



# TOWN OF ORCHARD PARK APPLICATION FOR PERMISSION TO HOLD SPECIAL EVENT

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: (CELL) \_\_\_\_\_ (HOME/Work) \_\_\_\_\_

FOR PROFIT: \_\_\_\_ NON-PROFIT: \_\_\_\_ PROVIDE TAX ID#: \_\_\_\_\_ (STATUS 501C-3: \_\_\_\_)

THE EVENT: \_\_\_\_\_

PURPOSE OF EVENT: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ TOTAL PARTICIPANTS EXPECTED: \_\_\_\_\_

TIME OF EVENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

RACE OR WALK PROVIDE MAP AND ROUTE including Start & Finish Points  Not Applicable

APPLICATION (non-refundable): \$75.00 Date Paid \_\_\_\_\_ Payment Type \_\_\_\_\_ Clerk Initials \_\_\_\_\_

(A.0000.1289) Date of Town Board Agenda: \_\_\_\_\_

CERTIFICATE OF LIABILITY INSURANCE  Not Applicable

### ADDITIONAL SERVICES REQUESTED

**BUILDING INSPECTOR: (3.0000.2590)**  YES  Not Applicable Total \$ \_\_\_\_\_

TENT OPERATING PERMIT NEEDED (\$50.00) \_\_\_\_\_

FIREWORKS OPERATING PERMIT NEEDED (\$75.00) \_\_\_\_\_

**POLICE: (PS.0000.1520.0003)** (fee is minimum 2 hours)  YES  Not Applicable Total \$ \_\_\_\_\_

WITH CAR (\$80 hr) \_\_\_\_\_ WITHOUT (\$60 hr) \_\_\_\_\_ (PRIVATE HIRE) \_\_\_\_\_

Note: \_\_\_\_\_

**HIGHWAY: (DA.0000.2770.0001)**  YES  Not Applicable Total \$ \_\_\_\_\_

FENCING: \_\_\_\_\_

BARRICADES /LOCATION: \_\_\_\_\_

CONES: \_\_\_\_\_

OTHER: \_\_\_\_\_

**FEES: Additional Town / Village Fees May apply**

**TOTAL FEES: \$ \_\_\_\_\_ DATE PAID \_\_\_\_\_**

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR THE ABOVE DESCRIBED SPECIAL EVENT, AND AGREE TO BE BOUND BY THE TERMS HERIN STATED.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

Office Use Only Town Department Approval/ Denial			
Department:			
TOWN BOARD	Approved ____ Denied ____	Date ____	BUILDING Approved ____ Denied ____ Date ____
POLICE	Approved ____ Denied ____	Date ____	HIGHWAY/PARKS Approved ____ Denied ____ Date ____
<input type="checkbox"/> RECREATION	To be Notified	<input type="checkbox"/> VILLAGE	To be Notified
<input type="checkbox"/> EMERGENCY DISASTER CO-ORDINATOR	To be Notified		

**FINAL APPROVAL IS AT DISCRETION OF OP TOWN AND/OR VILLAGE BOARD**  
TOWN CLERK TOWN BOARD APPROVAL CONTACTED APPLICANT: Date: \_\_\_\_\_