

## APPLICATION FOR A TOWN OF DIGBY EVENT LICENSE

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### Contact Information

<b>Company Name</b>	
<b>Applicant Name</b>	
<b>Business Address</b>	
<b>Phone #</b>	
<b>E-mail</b>	

Please indicate the type of event that you are applying for: (Please check all that apply)

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Banquet     | <input type="checkbox"/> Wedding        |
| <input type="checkbox"/> Anniversary | <input type="checkbox"/> Family Reunion |
| <input type="checkbox"/> Birthday    | <input type="checkbox"/> other          |

Additional Description of the Event (please use separate sheet if necessary)

Your Event is requested to be held at

Please provide the location of the Public Place requested for your Event

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Please provide the following information:

**Date(s) of Event**

**Time of Event**

**As per Part 12 of the Town of Digby's Vending and Licensing By-law**

**Applicants Insurance Policy #**

**Expiry Date of Insurance**

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I hereby make application to the Town of Digby for an Amusement Performance/ Special Events License stating the information in this application is true and complete and that I agree to comply with the provisions of the Town of Digby Vending & Licensing By-Law.

**Date**

**Signature of Applicant**