

**TOWN OF LAFAYETTE
PUBLIC ASSEMBLY PERMIT APPLICATION**

This application is to be filed with the Town Clerk at least twenty-one (21) days prior to date of contemplated assembly. The permit will be granted or denied by the Town Board after review by Code Enforcement.

1. Applicant: Name: _____
 Age: _____
 Address: _____

 Phone No.: _____
2. Property Owner: Name: _____
 Address: _____
3. If applicant is not the property owner, a notarized, signed statement giving the applicant permission to use the property must accompany this application.
4. Purpose of assembly:
5. Proposed dates and hours.
6. Maximum number of persons expected to attend at any one time and collectively.
7. Maximum number of automobiles expected to attend at any one time and collectively.
8. Admission fee.
9. Parking fee.
10. Alcohol served? _____ Yes _____ No

Attach information for the following:

11. A map showing the size of the property; the zoning district in which it is located; the streets or highways abutting said property; the size and location of any existing buildings or structures or of any proposed buildings or structures to be erected for the purpose of the assembly.
12. A plan or drawing showing the method to be used for the disposal of sanitary sewage.
13. A plan or drawing showing the method to be used for the supply, storage and distribution of water.
14. A 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 four (4) persons in attendance.
15. A statement specifying the method of disposing of any garbage, trash, rubbish or other refuse arising there from.

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16. If persons, other than the person applying for the permit will be engaged in the sale and distribution of food and beverage, the names and addresses of such persons must be submitted. If alcohol is to be served, a New York State Beverage Control Permit must accompany this application.
17. A statement specifying whether any private security guards or police will be engaged, and, if so, the number thereof, and the duties to be performed by such persons along with a confirmation letter from persons providing coverage.
18. A statement specifying the precautions to be utilized for fire protection, and a map specifying the location of fire lanes.
19. A statement specifying the services to be available for emergency medical treatment along with a confirmation letter from persons providing medical coverage.
20. A statement specifying whether any camping or housing facilities are to be available and, if so, a plan showing the intended number and location of the same.
21. 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.
22. Applicant and owner shall furnish the Town with written authorization to permit the Town or its lawful agents to go upon the subject property for the purpose of inspecting the same, to determine the ability to provide adequate police and fire protection of persons and property.
23. Applicant shall furnish the Town with a plan for handicapped access.
24. Applicant shall furnish the Town with a comprehensive liability insurance policy, issued by a company duly licensed by the State of New York, insuring the applicant against liability for damage to persons or property with limits of:

Not less than \$500,000.00 - \$1,000,000.00 for bodily injury/death
Not less than \$100,000.00 for property damage.

Which said policy shall name the Town as an additional insured, and shall be non-cancelable without prior written notice to the Town.

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Please make check payable to the Town Clerk upon submitting application for the fee following amount:

- \$50.00 Where the maximum number of persons to assemble shall be 250 persons and not over 1,000 persons.
- \$100.00 Where the maximum number of persons to assemble shall be in excess of 1,000 persons.

Applicant Signature: _____ Date: _____

Date Received: _____

Received by: _____