Town of West Tisbury
Event Permit Application

Event Name: Celebration of Life for Dr. Tim Guiney

Location: Grange Hall

Date: 9/5/26 **Time:** 2:00PM (Approx)

Organizer Name: Donald J Guiney

Email: donaldjguiney@gmail.com

Phone: 508-904-9891

Responsible Party During Event: Donald J Guiney

Phone: 508-904-9891

Event Description:

Celebration of Life for Dr. Tim Guiney.
Several speakers will deliver Remarks

Expected Attendance (staff and guests total): 100

Admission Fee ____ Y X N

Food Service: ____ Y X N ***If yes you will need permits from Board of Health –*** *(if you plan to have a food truck please speak to the Town Administrator – they are generally not allowed)*

Beer/Wine: ____ Y X N ***If yes you will need a 1 Day license***

Retail Sales: _____ Y __X__ N ***If yes, please describe:*** *(Retail Sales in the RU District are only allowed in connection with agricultural use, including the sale of produce and related products customarily sold by farms and nurseries.)*

Amplified Sound: _____ Y __X__ N

Tents? _____ Y __X__ N ***If yes you will need permits from Building Department***

Parking Plan:

We will use the Grange parking lot.

Please review the attached event request and sign below if your board/department has no concerns with the request. If you have concerns please contact the event coordinator and the Town Administrator to resolve those issues prior to submittal to the Selectmen for final approval.

Board of Health: _____
Date

Police Chief: _____
Date

Fire Chief: _____
Date

TriTown Ambulance: _____
Date

Zoning Enforcement: _____
Date

Board of Selectmen: _____
Date