



Town of Ossipee, New Hampshire
OUTDOOR EVENT APPLICATION

Tax Map____ Lot____ Sub____

Name of Applicant or Program_____

Mailing Address_____

Principal Business_____

Date(s) of Event(s)_____

Time(s) of Event(s)_____

Description of Event_____

Location_____

*If not located on applicant's property, please provide a copy of the agreement between applicant and owner, allowing applicant to use said property for conducting the event.

Admission fee (if any):_____ 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 & EMS, SANITARY FACILITIES, CROWD CONTROL AND TICKET SALES.)_____

Proof of General Liability Insurance, naming the TOWN OF OSSIPEE as an additional named insured:_____

Signature of Applicant:_____ Date:_____

Police Department: YES____ NO____

Comments (if any):_____

Emergency Services: YES____ NO____

Comments (if any):_____

Fire Department: YES____ NO____

Comments (if any):_____

Zoning Officer: YES____ NO____

Comments (if any):_____

Health Officer: YES____ NO____

Comments (if any):_____

Selectmen: YES____ NO____

Comments (if any):_____

**FAILURE TO RETURN YOUR RESPONSE TO THE BOARD OF SELECTMEN
WITHIN 15 DAYS OF RECEIPT, WILL RESULT IN THE BOARD ASSUMING YOU
HAVE NO PROBLEM WITH THE EVENT.**

Chairman, Board of Selectmen

Selectmen

Selectmen