

**Town of Waitsfield**  
**Application for Public Festival Permit**

**Instructions:** This application must be received at the Town Office at least 30 days prior to the commencement date of the festival. Applications are reviewed and permits issued by the Selectboard. The application fee must be paid upon submission of the application, unless the festival is conducted solely for charitable or non-profit purpose and the applicant is seeking a waiver of the fee from the Selectboard.

1) Name of Festival: \_\_\_\_\_

2) Date(s) of Festival: \_\_\_\_\_

3) Location of Festival: \_\_\_\_\_

4) Hours of Festival: \_\_\_\_\_

5) Sponsor of Festival: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ e-mail: \_\_\_\_\_

6) Please provide names of principal individuals responsible for the festival:

_____	_____
Name	Name
_____	_____
Phone	Phone
_____	_____
Address	Address
_____	_____

7) Owner of premises where festival is to take place. If sponsor is not the owner, the owner's written consent must be submitted with the application.

_____	_____
Owner	Address
_____	_____
Phone	

8) A. Number of tickets to be printed, if applicable: \_\_\_\_\_

B. Number of persons reasonably expected to attend: \_\_\_\_\_

C. Fee: \$25 for each 250 persons expected to attend: \$ \_\_\_\_\_

D. If festival is charitable or non-profit, are you requesting a fee waiver? \_\_\_\_\_

9) Specific arrangements proposed to be made for off-street parking, sanitation facilities, traffic control, security, crowd/noise control, food & beverage service, if any. ATTACH SEPARATE SHEET IF NEEDED:

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10) Summary of advertising and sign material including scope, general description and estimated budget therefore. ATTACH SEPARATE SHEET IF NEEDED:

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11) General nature of the festival, persons scheduled to appear, and description of program. ATTACH SEPARATE SHEET IF NEEDED:

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12) If food and beverage are to be provided, indicate name and address of provider(s). ATTACH SEPARATE SHEET IF NEEDED:

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13) I hereby represent that to the best of my knowledge the information provided in this application is true and correct:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

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**Disposition of application – For Town Use Only**

Denied: \_\_\_\_\_ Granted: \_\_\_\_\_ Date of Selectboard Action: \_\_\_\_\_

Conditions:

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By: Waitsfield Selectboard

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