



SELECTMEN'S OFFICE
TOWN OF OSS�PEE
P.O. Box 67
Center Ossipee, NH 03814

OUTDOOR EVENT APPLICATION

TAX MAP #: _____

LOT #: _____

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PRINCIPAL BUSINESS: _____

(See Ordinance)

DATE(S) OF EVENT: _____

TIME(S): _____

DESCRIPTION: _____

LOCATION: _____

If not located on applicant's property please provide the following:

- 1) Copy of agreement between applicant and owner allowing applicant to use said property for conducting the outdoor event. (Not required for parades or processions conducted on public streets.)

Admission charges: _____ Anticipated attendance: _____

Availability of Food and Beverages: _____

Sale of Alcoholic Beverages: Yes___ No___ Consumption of Alcoholic Beverages: Yes___ No___

SECURITY PLAN: To include FIRE, TRAFFIC, AMBULANCE, AND MEDICAL SERVICE(S),
SANITARY FACILITIES, CROWD CONTROL AND TICKET SALES: (Please use separate page if
necessary.

PROOF OF GENERAL LIABILITY INSURANCE NAMING THE TOWN OF OSS�PEE AS AN
ADDITIONAL NAMED INSURED: _____

Signature of applicant: _____ Date: _____

For any further questions please refer to attached ORDINANCE.

1) POLICE DEPARTMENT: YES:____ NO:____

COMMENTS:_____

2) EMERGENCY SERVICES: YES:____ NO:____

COMMENTS:_____

3) FIRE DEPARTMENT: YES:____ NO:____

COMMENTS:_____

4) ZONING OFFICER: YES:____ NO:____

COMMENTS:_____

5) HEALTH OFFICER: YES:____ NO:____

COMMENTS:_____

6) SELECTMEN: YES:____ NO:____

COMMENTS:_____

FAILURE TO RETURN RESPONSE TO THE BOARD OF SELECTMEN WITHIN 15 DAYS OF RECEIPT, THE BOARD WILL ASSUME YOU HAVE NO PROBLEM WITH EVENT.

Peter A. Olkkola
Selectmen

Harry C. Merrow
Chairman Board of Selectmen

Joseph G. Skehan, Jr.
Selectmen