



SPECIAL EVENT PERMIT APPLICATION

TO BE COMPLETED BY APPLICANT

Date of Application:

Enter the date you are completing the form. Per Town of Bedford, NH requirements the form must be submitted to the Parks & Recreation Department a minimum of 30 days prior to the event date to allow for processing.

Event Date:

Enter the requested date of the event.

Event Name & Type:

Enter the name of the event and what kind of event (examples; parade, fair, concert, festival).

Event Location of Event:

Enter the physical address of the event.

Time of Event:

Enter the timeframe from beginning to the end of the event.

Anticipated Number of Attendees:

Enter the number of patrons you expect to attend your event. Any venue in the Town of Bedford, NH shall not exceed its posted occupancy limit in accordance with its Place of Assembly permit unless a life safety evaluation has been performed by an independent third-party fire protection engineer.

Set up Time:

Enter the time that set up for the event will begin. If the date of the set up varies from the event date please notate that here as well.

Clean up Time:

Enter the time that cleanup for the event will begin. If the date of the set up varies from the event date please notate that here as well.

Organized by:

List the sponsors for the event.

Insurance Information:

Enter the insurance carrier for the event. Include a current copy of the Certificate of Insurance naming the Town of Bedford, NH as additionally insured. Please see the Special Events Requirements Packet for coverage requirements.

Primary Contact Name:

Enter the primary emergency contact name for the event. This is the individual whom the town should contact first for the event.

Primary Contact Phone:

Enter the primary emergency contact phone number for the event (mobile number preferred).

Primary Contact Email:

Enter the primary emergency contact email address for the event.



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Primary Contact Address:

Enter the primary emergency contact physical mailing address for the event.

Secondary Contact Name:

Enter the secondary emergency contact name for the event. This is the individual whom the town should contact if the primary contact is unavailable.

Secondary Contact Phone:

Enter the secondary emergency contact phone number for the event (mobile number preferred).

Secondary Contact Email:

Enter the secondary emergency contact email address for the event.

Secondary Contact Address:

Enter the secondary emergency contact physical mailing address for the event.

Number and dimensions of tents or temporary membrane structures exceeding 400 sq. ft.:

Enter the number of tents/membrane structures and dimensions for the event. Include a site plan layout for the event. Please see the Special Events Requirements Packet for further information.

Number of food concessions and/or food prep area/s:

If there will be food served at the event, enter the information for those concessions and/or food prep areas.

Description of Event:

A description of the event should include but not be limited to the following: a general description of the event, if the event will include live music or amplified sound, if there will be alcohol served at the event.

Site Layout Diagram:

Provide a illustration or aerial photo of the event layout to include site access, event parking, any temporary structures, temporary utilities, signage, ADA access, food concessions/trucks, portable toilets, trash disposal.

Property Owner:

Enter the property owner name. A letter of authorization from the property owner is required to be submitted with the application.

I have received and read a copy of the Town of Bedford, NH Requirements for Special Events document and understand I am responsible for compliance with the Town of Bedford, NH requirements.



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TO BE COMPLETED BY TOWN

Permit Expiration:

Received By:

Received Date:

APPLICATION REVIEW

Department	Name	Inspections Required	Status	Fee	Approval Signature
Parks & Recreation Department			<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Reason for Denial:					
Planning & Zoning Department			<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Reason for Denial:					
Fire Department			<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Reason for Denial:					
Building & Health Department			<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Reason for Denial:					
Police Department			<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Reason for Denial:					
Department of Public Works			<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Reason for Denial:					