Town of Walpole
Board of Selectmen's Office
Tel: 508-660-7277
135 School Street
Walpole, MA 02081

Application for a One Day Entertainment Permit

Today's Date: _____

I _____, hereby make application to the Board of Selectman of the Town of Walpole, Massachusetts for a:

Type of License**: One day entertainment permit – Checks in the amount of $5.00 made payable to The Town of Walpole**

Entertainment License for: _____
_____

(Please list the type of Entertainment)

Name of Business or Individual _____

D/B/A Name if applicable: _____

Address: _____

Telephone Number: ( ) _____ - _____

Is this your first application for a License/Permit? **Y / N**
Is this a renewal of a License/Permit? **Y / N**

Location of Entertainment: _____

Hours: _____

SIGN YOUR NAME IN FULL: _____

Residential Address: _____

Applicant Telephone Number: ( ) _____- _____

EMAIL: _____