Town of Kensington

Board of Selectmen 95 Amesbury Road Kensington, NH 03833 603-772-5423 fax 603-772-6841

Special Alcohol Permit Application

Name of Applicant and/or Organization Applying: (To appear on license)		
Full Address:		
Applicant's Cell Number:	Organization Phone:	
Applicant's Email:	Organization Email:	
Type of Event:	Admission Fee:	
Type of Alcohol to be served: Beer & Wine	Wine Beer Mixed Drinks	
(This permit is valid for event dates and times only.) Event Date:Hours of Event (to & from):		
Location of event within the Town: Town Park Expected number of attendees:		
	LAIMER FOR SPECIAL ALCOHOL PERMIT	
By exercising the privileges of this Special Alcohol Permit in potentially exposed to significant liability for injuries and injured or damaged by the persons served. Your acceptance a to be acknowledgment that you are aware of this potential liabilit	damages to the persons served or to others who are and exercise of this Special Alcohol Permit will be deemed	
You are encouraged to discuss the risks associated with exerci appropriate precautions to avoid injuries, damage, and liability to o		
The Town of Kensington and the Select Board, acting as the Loca to others if injury or damage shall result from the exercise of this		
By signing this form, the Applicant acknowledges that he/she und regulations set forth by the NH Liquor Commission and the Town		

DATE

For Official Use Only_ Police Acknowledgement:			
Police Chief Signature:		Date:	
Security Concerns:			
Select Board's Actions:(List date below)			
Granted:	_Rejected:		
Restrictions/Conditions/Remarks:			
Board Signatures and Date:			