



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:

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 Conway 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: _____