

TOWN OF WESTMINSTER

APPLICATION FOR USE OF GAZEBO/TOWN COMMON

(Submit to: Executive Assistant, Town of Westminster, 11 South St., Westminster, MA 01473)

_____ Date

To the Licensing Authorities:

The undersigned hereby applies for a License/Permit in accordance with the provisions of the Statutes of the Commonwealth of Massachusetts and/or Bylaws of the Town of Westminster relating thereto:

Date of Activity: _____
Time: Start: _____ End: _____
Name & Address: _____
Telephone: _____
Emergency Contact & Phone: _____
Business Name (If applicable): _____
Address: _____
Telephone: _____
Number of People Attending: _____

Provisions for Parking: _____
Partial or full road closure? _____
Structures? _____
Tents with sides? _____
Cooking? _____
Food/Refreshments? _____
Porta Potty? _____
Portable Sink Unit? _____
Email address: _____

Clearly explain the purpose for requesting the use of the Gazebo/Town Common:

A Refundable Deposit of \$100 is required of anyone requesting the use of the Gazebo/Town Common.

Wedding Fees

Residents: No Charge for Weddings, Rehearsals or Photographs
Non-Residents: Weddings - \$50
Rehearsals - \$25
Photographs - \$25

I certify under the penalties of perjury that, to the best of my knowledge and belief, I am in compliance with all laws of the Commonwealth and the Town of Westminster relating to the filing and payment of taxes.

Signature of Individual or Corporate Officer

Company Name or Individual Name

Social Security Number or Federal
Identification Number*

* Your Identifying Number will be furnished to the Massachusetts Department of Revenue to determine whether or not you have any tax filing or tax payment obligations. Providers who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Chapter 62C, Section 49A, of the Massachusetts General Laws and the Bylaws of the Town of Westminster.

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~~Office Use Only~~

Department	Approval Signature	Date
Board of Health		
Fire Department		
Police Department		
Building Department		
Board of Selectmen		

Certificate of Insurance Received:

Date: _____

Deposit Received:

Date: _____

Additional Fees Received:

Date: _____