Town of Lisbon

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

Special Event APPLICATION



Name of event: APPLICANT INFORMATION CONTACT PERSON INFORMATION Name of Organization : Name: Address Mailing Address_____ Phone: Email: Phone: 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:

Additional inform	ation or com	ments regarding	event:		
Note: A certific prior to the eve	cate of insurant.	ance must be prov	rided to t	he selectmen's offic	e at least five (
			Date	»	
Applicant Sig	nature				
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provals:			-		
Chief of Police	Date			Selectman	Date
Fire Chief	Date		4	Selectman	Date
Code Enforcement	Date			Selectman	Date