

UNIVERSITY OF NEW HAMPSHIRE POLICE DEPARTMENT
 1 ROSEMARY LANE
 DURHAM, NH 03824-3533
 PHONE: (603) 862-1427
 FAX: (603) 862-1966

PERMIT # _____

PERMIT APPLICATION

Today's Date: _____ Organization Sponsoring Event: _____

BBQ/COOKOUT _____ FUNDRAISER _____ RAFFLE _____ PUBLIC SPEAK OUT _____ DANCE _____
 CONCERT _____ PARADE/MARCH _____ DEMONSTRATION _____
 DISTRIBUTION OF LITERATURE _____ OTHER _____

Person responsible: _____ UNH: Staff _____ Student _____ Other _____

Local Address: _____ Telephone: _____

Date(s) of Function: _____ Time: _____

Location of Function: _____ Anticipated # of Participants: _____ Anticipated # of Vehicles: _____

**If the event is in/outside the MUB, will you require services from the MUB: _____ Yes _____ No

OFFICIAL USE ONLY - DO NOT WRITE BELOW

SPECIAL CONDITIONS OF APPROVAL: Please follow all UNH Rules/Regulations/Policies.

Plant Maintenance/Grounds & Roads	Date	Approved	Disapproved
Fire Department	Date	Approved	Disapproved
MUB Director's Office	Date	Approved	Disapproved
Associate Director of Dining	Date	Approved	Disapproved
Parking Services	Date	Approved	Disapproved
Dorm/Residential Life	Date	Approved	Disapproved
Department Name & Representative	Date	Approved	Disapproved
Chief of Police or his Designee	Date	Approved	Disapproved

*Final Approval

Please describe, in detail, information of this event/function i.e.: musical groups, amplification, route of travel, support needed, special effects, parking issues, etc.

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Certificate of Insurance: The University of New Hampshire reserves the right to request individuals and/or organizations to file a certificate of insurance naming the University of New Hampshire as an additional insured for the event/function to be held. Failure to comply will result in denial of the application. **If the organization sponsoring the event is affiliated with the University, insurance carrier information is not necessary.**

~~I/we, the undersigned hereby agree to indemnify and hold harmless the University of New Hampshire and its employees/officials for all costs and/or injuries arising directly or indirectly from the proposed event/business, including but not limited to legal fees/costs.~~

Insurance Carrier: _____

Policy No: _____

Expiration Date: _____

I/we, the undersigned have read and fully understand the procedures/conditions as established by the University of New Hampshire for the conduct of this event/function and I/we further understand that failure to comply with said procedures/conditions may result in immediate revocation of this permit.

Signature of Event Coordinator

Date