



**Town of Fairhaven  
Massachusetts  
Select Board**

40 CENTER STREET  
FAIRHAVEN, MA 02719

TEL: (508) 979-4023  
FAX: (508) 979-4079

Selectmen@Fairhaven-MA.gov

**Permit for Third Party use of licensed premise**  
(For rental or donated use of hall or club by third party)

**PLEASE PRINT**

Licensee Name: \_\_\_\_\_

Date and Hours of Function: \_\_\_\_\_

Name, Address and Telephone Number of Third-Party Group or Individual \_\_\_\_\_

\_\_\_\_\_

Name of Responsible Person: \_\_\_\_\_

Telephone Number of Responsible Person: \_\_\_\_\_

Type of Event Detailed Description) \_\_\_\_\_

\_\_\_\_\_

Will There Be Entertainment. If Yes, Describe: \_\_\_\_\_

\_\_\_\_\_

Will Persons Under 21 Be Allowed to be present:      Yes      No

Estimated Number of Attendees: \_\_\_\_\_

Will There Be Security for the Event:      Yes      No

If Yes, Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MUST BE SUBMITTED TO SELECT BOARD AT LEAST 3 BUSINESS DAYS BEFORE EVENT**

Fax: 508-979-4079 or Email: LPina@Fairhaven-MA.gov

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*(Licensing Authority Use Only)*

Police Detail Required:    YES      NO

Number of Officers

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Police Chief or Designee Signature

Date