

APPLICATION FOR
PUBLIC ASSEMBLY PERMIT

A. APPLICANT

NAME: _____

ADDRESS: _____

OFFICIAL DELEGATE: _____ TELEPHONE: _____

ADDRESS: _____ TELEPHONE: _____

B. LOCATION-DATE-TIME-PLACE-PURPOSE

SUBJECT PROPERTY: SECTION: _____ BLOCK: _____ LOT: _____

PROPERTY OWNER: _____

DATE (S): _____ TIME: _____ TO: _____

MAXIMUM NUMBER OF PEOPLE EXPECTED AT ONE TIME: _____

NUMBER OF VEHICLES EXPECTED AT ONE TIME: _____

PURPOSE OF ASSEMBLY: _____

NATURE OF ACTIVITIES: _____

ADMISSION FEE: _____

C. MAP-Attach a map showing the size of the property; the zoning district in which it is located; the streets and highways abutting said property; the size and location of existing building, buildings or structures or of any proposed building, buildings or structures to be erected for the purpose of the assembly.

D. Plan or drawing showing the method to be used for disposal of sanitary sewage.

E. Plan or drawing showing the method to be used for the supply, storage and distribution of water.

F. Plan or drawing showing the layout of any parking area for automobiles and other vehicles and the means of ingress and egress to such parking area. Such parking area shall provide one parking space for every 4 persons in attendance.

G. Method of disposing of any garbage, trash, rubbish or other refuse arising therefrom.

H. PERSON (S), other than person applying for permit engaged in sale and distribution of food and beverages.

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

SALE OF: _____

SALE OF: _____

I. SECURITY GUARDS/POLICE: Specify whether any private security guards or police will be engaged, number thereof and duties to be performed.

J. FIRE PROTECTION-Specify precautions to be utilized for fire protection, including map specifying location of fire lanes and water supply for fire control.

K. EMERGENCY MEDICAL-Specify facilities available for emergency treatment of any person requiring immediate medical or nursing attention.

L. Specify if any camping or housing facilities are available. If so, a plan showing intended number and location of same.

M. A statement that no soot, cinders, smoke, noxious acids, fumes, gases or unusual odors or loud or excessive noises shall be permitted to unreasonably emanate beyond the property line of the assembly.

N. An emergency service plan for fire, ambulance and police services, said plan to be reviewed and approved by the Police Department, Fire Department and ambulance Corps.

CORPORATE VERIFICATION

STATE OF NEW YORK, COUNTY OF _____

_____, being duly sworn, deposes and says that he/she is
an officer, the _____ of the aforesaid applicant corporation,

(title of officer)

_____ that the foregoing application is true to the best of this
Officer's knowledge.

Signed _____

Sworn to before me this

____ day of _____

Notary Public

(S E A L)

File with: