Town of West Tisbury
Event Permit Application

Event Name: Celebration of Life for Dianne Powers

Location: M.V. Ag Hall

Date: 9-19-2026 **Time:** 5pm

Organizer Name: Noreen Flanders

Email: nmf01@verizon.net

Phone: 508-958-1630

Responsible Party During Event: same

Phone: _____

Event Description:

Expected Attendance (staff and guests total cannot exceed 400): _____

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* :

Amplified Sound: _____ Y __X__ N inside microphone

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

Parking Plan:

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: _____ 9/4/26
Date

Fire Chief: _____ 9/4/26
Date

TriTown Ambulance: _____
Date

Zoning Enforcement: _____
Date

Board of Selectmen: _____
Date