

Town of West Tisbury Event Sign-Off Form

Please fill out the form on the other side of this page and submit to the Board of Selectmen with a check for \$25 payable to the Town of West Tisbury.

Important Information:

Building/Site Layout

If you are meeting in the Grange or the Agricultural Hall you will need to provide the Building Inspector with a floor layout describing tables/chairs/exhibits etc. The Town has copies of templates for each building that can be used for this purpose.

Beer & Wine

If you are requesting a permit for beer/wine it will cost an additional \$25 and require an additional application; either a Charity Wine Pouring License or a One Day Beer & Wine Permit.

- The Charity Wine Pouring License can be found at <http://www.mass.gov/abcc/licensing.htm> under special licenses/permits. This license is voted by the Selectmen and then approved by the State. The State requires 60 days to process this application, so plan accordingly.
- The One Day Beer & Wine Permit is issued by the Board of Selectmen and applications are located at Town Hall.

Food Service

If you are serving food you must submit your permit request to the Board of Health thirty (30) days in advance of your event. 508-696-0105 or boh@westtisbury-ma.gov

Police Detail

Events that anticipate an attendance of 150 people or more require a police detail; other events with a lower anticipated attendance may also require a detail. Organizers must check with the Police Department.

Selectmen Sign-off

The Applicant is responsible for securing all signatures on this form prior to submitting to the Board of Selectmen. The Board meets most Wednesdays, the agenda closes at noon on the Monday of that week so please submit your request early enough to allow the Board time to act.

Any questions contact the Town Administrator, Jennifer Rand, at 508-696-0102 or townadmin@westtisbury-ma.gov.

**Town of West Tisbury
Event Sign-Off Form**

Name: _____

Email: _____

Phone: _____

Event Name/Description/Location: _____

Date: _____ **Time:** _____

Expected Attendance: _____ **Admission Fee** _____ **Y** _____ **N**

Food Service: _____ **Y** _____ **N** **Beer/Wine:** _____ **Y** _____ **N**

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