Name of Promoter	Applicant		
MXER BASASSI (ARM)	- JAME		
Mailing address:	Mailing address		
420 POTTER RD Phone: Cell: 4/3	Value Andrew		
	Phone: Cell:		
413-458-9156 441-4296			
Email:	Email:		
MARCHBOTTESIINL @ 6MX11.COM	W .		
do here by accept al	l responsibility for the above-described event. I		
agree to adhere to all laws and regulations of the T	own of Pownal and the state of Vermont. I do		
hereby consent to the entry, at any time, in the cou	urse of his/her duties, any official of the Town in		
the performance of their official duties, including b	ut not limited to inspection. I also agree to provide		
surety that the Town deems necessary. Under the	Penalty of perjury, I do here by certify that the		
above is true.			
Signature:	Date: 70/6.24		
Name of Property Owner (The following MUST BE of	completed by the owner of the property involved)		
Mailing address:	Phone Number:		
PO BOX 181 N. POWIAL, US	802-379-0677		
Email:	Cell Phone:		
Email: JTCJE//E GMXII. COM			
have thoroughly discussed the above event with the Promoter and am in			
agreement with him/her in all areas. I do hereby give my consent to use my property for this event. I			
do hereby consent to the entry, at any time, in the course of his/her duties, any official of the Town in			
the performance of their official duties, including but not limited to inspection. I also agree to provide			
surety that the Town deems necessary. Under the Penalty of perjury, I do here by certify that the			
above is true.			
Signature.	Date: 6.15.24		
7/////			

Departmental Approvals: Please attach any comments or special requirements to this application			
Fire Chief Signature of Approval:	Date: Comments:		
Sheriff Department Approval:	Date: Comments:		
Road Foreman Approval:	Date: Comments:		
Rescue Squad:	Date: Comments:		
Applicant: I do hereby agree to the additional requirements:			
Applicants Signature:	Date:		

For town use only do not write below	this line.	
Permit Number	Date:	
Approved	Reason:	
Denied	Reason	
Select Board Signatures:		

Large gathering permit application

The following Facilities will be available for the event

Sanitation:	No. of Units:	Male:	Female:	
PORTA POTTS	2-3	UHI	UNIP	
Water Supply from:				
	LONE			
Food will be served fro	m and/or by:			
FOOD	TRUCK			
Beverages will be serve	ed from and/or by:			
NONE.				
Illumination after dark	will be provided by:	1.40		
NONE				
Medical and First Aid Provided by:				
POWNAL RESCUE				
Traffic Control Provide	d by:	Crowd control by & No.	of officers:	
MOS APT	PlICABLE	R VEH. SO		
Parking for 200	is planned. 2 P&	R VEH, SO	Parking For	
100 CNES	7			
Attach plan of exact parking location and exact route to be kept open for emergency vehicles				
If this is not applicable	to this permit explain:			

ARREFIED FOR

W - E

BRKING

S'

FORIONG ROAD

OVER FOW MARKING.

Large gathering permit application

Name of Applicant	MARK BOSTES!	Family Take	
Mailing Address	P.O. BOX 181 N. Pow	•	
Contact Person	Contact Person who will be at Event 1 JAMIE JEIE / MARK BOTES		
Contact Person Phone	Contact Person will be present at event phone Number 802-379-6677		
Contact Person Cell	Contact Person will be present at event cell phone Number 807-379-0677		
Description of Event	Please attached addition sheets of paper if descript	tion cannot fit in space	
Location of Event	239 FURLONG ROAD	×	
Date of Event 7013/7014 2024	Day(s)/Hours of event 70/3/70/14 End time	JAM I PM	
Estimated Attendance	Minimum No: Maximum N	o:)	
Types of Alcohol Being Served	MONE		

¹ Applicant must be reachable during entire event at a moment's Notice