

Town of Lisbon

PO Box 222, Lisbon, NH 03585
603.838.6376 fax: 603.838.6377

Special Event APPLICATION



Name of event: _____

APPLICANT INFORMATION

Name of Organization : _____

Mailing Address _____

Phone: _____

CONTACT PERSON INFORMATION

Name: _____

Address _____

Phone: _____

Email: _____

EVENT DETAILS

Date of event: _____ Time of event: _____

Type of event: _____

Location of event: _____

Description of event: (include additional pages and/or maps if necessary)

Estimated number of attendees: _____

Will alcoholic beverages be served at this event? Yes ☐ No ☐

Please list any town facilities requested for this event: _____

