

Town of Thornton

16 Merrill Access Road

603-726-8168

Special Event Application

Event Name _____

Event Location: _____

Property
Owner _____ Phone _____

Property ID # _____

Property Owner Liability Release Form signed by Property Owner (attached hereto)

Organization/Sponsor Name _____

Event Coordinators Name _____

Address _____

Phone _____ fax _____ e-mail _____

Address _____ State _____

Phone: _____ email _____ fax _____

Number of persons expected to attend? 50-75 _____ 75-100 _____ 100-250 _____ 250-400 _____
400-500 _____ 500-1000 _____ More than 1000 _____
More than 2000 _____ More than 3000 _____

Dates of actual event _____ Time of actual event _____

Number of days of event _____

Date of set-up _____ Time of set-up _____

Date of clean-up operations _____ Time of clean-up of operations _____

Please attach a site plan for the event.

List any streets that may be closed, including specific dates and times plus time of re-opening: _____

Will there be camping on site? Yes No
If yes, show on the site plan.

Will any temporary structures be built? Yes No
If yes, describe in detail and show on site plan.

Will any signs or pennants be hung? Yes No

If yes, describe in detail and show on site plan.

Will there be any entertainment or music Yes No

If yes, describe performance, times and location:

Will generators be used as a power source? Yes No

Is a parade planned in connection with the event? Yes No

If yes, state details, time and anticipated crowd; attach a map of route:

Are any street peddlers or vendors being planned? Yes No

If yes, describe in detail:

Describe in detail how do you plan to provide security:

Describe parking areas and available transportation modes to and from the event:

Do you plan to publicize the event? Yes No

If yes, attach publicity plans

POLICE DEPARTMENT

Please be advised that gatherings of over 200 people, commercial events, or events that affect the flow of traffic may require detail officers at the discretion of the Chief of Police (hourly rate varies from \$38.30 to \$89 per hour per officer). Event organizers for larger events may also be required to provide further documentation, which may include, but may not be limited to, a map of the event and an evacuation route.

Will any alcohol be sold at this event? Yes No

If **YES**, a copy of the proper State of NH license shall be enclosed with this application, and a copy of a certificate of liability **insurance** shall be provided for each vender.

Will alcohol be present at this event? Yes No

If **YES**, please explain

Will attendees of this event be allowed to carry alcohol onto the property for which this license application is being reviewed? Yes No

If **NO**, what will be done to prevent this?

If **YES**, what will be done to ensure that persons who are not of legal drinking age, are prevented from consuming, possessing and/or carrying alcohol onto the property?

Please be cautioned that allowing persons, who have not yet reached the legal drinking age, to carry onto, possess and or consume alcohol on the property for which this license application is being reviewed constitutes an offense of: RSA 179:5 Prohibited Sales

Will there be any gambling at this event? Yes No

If **YES**, a copy of the proper State of NH license shall be submitted with this application.

Will vehicular traffic be impacted during this event? Yes No

If **YES**, Please explain: _____

Please be advised that should flaggers be used for traffic control purposes, all flaggers shall meet minimum training and equipment requirements as mandated by the State of New Hampshire.

Will there be any on-street parking or parking on the shoulder of the road? Yes No

If **YES**, please explain _____

Is the event a commercial event with a driveway on a state maintained road? Yes No

If **YES**, the proper State of NH driveway permit shall be submitted with this application.

Will there be any type of security personnel at the event, other than police officers?

Yes No

If **YES**, please explain _____

Further requirements of the Chief of Police _____

Signature of Police Chief:

Office located at 16 Merrill Access Rd. 726-3871

CAMPTON/THORNTON FIRE DEPARTMENT

Tents shall have a certificate that they are flame proof.

Will this activity be having any type of open fire Yes No

If yes, a *Permit to Kindle Fire* must be submitted with this license application.

If any part of this activity is going to be held within a building or structure does the building or structures comply with life safety codes? Yes No

Date of last inspection: _____
Inspected by: _____

Please indicate the size of the lot

Will this event have a fireworks demonstration? Yes No

If Yes, the proper Permit must be submitted with this license application

Signature of Fire Chief: _____
Office Located at: 186 NHRT 49, Campton, NH 03223 726-3300

HEALTH DEPARTMENT

Will there be any food sold at this event? Yes No

If YES, please indicate the name of the vendor/'s

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

If more than two please supply on separate sheet and attach.

Will there be an area for food handlers to wash their hands? Yes No

Does this event have adequate restroom facilities Yes No

If No, portable toilets shall be required.

List the name & phone of the portable toilet provider: _____

Number of portable toilets to be provided for this event _____

Handicap toilets shall be calculated into the minimum requirements.

Please list the name of the company that will be responsible for supplying and removing sanitary facilities.

Name _____

Address _____

Phone _____

Who will be responsible for the removal of refuse?

Name _____

Address _____

Phone _____

Will this refuse be transferred to the Town of Thornton/Campton Recycling Facility? Yes No
If Yes, please contact the recycling facility manager prior to your event date.

Signature of Health Officer _____
16 Merrill Access Rd 603-726-8168

Approval of this application will reserve for the applicant the requested event date/place providing all requirements outlined in this policy are met. If the special event request is approved, the sponsor shall assume full responsibility for compliance with all conditions, fees and charges and further agrees to pay any cost associated with damage to (Town) property, lost barricades/signs, cleanup by (Town) crews, or any other additional (Town) expense caused by this event.

In addition, property owners and event sponsors shall defend, indemnify and hold harmless the Town of Thornton against any claims made by any party arising out of or connected in any way to any special event.

I attest that, to the best of my knowledge, the information provided on this license application is true and accurate.

Applicant's Signature: _____ **Date:** _____

We the Owner's of property are liable for all fees and charges due to the Town of Thornton if applicant the sponsor does not pay those fees.

Owner's Signature: _____ **Date:** _____

RETURN COMPLETED APPLICATION AND ALL REQUIRED ATTACHMENTS TO THORNTON TOWN HALL with a Non-Refundable \$100.00 license fee.

Flat Fee \$100.00

Certified mail notice fee _____ x _____ Check _____ Cash _____
(Postal rate at time of application)

Staff Signature confirming receipt: _____ **Date:** _____

**TOWN OF THORNTON
EVENT LICENSE**

Event Name: _____
Event: _____
Event Date: _____
Event Hours: _____

_____ Conditionally Approved. Contingent upon all requirements established by the Thornton Police, Fire, and Health Dept. and satisfactory final inspection of Police, Fire & Health Departments.

_____ Additional Conditions of Permit

_____ Denied
Reason for denial: _____

In addition, property owners and event sponsors shall defend, indemnify and hold harmless the Town of Thornton against any claims made by any party arising out of or connected in any way to any special event.

THORNTON BOARD OF SELECTMEN

- Roy Sabourn
- Gloria Kimball
- Timothy Tyler
- David Joyce
- Alfred Burbank

Date of Approval: _____

The applicant is responsible for scheduling the final inspection from all safety departments prior to the event.

Police Department Final Inspection Date: _____
Signature of Police Chief: _____
Fire Department Final Inspection Date: _____
Signature of Fire Chief: _____
Health Department Final Inspection Date: _____
Signature of Health Office: _____