

TOLL STOP APPLICATION

Date of Application: _____

To the Honorable Board of Selectmen:

The following non-profit organization is requesting permission to hold a Toll Stop Fund Raiser on Main Street between the Park and Zabians. If approved, the event will take place on a **Saturday starting at 10:00 AM and ending at 3:00 PM**. There will be _____ persons on the street from our organization approved to collect the funds.

NON-PROFIT ORGANIZATION NAME, CONTACT PERSON & TELEPHONE NUMBER	EVENT REQUESTED FOR DAY, MONTH, DATE
Organization: Contact: Telephone:	SATURDAY, APRIL 3 rd week
Organization: Contact: Telephone:	SATURDAY, MAY 1 st week and 3 rd week
Organization: Contact: Telephone:	SATURDAY, JUNE 1 st week and 3 rd week
Organization: Contact: Telephone:	SATURDAY, SEPTEMBER 4 th week
Organization: Contact: Telephone:	SATURDAY, OCTOBER 4 th week

Non-profit organizations are allowed one Toll Stop event per year. Applications will be approved on a first come basis as scheduling allows. No applications will be approved from July 1st through Labor Day. A copy of the approved request will be given to the Police Department.

APPROVED - BOARD OF SELECTMEN

Date: _____

Chairman, Board of Selectmen