

Merrimack Fire Department Office of the Fire Marshal

Office of the Fire Marshal
Bureau of Fire Prevention
Outdoor Festivals & Special Events Permit Application
OFM-GEN-06-001



APPROVED APPLICATION MUST BE AVAILABLE ON SITE DURING EVENT.

Date Application Submitted:	Fee Paid: Yes No (See Below)
Name of Event:	
Date of Event:	Expected Attendance:
Time Event Starts:	Time Event Ends:
Event Location:	
Sponsoring Organization:	
	Email Address:
Address:	City/State/Zip:
Phone Number(s):	
Contact Name:	Email Address:
Address:	City/State/Zip:
Phone Number(s):	
Professional Organizer:	
	Email Address:
Address:	City/State/Zip:
Phone Number(s):	

DESCRIPTION OF EVENT Date/Time Setup Date _____ Time ____ Day of Week _____ **Event Starts** Date _____ Time ____ Day of Week _____ Date ______ Time _____ Day of Week _____ **Event Ends** Date Time Day of Week Dismantle PERMIT INSPECTIONS FOR SPECIAL EVENT Carnival, Carnival with Rides, Fair, Festival, Food Preparation \$100.00 Initial Inspection Outside Event with Greater than 200 people \$25.00 Initial Inspection Tent(s) 600 square feet and greater (20'x30') or an accumulation of 1000 square feet or greater covered \$50.00 Initial Inspection each Company Outing with greater than 50 people \$25.00 includes all Inspections Reinspection (Hazards, Fire Violations, Unsafe Conditions) \$50.00 each Alcohol Will alcohol be served for free? YES NO Will alcohol be sold? YES NO What kind of alcohol will be served? Hours during alcohol will be served: From am/pm To am/pm Days alcohol will be served (circle all that apply): Sunday Monday Tuesday Wednesday Thursday Friday OTHER FORM WHICH MAY BE REQUIRED BY LAW NH State Liquor Commission Affidavit State of NH Liquor Commission License Application State of NH Liquor Commission Report of Investigation

SUMMARY OF EVENT

Town of Merrimack NH Special Events Form for the sale of alcoholic beverages

Tents, Structures, or Entertainment Devices

1.	Are you installing, bring in or constructing any structures, including buildings, climbing structures, etc.? YES NO.			
	If yes, please show structures on a site plan. A may be required for review.	lso, please describe type,	size and r	number of structures. Plan
2.	Are you installing any tents or canopies?		YES	□NO
	1. Canopy / Tent Size:	7. Canopy / Tent Size	• •	
	2. Canopy / Tent Size:			
	3. Canopy / Tent Size:	9. Canopy / Tent Size	:	
	4. Canopy / Tent Size:	10 Canopy / Tent Size):	
	5. Canopy / Tent Size:			
	6. Canopy / Tent Size:	12 Canopy / Tent Size):	
	If yes, please show a drawing of all tents and Please provide the following information of structure, or entertainment device:			•
	Name:			
	Office Phone Number:			
	Cellular Phone Number:			
	Mailing Address:			
3.	Are you installing any stages or platforms o	f any type?	YES	□NO
	If yes, please show locations and dimensions on the site plan.			
	Any stages greater than 30" above grade are required to meet structural, guardrail, stairway and accessibility requirements and the following must also be provided for review:			
	Please provide the following information of structure, or entertainment device: Name:		•	le for installing the stage
	Office Phone Number:			
	Cellular Phone Number:			
	Mailing Address:			

4.	Are you installing any grandstands, bleachers, or folding or telescoping seating? YES NO				
	If yes, please show locations and dimensions on the site plan (Attachment "B").				
	Any grandstands, bleachers and/or folding or telescoping seating greater than 30" above grade is required to meet structural, accessibility, guardrail and handrail requirements and also submit the following for review:				
	Please provide the following information of the person or company responsible for installing the, structure, or device:				
	Name:				
	Office Phone Number:				
	Cellular Phone Number:				
	Mailing Address:				
5.	Do you plan to have any sound amplification? Music Other, please describe If, yes please note the dates and times:				
	Please provide the following information of the person or company responsible for installing the tent, structure, or entertainment device:				
	Name:				
	Office Phone Number:				
	Cellular Phone Number:				
	Mailing Address:				
6.	Is electrical power required (for sound amplification, lighting, etc)? YES If yes, please show items on the site plan and describe how power is to be provided. Additional review may be required:				
	Portable generator PSNH temporary power service Other, please describe				
	Please provide the following information of the person or company responsible for installing the electrical power or entertainment device:				
	NH Lic.Electrician:				
	Office Phone Number:				
	Cellular Phone Number:				
	Mailing Address:				

7.	Will fo	ood be served at this event?	Yes	No	
	Please	provide the following if food wil	l be served:		
		List types of equipment used for	food service:		
		List all foods to be served:			

ATTACHMENT "N": NEIGHBOR CONTACT LIST

BLOCK PARTIES

Required from each neighbor on the block affected by the street closure:

PRINTED NAME	ADDRESS	TELEPHONE	SIGNATURE