



**TOWN OF ORANGE**  
**ONE-DAY EVENT**  
**PERMIT APPLICATION**  
**For Use of All Public Places**  
**(Fairs, Parades, Concerts, Etc.)**

**FEE: \$10**

**APPLICANT'S NAME:** \_\_\_\_\_

**CLUB/ORGANIZATION/BUSINESS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**LOCATION OF EVENT** (if different than applicant): \_\_\_\_\_

**PROPERTY OWNER'S NAME** (if different than applicant): \_\_\_\_\_

Town of Orange \_\_\_\_\_

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**DATE OF EVENT:** \_\_\_\_\_ **HOURS OF THE EVENT:** \_\_\_\_\_

**NUMBER OF PEOPLE EXPECTED TO ATTEND THE EVENT:** \_\_\_\_\_

**BRIEF DESCRIPTION OF THE EVENT:** \_\_\_\_\_  
\_\_\_\_\_

**WILL YOU BE SERVING/SELLING FOOD, BEVERAGES, OR ALCOHOL?** \_\_\_\_\_

**PLEASE DESCRIBE:** \_\_\_\_\_

(Additional Permits may be required for events that include food and/or alcohol)

**CONTACT NAME AND TELEPHONE NUMBER FOR THE DAY OF THE EVENT:**  
\_\_\_\_\_

\*A Sign-Off Sheet is required to be submitted with this application before it will be placed on the Board of Selectmen's Agenda for approval.



TOWN OF ORANGE

LICENSE/PERMIT ROUTING SHEET

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Address \_\_\_\_\_ Applicant's Phone \_\_\_\_\_

Type of License/Permit Applied For \_\_\_\_\_

Location of Event \_\_\_\_\_ Date/Time \_\_\_\_\_

It shall be the applicant's responsibility to circulate this routing sheet to the Town Department(s) that are checked for review and to return the form to the Selectmen's Office along with the permit application form and appropriate fee. If the required signatures are not obtained, no Permit/License shall be granted.

**Board of Health:** \_\_\_\_\_ Date: \_\_\_\_\_  
(978) 544-1107  
Comments: \_\_\_\_\_

**Bldg Insp./Zoning:** \_\_\_\_\_ Date: \_\_\_\_\_  
(978) 544-1105  
Comments: \_\_\_\_\_

**DPW:** \_\_\_\_\_ Date: \_\_\_\_\_  
(978) 544-1111  
Comments: \_\_\_\_\_

**Fire Dept:** \_\_\_\_\_ Date: \_\_\_\_\_  
(978) 544-3145  
Comments: \_\_\_\_\_

**Police Dept:** \_\_\_\_\_ Date: \_\_\_\_\_  
(978) 544-2129  
Comments: \_\_\_\_\_

**Wiring Insp:** \_\_\_\_\_ Date: \_\_\_\_\_  
(978) 544-1105  
Comments: \_\_\_\_\_

**Other:** \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_