

CITY OF PELHAM
PERMIT

SOLICITATION / ROADBLOCK
/ SPECIAL EVENT

NAME OF ORGANIZATION: _____

ADDRESS: _____

NAME OF PERSON IN CHARGE: _____

ADDRESS: _____

DATE OF BIRTH: _____ SS#: _____

PHONE #: _____ WORK #: _____

DATE OF EVENT: _____

PURPOSE OF EVENT: _____

LOCATION OF EVENT: _____

Applicant's Signature Date

Clerk's Signature Date

Chief of Police Date