



# TOWN OF ELLINGTON

55 MAIN STREET – PO BOX 187  
ELLINGTON, CONNECTICUT 06029-0187  
www.ellington-ct.gov

## APPLICATION FOR SPECIAL EVENT LICENSE

Section 1. *[This section to be completed by Applicant]*

Type of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Date/s and Hours of Event: *[No license shall be valid for more than three consecutive calendar days]*

Dates:	Times:

Will admission fee be charged or monetary donation/contribution required of attendees:  yes  No

Anticipated Number Assembled at one time for event: \_\_\_\_\_ *[Incl. employees, volunteers, vendors, sponsors, visitors, etc.]*

Name/s of Applicant, or Organization, Partnership or Corporation: \_\_\_\_\_

Address of Individual or Organization: \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Age of Applicant \_\_\_\_\_ Citizenship: US Citizen  Yes  No  Other \_\_\_\_\_

If Organization/Corporation:

Name and Title of Person In Charge: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Organized: \_\_\_\_\_

Under the Laws of the State of: \_\_\_\_\_

Felony History – Convictions: *[Check one]*  Yes  No  
If yes, explain on back of this form.

License History: If any revoked, explain on back of this form.

- Attachments: 1. Plot Plan or Sketch of Facilities *[demonstrating plans to meet all town requirements]*  
2. Certificate of Insurance  
3. Notice of Proposed Outside Public Assembly  
4. \$100 Application fee *[to be returned if license not issued]*

Section 2. *[This section to be completed by Town]*

Date Submitted: \_\_\_\_\_ BOS Approved: \_\_\_\_\_ License #: \_\_\_\_\_

BOS Denied: \_\_\_\_\_ REASON: \_\_\_\_\_