

SELECTMEN'S PERMIT**Town of Hampton Falls,
NH****Type of Permit**

- | | | |
|---|--|--|
| ☐ Bandstand | ☐ Public Safety Training Room | ☐ Solicitation of Funds |
| ☐ Use of Town Common | ☐ Rent of Town Hall | ☐ Hawker's & Peddler's (State Permit) |
| ☐ Gov. Weare Park | ☐ Special Event and/or Sign | ☐ Yard Sale (max - 2 per year) |
| ☐ Parade | ☐ Horse Shows | ☐ Other _____ |

This permit is issued to the person, firm or corporation listed below for the above purpose and shall be valid for said person, firm or corporation ONLY during the period indicated. **NON-TRANSFERABLE.**

DEPARTMENT/BOARD/COMMISSION CONTACT: Refer to chart on reverse in order to contact groups that require notification and obtain signature BEFORE submitting this application to Town Administrator.

APPLICANT'S NAME: _____ SIGNATURE: _____

ADDRESS: _____

TOWN/STATE/ZIP: _____ PHONE: _____ (home/work/cell)

FIRM/AGENCY/GROUP: _____

TYPE OF EVENT: _____ EXPECTED ATTENDANCE: _____

LOCATION OF EVENT: _____

DATES: _____ TIMES: from _____ to _____

VEHICLE MAKE, MODEL & COLOR _____ LICENSE PLATE # _____

REASON(S) FOR \$\$ COLLECTED (if applicable): _____

LOCATION(S) OF SIGN(S) _____
(if applicable): *Signs to be removed following yard sales and other events.*

OTHER NOTATIONS: _____

Indemnification for use of Town Facilities & Property

Applicant agrees to defend and indemnify the Town from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage Town becomes legally obligated to pay as a result of claims, demands, costs or judgments against Town arising out of use of Town facilities caused by or arising out of the negligence, fault, breach of use permit or strict liability of the applicant, the Town or third parties whether such negligence, fault, breach of use permit or strict liability is sole, joint or several.

Liability Insurance Required: \$500,000/1,000,000 occurrence/annual aggregate limit: Copy of this Certificate of Insurance is to be provided prior to activity date with Town of Hampton Falls named as "additional insured."

A copy of Applicable Ordinance(s) is attached for your information.

SELECTMEN'S NOTATIONS: _____

Authorized Signature of the Board of Selectmen_____
Approval Date_____
Building Inspector Signature of Approval (yard sale)_____
Approval Date

Checklist for use of town property, lands, conservation lands, government buildings, etc.

All facilities are to remain in the condition in which they were found.

Contact Person On-Site for Event: _____ Contact # _____

Y	N	N/A	
			(926-4618) Recreation Comm. & (926-2539) Lincoln Akerman School*
			• Attach Written Schedule of Event(s) • Portable Toilets • Trash Removal • Noise/Sound Systems • Irrigation (Turned On/Off) • Repairs to Grounds/Irrigation • Approval to Use Parking Areas at Lincoln Akerman School • Other/Notes: _____
			Recreation Signature: _____ LAS Signature: _____ <i>*Contact, Review and Signatures are needed from both Recreation and Lincoln Akerman School.</i>
			(926-4618 x5) Building Insp. / CEO / Health Officer
			• State of NH Food Vendor Permit • Electrical/Lighting Issues • Signage • Other/Notes: _____
			Signature acknowledging Contact: _____
			(926-4619) Police Department
			• Parking/No Parking areas • Traffic Control (visibility, flaggers, cones, barricades) • Detail Officer or Cruiser Required • Noise (after ____ p.m.) • State Road Permits Required • Other/Notes: _____
			Signature acknowledging Contact: _____
			(926-5752) Fire Department
			• EMT Detail/Ambulance Required • Tents Require Fire Proofing Certificate, spacing, extinguishers, exits • LP Tank Use • Fireworks Display • No Fires except in Grills • Other/Notes: _____
			Signature acknowledging Contact: _____
			(926-4618 x3) Town Administrator/Board of Selectmen
			• Waiver of Liability/Certificate of Insurance • Other/Notes: _____
			Signature acknowledging Contact: _____