

TOWN OF WEATHERSFIELD, VERMONT
APPLICATION FOR LARGE GATHERING PERMIT

Applicant: _____

Mailing Address: _____

_____ **Telephone:** _____

Property Owner: _____

Mailing Address: _____

Date/Time of Event: _____ **Number Attending:** _____

Event Location: _____

Description of Event: _____

Will alcohol be served: Yes No

Parking Location: _____

Traffic Control: _____

Sanitation Facilities: _____

Clean-Up Provisions: _____

Application No. _____ Date Submitted: _____ Fee Paid: _____

Action by Board of Selectmen: Approved Denied Date of Action: _____

Conditions [If Applicable] _____

Select Board Chairperson: