMOVAL
EVENT SET-UP AND BREAKDOWN
SANITARY FACILITIES PLACEMENT AND REMOVAL
CERTIFICATE OF INSURANCE. CERTIFICATE MUST INCLUDE THE TOWN
OF WOLFEBORO AS AN ADDITIONAL INSURER.
EVENT MAP AND DETAILS
ELECTRICAL HOOK-UP FEE
PUBLIC WORKS AND PARKS & RECREATION REVIEW OF POTENTIAL
DAMAGES
POLICE DEPARTMENT REVIEW FOR CROWD CONTROL AND ALCOHOL
SALES
COPIES OF ALL NECESSARY STATE PERMITS
NHDOT RIGHT-OF-WAY PERMIT
STATE HEALTH PERMIT (FOOD SERVICE)

TOWN OF WOLFEBORO
PERMIT FOR
TEMPORARY OUTDOOR EVENT ORDINANCE

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: _____

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 and copy of tent permit attached)

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? Y N N/A

(If yes, permit must be received before event from the Fire Department)

B. Temporary electrical hook-up or wiring required? Y N N/A (CONTACT ELECTRIC DEPARTMENT)

C. Certificate of Insurance attached in amount of \$1,000,000 per claim, \$2,000,000 general aggregate.

D. Potential damage to Town owned property (turf, pavement, etc.)? Y N N/A

E. Alcohol sales and consumption? Y N N/A (LOCATION ON MAP AND DETAIL, REQUIRES POLICE DEPT. WRITTEN APPROVAL)

F. List the potential damage(s) (REVIEWED BY APPLICANT, PUBLIC WORKS DIRECTOR AND PARKS & RECREATION DIRECTOR IN ADVANCE OF SUBMITTAL): _____

G. Will portable toilets be used? Y N N/A (PROVIDE LOCATION ON MAP)

6. Describe any specific traffic or crowd control you might require: _____

7. Contact person during event and how to contact: (PHONE NUMBER) _____

8. 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.

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

Event Sponsor

Date

Property Owner's Signature

Date

The application must be received at least seven (7) days prior to the Selectmen's meeting at which the application is requesting to be considered.

**TEMPORARY EVENT
PERMIT STAFF REVIEW FORM**

To: DEPARTMENT HEADS
From: Town Manager's Office
Date: _____

Board of Selectmen meeting date: _____

NAME/GROUP SUBMITTING REQUEST: _____

DATE OF EVENT: _____ **APPLICATION #** _____

PLEASE INITIAL YOUR RESPONSE AND SEND THIS FORM BACK TO THE TOWN MANAGER'S EXECUTIVE ASSISTANT **no later than**_____ THANK YOU FOR YOUR COOPERATION.

Department	Approval	Approval w/conditions (attached)	Denial
Libby Museum	_____	_____	_____
Police	_____	_____	_____
Fire/Rescue	_____	_____	_____
Public Works	_____	_____	_____
Water & Sewer	_____	_____	_____
Building Official	_____	_____	_____
Planning	_____	_____	_____
Parks & Recreation	_____	_____	_____