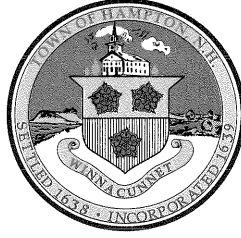


# Town of Hampton



## One Day Entertainment License

Name of Organization/Person \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Person(s) in Charge: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Date of Event: \_\_\_\_\_ Alternate Date: \_\_\_\_\_

Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_ # of Hours: \_\_\_\_\_

Day of the Week: (Circle one)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

Event request for \_\_\_\_\_

\_\_\_\_\_

Entertainment and or Music Yes or No (Circle one) Description: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Entertainment License granted this day. \_\_\_\_\_

Board of Selectmen:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_