

TOWN OF BRISTOL
Special Event and Street Use/Closure Permit

Office Use Only

Permit #: _____ Date Received: _____ Town Highway: _____

Check all that apply: Special Event Street Usage Street Closure

A permit is required for the use of public streets, sidewalks, or other Town-owned spaces.

APPLICANT INFORMATION

Applicant Name: _____ Phone: _____

Mailing address: _____

E-mail address: _____

Organization (if applicable): _____

EVENT DETAILS

Event Name: _____ Event Date(s): _____

Event Description: _____

Event Start Time: _____ End Time: _____

Rain Date (if applicable): _____

LOCATION & STREET USE

Event Location (address, streets, public space): _____

Will any public street(s) need to be closed?: Yes No

If yes, list streets and requested closure times: _____

Sidewalk use requested: Yes No

TRAFFIC CONTROL & SAFETY

Will police detail or traffic control be needed? Yes No

Will signage, cones, or barricades be used? Yes No

Describe safety measures or traffic control plans: _____

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SANITATION & CLEANUP

Will portable toilets be provided?: Yes No

Describe trash and recycling plan: _____

EMERGENCY SERVICES

Will medical or fire services be on-site or notified?: Yes No

If yes, please explain: _____

OTHER DETAILS

Live or amplified music? Yes No

If yes, times: _____

Food trucks or vendors? Yes No

If yes, how many? _____

ATTACHMENTS REQUIRED

Your application must include the following:

- Site map showing layout of event, closures, facilities, and access routes
- Certificate of Liability Insurance naming the Town of Bristol as additional insured
- Notification plan for nearby residents/businesses (if applicable)

PERMIT CONDITIONS

- Applications must be submitted at least 30 days prior to the event.
- Selectboard approval is required for all street usage, closures, or events on public property.
- The applicant is responsible for cleanup, safety, and compliance with all local ordinances and regulations

I certify that the information provided is accurate. I agree to comply with all Town of Bristol policies and assume responsibility for the event as outlined above.

Applicant's signature

Date

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Action by Selectboard:

Approved

Denied

Date: _____

Conditions of approval:

Authorized Signature: _____

Date: _____

Title: _____