

**TOWN OF SMITHTOWN**

**SPECIAL EVENT APPLICATION**

**This application does not cover Display of Fireworks. A separate application must be made to the Fire Prevention Division of the Department of Public Safety.**

**Please note that application must be made at least six (6) months before event. Each application has to go before the Town Board for two (2) readings. Following the second reading, the Town Board may authorize the Town Clerk to issue a permit at a subsequent meeting.**

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

ADDRESS OF ORGANIZATION (MUST BE IN TOWN OF SMITHTOWN): \_\_\_\_\_

\_\_\_\_\_

PERSON IN CHARGE OF FUNCTION: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FEDERAL EMPLOYER ID NUMBER (EIN): \_\_\_\_\_

IS YOUR ORGANIZATION A NON-PROFIT OR CHARITABLE ORGANIZATION? \_\_\_ YES \_\_\_ NO

**The following information is to be completed by a duly qualified officer of the sponsoring organization:**

(a) An accurate description of the premises upon which the function (Bazaar, fair, or entertainment) is to be given: \_\_\_\_\_

\_\_\_\_\_

(b) The zoning classification within which the said premises lie: \_\_\_\_\_

(c) The zoning classification of all properties lying within five hundred (500) feet of the subject premises:

\_\_\_\_\_

(d) The number and type of amusements, equipment, and facilities which will be involved in the function:

\_\_\_\_\_

\_\_\_\_\_

(e) The name, address, and phone number of the company or organization that will be supplying amusement rides: \_\_\_\_\_

\_\_\_\_\_

(f) Will any type of amusements involved in this function require a Games of Chance License?

\_\_\_ YES \_\_\_ NO IF YES, enter your Games of Chance Identification # \_\_\_\_\_

- (g) The duration of the function specifying commencement and termination by date and the hours (**no part of special event will be in operation between 12:00 midnight and 9:00 a.m., and 12:00 midnight and 12:00 noon on Sunday**) of each day during which the activities will be held:

---

---

---

- (h) **A certificate of public liability insurance in limits not less than \$1,000,000 combined single limit for both bodily injury or death of any one (1) or more persons and for damage to or destruction of property must accompany this application:**

- (1) All insurance certificates shall include the Town of Smithtown as an additional insured and shall be noncancellable without 15 days prior written notice of cancellation to the Town Clerk.
- (2) Evidence of an **owners' and contractors' protective liability policy in limits of no less than \$1,000,000** combined single limit, naming the Town of Smithtown as the insured, shall be provided to the Town Clerk in the form of the original insurance policy.
- (3) The Town Board may require an applicant to supply additional insurance coverage when the minimum amounts stated are, in the opinion of the Town Board, insufficient for the risk undertaken or when required otherwise by law.

Have the above insurance requirements been met? \_\_\_ YES \_\_\_ NO

- (i) The disposition of the proceeds therefrom: \_\_\_\_\_

---

---

SIGNS MUST BE POSTED ON PREMISES AS PROVIDED IN §119-6, ALONG WITH PHOTOGRAPHS DEPICTING THE REQUISITE POSTING, AND THE COMPLETED AFFIDAVIT OF POSTING.

I FULLY UNDERSTAND THAT APPLICATION FOR A SPECIAL EVENT DOES NOT CONSTITUTE APPROVAL, AND ANY ADVERTISEMENTS OR EXPENSES, IF ANY, INCURRED PRIOR TO THE DECISION OF THE TOWN BOARD WILL BE AT THE SOLE EXPENSE OF THE ABOVE ORGANIZATION SHOULD THE APPLICATION BE DENIED.

**APPLICATION FEE: \$100.00**

---

**NAME OF ORGANIZATION**

**Date Paid:** \_\_\_\_\_

**Cash:** \_\_\_\_\_

**BY:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_

**REPRESENTATIVE (OFFICER)**

**Receipt Number:** \_\_\_\_\_