



Town of Hampton One-Day Entertainment License

Event request for _____

Nature of Event: _____

Name of Contact Person(s): _____ Phone #: _____

_____ Phone #: _____

Address: _____ Email Address: _____

Date of Event: _____ Alternate Date: _____

No. # of Hours: _____ Starting Time: _____ Ending Time: _____

No. # of attendees: _____ # of Public Restrooms Provided: _____

***Any indoor or outdoor public event or gathering of more than twenty-five persons is subject to the regulations of Chapter 2: Article 20 – Public Event Recycling Ordinance**

Day of the Week: (Circle one)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

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

Signature: _____ Date: _____

Town Use ONLY

Entertainment License granted this day. _____

Hampton Board of Selectmen:
