TOWN OF STOUGHTON
BOARD OF SELECTMEN

APPLICATION FOR LICENSE OR PERMIT ROAD RACE OR PARADE

Name of Event: _____

Days and Hours for Event: _____ Est. Number of Participants: _____

Name of Company, Corporation or person(s) to whom license is to be issued:

_____

Mailing Address for permit: _____

Describe the nature of the event and route traveling (**please attach a map showing the route**):

_____

_____

_____

Name of Applicant(s): _____DOB: _____

Applicant Address: _____

Telephone: _____ Email: _____

Date: _____ Signature of Applicant: _____

OFFICE USE ONLY

Comments Received from:

_____ Police Department _____ Department of Public Works

_____ Fire Department _____ _____

Hearing Date:_____ Approved_____ Denied _____

_____ _____
Chairman Vice Chair

_____ _____

_____
Signatures of the Board of Selectmen