

Town of New Boston License Application Form

Applicant Name _____

Business Information

Business Name: _____

Tax ID Number: _____

Responsible Person(s)

Licensee: _____

Manager: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Name of Event _____

Nature of Operation _____

Date(s) of Event _____

Hours of Operation

Weekday: _____ Saturday: _____ Sunday: _____

Description of Licensed Premises

Location of Event: _____

List of Vendors/Entertainers:

(if more space is needed, please add an additional page)

Are you planning to serve liquor: YES _____ NO _____

Will any signs/banners/pennants be erected/hung? YES _____ NO _____

If so, please complete a sign permit application.

Expected Number of Attendees: _____

If applicable, include documentation evidencing compliance with other required permits.

Copy of Certificate of Insurance for Workers Compensation and Auto at 1M limit.

Copy of Certificate for General Liability showing the Town as additional insured at 1M limit

***FEE: \$25.00. Payable to the Town of New Boston.
Fee must accompany this form!!
Applications are to be filed 30 days in advance of Event date.***

Town of New Boston License Application Form

Definition of Terms:

Applicant: the person requesting the license

Business Information: required only if not an individual

Tax Id Number: required for businesses only

Responsible Person(s): people who will be assuming legal responsibility

Licensee: name of business owner

Manager: legally designated on-site administrator

Address: provide both mailing and street, if different

Name of Event: under what name is the event being publicized

Nature of Operation: what will you be doing at this event

Hours of Operation: when will the event be active

Location of Event: where in Town will this take place

Location on Premises: where on the premises will the operation take place

Compliance with other Permits: e.g. State carnival ride license, fireworks permit, liquor permit, etc

Conditions: any restrictions set by Town Officials

APPROVALS

(Required for Permit to be Valid)

Health Department: _____
Name/Signature of Approver Date

Remarks, Comments, or Conditions:

Police Department: _____
Name/Signature of Approver Date

Remarks, Comments, or Conditions:

Fire Department: _____
Name/Signature of Approver Date

Remarks, Comments, or Conditions:

Date of Approval: _____

Board of Selectmen Signatures:
