

**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.

**APPROVAL OF THIS APPLICATION IS SUBJECT TO THE  
SUBMISSION OF A COVID-19 PLAN (BASED ON CDC  
GUIDELINES AT THE TIME OF THE APPLICATION)**

Will you be using pyrotechnics: Yes \_\_\_\_\_ No \_\_\_\_\_

**THE EVENT IS SUBJECT TO CANCELTION DUE TO  
CHANGES IN CDC GUIDELINES AND/OR THE NYS  
GOVERNOR'S EXECUTIVE ORDER**

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 | E-mail | 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) or (\$500.00 non-residence) per day of use  
**Contact:** townclerkwebmail@tocny.org  
or (716)686-3982 to confirm availability

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](mailto:Firesafety@tocny.org).

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