

Town of Derry, NH

Application for Public Gathering License

Per Chapter 104 of Derry Town Ordinance

Applicant Name:			
Organization (if applicable):			
Applicant Address:			
Applicant Phone:	Applicant Email:		
**Insurance Binder Required for Events on Town p	roperty (naming Town of	Derry as additional insured)	
Site Address:			
Site Owner:			
Owner Phone:			
Date of Event:	Time of Event:	Time of Event:	
Number participating:	Street Closure Y/N:		
Reason for Closure:			
Parking Prohibited Y/N:	Parking Restricted \	Parking Restricted Y/N:	
Sound Amplification Y/N:	Type:		
Sale of tickets/chances for Raffle or Drawing (if yes	, Raffle Permit required) \	Y/N:	
Sale of food, beverages or merchandise Y/N:	If yes, describe:		
Would you like to receive information about a free	loaner Automated Extern	nal Defibrillator for event?	
Y/N			
Office Use Only:			
Police Dept. Reviewed by:	Approved Y/N:	Date:	
Fire Dept. Reviewed by:	Approved Y/N:	Date:	
Special Conditions, if applicable:			
Permit Granted Y/N:	Fee Paid (\$50):	Fee Paid (\$50):	
Approved By:	Date:		
Ordinances: Chapter 104 – Public Gatherings (effec	tive 09/15/2023)		