

**PERMISSION FOR USE OF
BAYVIEW, STONY CREEK
(FILE WITH THE SELECTMEN'S OFFICE)**

NAME OF ORGANIZATION _____

PURPOSE OF ORGANIZATION _____

PROOF OF NON-PROFIT(IF ANY) _____

PERSON IN CHARGE OF EVENT _____

ADDRESS _____

TELEPHONE NUMBERS Work: _____ Home: _____

ACTIVITY TO BE HELD _____

DATE OF EVENT _____ **TIME OF EVENT** _____

ESTIMATED NUMBER OF PEOPLE EXPECTED TO PARTICIPATE _____

WILL FOOD BE AVAILABLE FOR SALE? YES _____ **NO** _____

If Yes, East Shore Health Department must be contacted for a license.

The undersigned agrees to the Rules and Regulations governing the Town of Branford.

Signed _____ **Date** _____

For Office Use Only

Approved: _____ Date _____

Board of Selectmen/Authorized Signature

Date _____

cc: Chief DeCarlo