

**PERMISSION FOR USE OF THE TOWN GREEN
(FILE WITH THE SELECTMEN'S OFFICE)**

NAME OF ORGANIZATION _____

PURPOSE OF ORGANIZATION _____

PROOF OF NON-PROFIT(IF ANY) _____

PERSON IN CHARGE OF EVENT _____

ADDRESS _____

TELEPHONE NUMBERS Work: _____ Home: _____

ACTIVITY TO BE HELD _____

DATE OF EVENT _____ **TIME OF EVENT** _____

ESTIMATED NUMBER OF PEOPLE EXPECTED TO PARTICIPATE _____

WILL FOOD BE AVAILABLE FOR SALE? YES _____ **NO** _____
If Yes, East Shore Health Department must be contacted for a license.

WILL PORT-O-LETS BE AVAILABLE? YES ____ **No** ____ **If yes, How Many?** _____

The undersigned agrees to the Rules and Regulations governing the Town of Branford.

Signed _____ **Date** _____

For Office Use Only

Proof of Insurance (if applicable) Yes _____ **No** _____

Attach copy to application if provided

Approved: _____ Date _____
Reverend Smith

Approved: _____ Date _____
Julie Francis

Approved: _____ Date _____
Board of Selectman(authorized signature)

cc: Chief DeCarlo

