

TOWN OF CHEEKTOWAGA
APPLICATION FOR PERMISSION
TO HOLD A SPECIAL EVENT

Name of Applicant: _____

Name of Organization: _____

Address: _____

City/Town/State/Zip: _____ Phone: _____

Date of Special Event: _____ Time of Special Event: _____

Location of Special Event: _____

Purpose of Special Event: _____

Are you going to be utilizing a tent: Yes _____ No _____

If Yes, a permit must be obtained from the Building Dept.

Will you be using pyrotechnics: Yes _____ No _____

Parade desired: Yes _____ No _____

Parade route:

Police Escort needed: Yes _____ No _____ Number of vehicles in parade: _____

Number of people in parade _____ Time Duration of parade _____

Will any roads need to be closed to traffic: Yes _____ No _____

If Yes, which roads:

How many people are expected to attend the Special Event: _____

List below the contact person(s)/sponsor(s) of this Special Event:

Name

Address

Phone Number

FEE(S):

Application Fee \$25.00 INV# _____

Tent Permit: \$50.00 per tent INV# _____

Ball Diamond: \$ _____ INV# _____

Shelter Fee: \$ _____ INV# _____

Lions Pavilion: \$ _____ INV# _____
(\$250.00 residence)
(\$500.00 non-residence)
Contact: Jillian Gorman-King
Phone (716) 897-7207, Ext. 6648
Email: jgorman@tocny.org

Clean-up / Maintenance: \$100.00 INV# _____

Police Escort: \$ _____ INV# _____

Other: \$ _____ INV# _____

\$ _____ INV# _____

I, the undersigned, hereby make application for the above described Special Event, and agree to be bound by the terms herein stated.

Signature

Date

Print Name

(Space Below for Town Of Cheektowaga Use, Only)

Town Department Approvals / Denials: **PLEASE INITIAL!**

Department:

Police: Approved _____ Denied _____ Date _____

Building: Approved _____ Denied _____ Date _____

Fire: Approved _____ Denied _____ Date _____

Highway: Approved _____ Denied _____ Date _____

Youth & Rec: Approved _____ Denied _____ Date _____

Facilities: Approved _____ Denied _____ Date _____

*******Approval is at the discretion of the Cheektowaga Town Board*******

TOWN OF CHEEKTOWAGA

MINIMUM INSURANCE REQUIREMENTS FOR USERS* OF TOWN FACILITIES

The Users/Sponsors of Town facilities agree to maintain the following insurance coverage and limits without cost to the Town.

1. Always Required:
 - a. General Liability, including Premises-Operations, Products, Completed Operations and Contraction Liability.
 - b. Bodily Injury - \$1,000,000.00 Each Occurrence
 - c. Property Damage - \$1,000,000.00 Aggregate
 - d. The Town of Cheektowaga, its agents, officers and employees shall be included in this insurance as Additional Insured's

2. Required if any autos used in activity for the Town. Automobile Liability, all owned non-owned and hired autos.
 - a. Bodily Injury - \$1,000,000.00
 - b. Property Damages - \$1,000,000.00

3. Required if any employees on Town premises.
 - a. Worker's Compensation – New York State Statutory

4. Required if any alcoholic beverage provided. Liquor Law Liability, including the Property Owner (Town of Cheektowaga) as Additional Insured.
 - a. Bodily Injury -\$1,000,000.00 Each Occurrence & Aggregate
 - b. Property Damages -\$1,000,000.00 Each Occurrence & Aggregate
 - c. Damage & Loss of Services - \$1,000,000.00 Each Occurrence & Aggregate

A Certificate of the required insurance shall be submitted to the Town Department requesting it and the Town Attorney's office, at least **one week prior** to the Special Event. All Certificates shall provide at least **fifteen (15) days** advance written notice to the Town Clerk's Office in the event of **CANCELLATION, MATERIAL CHANGES OR REDUCTION OF ANY COVERAGE. INDEMNIFICATION** (If similar provision is not in another contract)

The User/Sponsor of Town Facilities agrees by the Town's permission to use it facilities that it shall, to the fullest extent permitted by law, hold harmless and indemnify the Town of Cheektowaga, its agents, officers and employees from and against all claims, damages, cost and expenses of any kind, including but not limited to bodily, injury, sickness, disease or death of any persons and damage to or loss of property of any kind arising out of, caused by or in any way related to the activity or operations of the User or its Sponsor.

Name of User/Sponsor _____

Accepted by: _____ Date: _____



TOWN of CHEEKTOWAGA

OFFICE of FIRE SAFETY

Application for Tent Permit

Tent Permit application Fee \$50.00 per tent, payable at time of filing.

FOR OFFICIAL USE ONLY

____/____ 20____
Date of Application

Received By

Permit No.

Total number of tents _____ \$ _____ .00 ____/____ 20____

APPLICANT to COMPLETE the PINK PORTION!

Name of Organization

Daytime Phone No.

Cell Phone No.

Address of Organization

Cheektowaga, NY _____
Zip Code

Email address

Event Coordinator's Name

Daytime Phone No.

Cell Phone No.

Event Coordinator's Address

City

State

Zip code

Email address

The above named applicant hereby makes application for an Tent permit at the above location.
When permit is granted it shall be posted conspicuously at the above mention location.

Required Tent Information:

Date tent(s) to be installed: _____ Date tent(s) to be removed: _____

Size and type of each tent: _____

Please provide flameproof certification for tents being installed.

Please attach sketch of area where tent(s) to be installed.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION PROVIDED IS CORRECT, AND THAT I AM THE OWNER, OR AM DULY AUTHORIZED TO ACT ON THE OWNER'S BEHALF, AND AS SUCH HEREBY AGREE TO COMPLY WITH THE APPLICATION REQUIREMENTS OF THE FIRE PREVENTION CODE.

I FURTHER UNDERSTAND THAT THIS PERMIT IS NOT A LICENSE.

Applicant's Signature

Applicant's Title

Return this Application and the appropriate Fee to:

The Town of Cheektowaga Office of Fire Safety

275 Alexander Avenue, Cheektowaga, New York 14211

All attachments, certifications or drawings can be emailed to Firesafety@tocny.org.

Any additional questions should be directed to the Office of Fire Safety at (716) 686-3471.