

TOWN OF HEBRON
PUBLIC GATHERING PERMIT

Date: _____

Name of Applicant: _____

Applicant's Address: _____

Telephone Number: _____

Date of the Event: _____

Approximate Number of Guests: _____

Location of the Event: _____

Type of Event: _____

Comments: _____

Approved by the Board of Selectmen

Date: _____

With the following conditions:

CC: Fire Department
Police Department
Highway Department