



TOWN OF SENECA FALLS

130 OVID STREET
SENECA FALLS, NY 13148

315-568-8013
www.senecafalls.com

SPECIAL EVENTS PERMIT APPLICATION

NAME OF APPLICANT / ORGANIZATION		DATE OF APPLICATION
CONTACT PERSON (If different than above)		WILL THIS PERSON BE AT THE EVENT? YES NO
CONTACT ADDRESS		CITY/STATE/ZIP
PHONE #	PHONE #	PHONE #
EMAIL		
CONTACT PERSON (If different than above)		WILL THIS PERSON BE AT THE EVENT? YES NO
CONTACT ADDRESS		CITY/STATE/ZIP
PHONE #	PHONE #	PHONE #
EMAIL		
NAME OF EVENT		
LOCATION OF EVENT		
DESCRIPTION OF EVENT		
WILL PARTICIPANTS/ATTENDEES PAY FEE OR MAKE DONATION?	YES NO	IF YES, WHERE WILL PROFITS BE DIRECTED?
DATE(S) OF EVENT		HOURS OF OPERATION
# OF STAFF / VOLUNTEERS INVOLVED	ESTIMATED ATTENDANCE	LAST ACTUAL ATTENDANCE (IF APPLICABLE)
# OF VEHICLES/BOATS/TRAILERS INVOLVED	HAS THIS EVENT ALREADY BEEN PUBLICIZED? IF YES, ATTACH COPY OF FLYER.	YES NO
ARE YOU REQUESTING TO DISPLAY A BANNER ACROSS A TOWN STREET?	YES NO	DATES REQUESTED FOR BANNER TO BE DISPLAYED
IF BANNER IS DISPLAYED ACROSS A STATE HIGHWAY, A NYS DOT PERMIT IS REQUIRED.		

GENERAL EVENT INFORMATION

Will food be served at your event?	YES NO	If yes , how many expected vendors?
Will alcohol be served at your event?	YES NO	If yes , how many expected vendors? LIQUOR LICENSE/PERMIT #
Is this an athletic event?	YES NO	If yes , a course map and written description of your route must be submitted with this application.
Is this a parade?	YES NO	If yes , a parade map and written description of your route must be submitted with this application.

Will portable restrooms be made available to the participants?	YES	LOCATION:
	NO	COMPANY:

SAFETY PLAN – DESCRIBE IF PRIVATE SECURITY, TRAFFIC CONTROL, ETC. WILL BE USED, IF SO, PROVIDE COMPANY NAME AND CONTACT.

POLICE SUPPORT REQUEST – DESCRIBE ANY POLICE SUPPORT REQUEST
NOTE: THE CHIEF OF POLICE HAS THE ULTIMATE DISCRETION REGARDING POLICE SUPPORT

ROAD CLOSURES: DESCRIBE ANY REQUESTED ROAD CLOSURES AND TIME FRAMES
NOTE: THE TOWN WILL ULTIMATELY DECIDE IF A STREET CLOSURE IS APPROVED

DESCRIBE ANY MISCELLANEOUS REQUESTS FROM THE TOWN, IF NOT COVERED ABOVE. SUBMIT ADDITIONAL PAGES AS NECESSARY.

INSURANCE INFORMATION & REQUIREMENTS

The following insurance shall be required in connection with the issuance of a special event permit, not protected under the First and Fourteenth Amendment of the U.S. Constitution:

- \$1,000,000 commercial general liability insurance per occurrence combined single limit bodily injury and property damage;
- \$2,000,000 aggregate;
- If alcoholic beverages are sold or served at event, the policy must include an endorsement for the liquor liability;
- If the event involves athletic or other types of active participants, the policy must include participant coverage;
- The insurance policy shall be written for a period not less than twenty-four (24) hours prior to the event and extending for a period not less than twenty-four (24) hours following the completion of the event;
- The insurance policy shall contain a provision prohibiting cancellation of the policy;
- The insurance policy shall name the Town of Seneca Falls, its officials, employees, agents, and authorized volunteers as additional insured;
- Prior to permit issuance, the Commissioner of Parks & Recreation is authorized and directed to require written proof of such insurance and said proof shall be provided not less than thirty (30) days prior to the event.

HOLD HARMLESS AGREEMENT

The applicant agrees to defend, indemnify, and hold the Town of Seneca Falls, its officials, employees, agents and authorized volunteers, while acting within the scope of their duties, harmless from any and all claims, suits, demands and judgements including attorney's fees and other costs of their defense, for public or private nuisance, inverse condemnation, personal injuries, property damage or death arising out of, occurring during or the result of activities or appliances of the applicant, his employees or otherwise, except for the sole negligence of the Town. The applicant further agrees to comply with all provisions of pertinent laws, rules, and regulations and understands that this permit may be revoked at any time for just cause.

By signing below, I certify that all information contained on this form is true and accurate to the best of my ability. In a written instrument, any person who knowingly makes a false statement, which such person does not believe to be true, has committed a crime under the laws of the State of New York punishable as a class A Misdemeanor. (PL 210.45).

SIGNED THIS _____ DAY OF _____, _____.

PRINT APPLICANT NAME

APPLICANT SIGNATURE

APPROVAL SECTION

TO BE COMPLETED BY TOWN OFFICIALS ONLY

Commissioner of Parks & Recreation	APPROVE	DENY	INITIALS:
NOTES			
Chief of Police	APPROVE	DENY	INITIALS:
NOTES			
Fire Chief	APPROVE	DENY	INITIALS:
NOTES			
Highway Superintendent	APPROVE	DENY	INITIALS:
NOTES			
Superintendent of Water & Sewer	APPROVE	DENY	INITIALS:
NOTES			
DATE SENT TO TOWN BOARD:			
Town Board	APPROVE	DENY	APPROVED WITH CONDITIONS
NOTES			

CONDITIONS SET:

____ Applicant notified of decision and condition(s), if any. DATE: _____

____ Proof of insurance received. DATE: _____

____ Permit forwarded to applicant/organization. DATE: _____