

TOWN OF SHELBURNE
PARADE OR STREET USE PERMIT

DATE OF EVENT: _____

NAME OF APPLICANT OR ORGANIZATION: _____

PROFIT _____ NON-PROFIT _____

DESCRIPTION OF ACTIVITY AND PURPOSE OF REQUEST (INCLUDE DATE,
TIME, LOCATION, ETC.) _____

(THIS PERMIT MUST BE COMPLETED IN FULL AND RETURNED TO THE
BOARD OF SELECTMEN NO LATER THAN 30 DAYS PRIOR TO DATE
REQUESTED FOR THE ACTIVITY).

PRINT NAME

SIGNATURE

ADDRESS

TELEPHONE

.....
DATE RECEIVED BY TOWN _____

POLICE DEPT. APPROVED _____ DISAPPROVED _____

RECOMMENDATION OF POLICE DEPARTMENT: TRAFFIC &/OR CROWD
CONTROL ASSESSMENT: _____

ESTIMATED COST: _____ CHIEF OF POLICE: _____

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SELECTBOARD: APPROVED _____ DISAPPROVED _____