

TOWN OF SMITHTOWN
SPECIAL EVENT APPLICATION

PLEASE NOTE THAT APPLICATION MUST BE MADE AT LEAST SIXTY (60) DAYS PRIOR TO THE DATE(S) OF THE EVENT
TWO (2) SETS OF POSTERS PROVIDED BY THE TOWN CLERK'S OFFICE, ALONG WITH APPLICANT'S AFFIDAVITS OF POSTING AND PHOTOGRAPHS DEPICTING THE POSTINGS ARE REQUIRED FOR ALL SPECIAL EVENTS

NAME OF SPECIAL EVENT: _____

DATE(S) AND TIME(S) OF SPECIAL EVENT: _____

ORGANIZATION IN CHARGE OF EVENT: _____

ADDRESS OF ORGANIZATION: _____

PERSON IN CHARGE OF EVENT: _____

PHONE NUMBER: _____

FEDERAL EMPLOYER ID NUMBER (EIN): _____

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 is to be held: _____

(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 # _____