



OFFICE OF THE
SELECT BOARD
TOWN OF MAYNARD
MUNICIPAL BUILDING
195 MAIN STREET
MAYNARD, MASSACHUSETTS 01754
Tel: 978-897-1301 Fax: 978-897-8457

Application for Special Permit

DATE: _____

NAME: _____

NAME OF GROUP: _____

NAME THE PLACE OF EVENT: _____

DATE OF EVENT: _____

TIME OF EVENT (Start and End): _____

HOW MANY PEOPLE WILL ATTEND EVENT: _____

POLICE DETAIL: YES; _____ OR NO; _____

FIRE EMS: YES; _____ OR NO; _____

PHONE NUMBER: _____

CELL NUMBER: _____

**Certificate of Liability Insurance naming the Town of Maynard: Fax, email or deliver to
the Office of the Select Board**

gwilson@townofmaynard.net

978-897-1351