

OUTDOOR GATHERING PERMIT
(Chapter 253 of the Hudson, NH Town Code)



Type of Activity _____

Date & Time of Activity _____

Site (address) of Activity _____

Name & Address of Company conducting Activity _____

I certify that all state regulations regarding this request have been met:

Signature of Officer of Company conducting Activity _____ Date _____

Name, Address & Phone No. of President/Manager _____

State of Incorporation (if incorporated) _____

Name & Address of Registered Agent (if corporation) _____

Name of Local Organization sponsoring Activity _____

Signature of Officer of Local Organization sponsoring Activity _____ Address _____

Phone Number _____ e-mail Address _____

◆**Signed letter of authorization from establishment where the event will be held must be provided with application.** (BOS consensus 7/22/08)

◆**Proof of Insurance—Certificate must be provided w/application, setting forth policy limits, activity & location of activity.**

!! Please note that the application, with attachments, must be submitted at least 30 days prior to the event !!

e-mail completed form to lweissgarber@hudsonnh.gov or FAX to 603-598-6481

For Office Use Only

Attachments to permit application: 1) Report of town Building Inspector/Health Officer, ensuring site of proposed activity is suitable, with minimum sanitary and safety requirements having been met, with signoff/clearance from the Fire Chief and Police Chief; 2) Signed letter of authorization; 3) Proof of insurance certificate.

Proof of public notice.

Date approved by Board of Selectmen

Chairman, Board of Selectmen

OFFICE USE ONLY

Applicant _____ Date of Event _____

Map _____ Lot _____ Building Permit Req'd _____ Street _____

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SANITARY APPROVALS

Stipulations _____

Health Officer/Date _____

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FIRE SAFETY

Stipulations _____

Fire Dept./Date _____

.....

ZONING

Stipulations _____

Zoning Administrator/Date _____

.....

BUILDING

Stipulations _____

Building Inspector/Date _____

.....

POLICE DEPARTMENT

Stipulations _____

Police Chief/Date _____

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