



Town of Falmouth Application for Wedding Ceremony and/or Parking Permit

CONTACT INFORMATION

Applicant's Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

CEREMONY DETAILS

Ceremony Day and Date: _____

June – September: Events must start after 4:00 p.m.

Set-up Arrival Time: _____

Ceremony Hours: _____ am / pm to: _____ am / pm

Venue Requested:

1st Choice: _____

2nd Choice: _____

Number of Guests _____ Number of Vehicles _____

Time needed for parking of vehicles _____ am/pm to _____ am/pm

Will you be providing group transportation to and from this venue? Yes No

Will your ceremony include live or pre-recorded music? Yes No

Will photography be taken immediately following the Ceremony? Yes No

ADDITIONAL INFORMATION

Please provide any additional details of your ceremony including special requests such as the use of Falmouth's beach wheelchair, restroom facilities (if available):

Applicant's Signature: _____ Date: _____

BOARD OF SELECTMEN

