



# SPECIAL EVENT LICENSE APPLICATION

TOWN OF NOTTINGHAM, NH

603.679.5022 BOSPC@NOTTINGHAM-NH.GOV

Property Owner: \_\_\_\_\_ Name of Event: \_\_\_\_\_

Event Location: \_\_\_\_\_ Map/Lot #: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Event Time(s): \_\_\_\_\_

Expected # of Participants/day: \_\_\_\_\_ # of Vendors: \_\_\_\_\_ Loudspeaker/Noise Hours: \_\_\_\_\_

Detailed Description of Event:

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Contact Information:

Name	Mailing Address	Email address	Phone
Property Owner			
Agent / Operator			
Other			

Property Owner:

I hereby make application to the Town of Nottingham for the above-referenced property and event.

I hereby authorize the agent/applicant listed above to represent me and my property in all matters related to the license and event.

Applicant agrees, at its sole expense, to defend, indemnify and hold harmless the Town of Nottingham and all associated entities of the Town and their respective officers, boards, commissions, employees, and agents (hereinafter referred to as "indemnities") from and against any and all liability, obligation, damages, claims, liens, losses, and expenses which may be incurred by or asserted against the indemnities by reason of any act of omission of the undersigned, its personnel, employees, agents,

contractors or subcontractors which results in damage or injury of any kind to any person or property and which arises out of or is in any way connected with the activities permitted by this license.

PROPERTY OWNER

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SPECIAL EVENT APPLICATION CHECKLIST

Required:

\_\_\_\_\_ Site plan: to scale, with the following information:

- Property address(es); property lines and abutting streets;
- Size, location, & description of:  
Existing permanent structures; Proposed temporary structures; Proposed vending sites; Access, driveways & parking areas; Trash disposal facilities; Rest Rooms; Water supply; Entertainment areas; Fire lanes or emergency access.

\_\_\_\_\_ Certificate of Insurance

\_\_\_\_\_ Schedule of Events

\_\_\_\_\_ Copy of promotional materials

If Applicable:

\_\_\_\_\_ Other required permits/licenses

\_\_\_\_\_ Rain Date(s) \_\_\_\_\_

\_\_\_\_\_ Non-Profit (501C-3) ID #: \_\_\_\_\_

\_\_\_\_\_ Private EMS vendor: \_\_\_\_\_

\_\_\_\_\_ Solid Waste vendor: \_\_\_\_\_

\_\_\_\_\_ Sanitary facility vendor: \_\_\_\_\_

\_\_\_\_\_ Other service vendor: \_\_\_\_\_