

Town of Hampton



Banner / Sign License

Name of Organization: _____

Address: _____ Phone: _____

Name of Person(s) in Charge: _____

Location of Banner/ Sign: _____

Date for Display: _____ Expiration Date: _____

Event request for Banner/ Sign License

Promoter's Signature: _____

Date: _____

Banner / Sign License granted this day. _____

Board of Selectmen:
