

**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**

**\*IF APPLICABLE, EQUIPMENT USE APPLICATION & FEE SHOULD BE SUBMITTED TO PARKS DEPARTMENT\***

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 # \_\_\_\_\_

(g) 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

**PRIOR TO THE TOWN BOARD'S READING OF THE APPLICATION, SIGNS MUST BE POSTED ON PREMISES AS PROVIDED IN §119-6, ALONG WITH PHOTOGRAPHS DEPICTING THE REQUISITE POSTING, AND THE COMPLETED AFFIDAVIT OF POSTING. A SECOND SET OF POSTERS, ALONG WITH PHOTOGRAPHS DEPICTING THE REQUISITE POSTING AND THE COMPLETED AFFIDAVIT SHOULD BE DISPLAYED NO MORE THAN TEN (10) DAYS PRIOR TO THE DATE OF THE EVENT.**

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. I FURTHER UNDERSTAND THAT THIS APPLICATION DOES NOT COVER DISPLAY OF FIREWORDS. A SEPARATE APPLICATION MUST BE MADE TO THE FIRE PREVENTION DIVISION OF THE DEPARTMENT OF PUBLIC SAFETY.

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

BY: \_\_\_\_\_  
REPRESENTATIVE (OFFICER)

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OFFICE USE ONLY:

APPLICATION FEE: \$100.00

Date Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

TB MEETING DATE: \_\_\_\_\_ DATE PERMIT MAILED: \_\_\_\_\_

DATE 1<sup>ST</sup> AFFIDAVIT & PHOTOS REC'D: \_\_\_\_\_ DATE 2<sup>ND</sup> AFFIDAVIT & PHOTOS REC'D: \_\_\_\_\_

Copies forwarded to: Fourth Precinct; SC Dept. of Health Services; NYS Dept. of Labor  
Public Safety; Fire Marshal; Highway; Traffic; Parks

06//22

**HOLD HARMLESS AGREEMENT**

The \_\_\_\_\_, hereinafter “Parade/Special Event Applicant” agrees to protect, defend, indemnify, release, discharge and save harmless the **TOWN OF SMITHTOWN**, its officers, directors, employees, and agents from and against any and all losses, damages, claims, suits, liens, orders, judgments, executions, fees and expenses, arising out of or in connection with the Applicant’s use of Town roads and property for its proposed parade, located in the township of Smithtown, New York on the date/s of \_\_\_\_\_, and/or including a rain date of \_\_\_\_\_, including any and all liability imposed by law and/or contract and/or custom upon the **TOWN OF SMITHTOWN** and/or its officers, directors, employees and agents. In any case, the **TOWN OF SMITHTOWN** shall have the right to demand that the Applicant shall undertake to investigate, defend and indemnify against any and all suits and claims, justified or not, provided that the claim or suit shall be against the **TOWN OF SMITHTOWN** and/or it’s officers, directors, employees and agents arising out of or in connection with the Applicant’s use of Town roads located in the Township of Smithtown, New York, and/or any and all acts, omissions or negligence on the part of the Applicant and/or its officers, directors, employees, contractors and agents relating to the use and enjoyment of Town roads located in the Township of Smithtown, New York.

**Dated:**

**Sworn to before me this** \_\_\_ day **Applicant:** \_\_\_\_\_

**of** \_\_\_\_\_ **20** \_\_\_\_\_ **Notary:** \_\_\_\_\_

05/22