



# SPECIAL EVENT APPLICATION

## TOWN OF ULYSSES CODE ENFORCEMENT

### Application Guidelines

- Event permits should be obtained at least 5 days before the commencement of the event.
- No special even shall be more than 5 days in duration.
- Submitting an application does not guarantee approval of the event, proposed location, or any other details contained herein.
- Applicants remain subject to all other applicable permits as may be required, including but not limited to approvals for signs, banners, tents, and fireworks.

Application Checklist																	
✓	A complete application should include all applicable items from this checklist.																
	1. Completed Special Event Application																
	2. Complete any additionally required forms, such as “Fireworks Display” or “Sign Permit” applications.																
	3. Site Plan showing the location of the following: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Existing buildings &amp; structures</td> <td><input type="checkbox"/> Restrooms, including handicap access</td> </tr> <tr> <td><input type="checkbox"/> Proposed temporary structures</td> <td><input type="checkbox"/> All temporary utilities:</td> </tr> <tr> <td><input type="checkbox"/> All access roads</td> <td>Generators, fuel storage, cooking facilities,</td> </tr> <tr> <td><input type="checkbox"/> All internal roads</td> <td>electricity, lighting</td> </tr> <tr> <td><input type="checkbox"/> Stages, decks, bleachers, platforms</td> <td><input type="checkbox"/> Audio equipment (speakers, music)</td> </tr> <tr> <td><input type="checkbox"/> Areas of assembly for spectators, vendors, employees, organizers, animals</td> <td><input type="checkbox"/> Fire extinguishers &amp; fire lanes</td> </tr> <tr> <td><input type="checkbox"/> Entry and Exit points (specify widths)</td> <td><input type="checkbox"/> Water supply</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Dumpsters, trash, waste collection</td> </tr> </table>	<input type="checkbox"/> Existing buildings & structures	<input type="checkbox"/> Restrooms, including handicap access	<input type="checkbox"/> Proposed temporary structures	<input type="checkbox"/> All temporary utilities:	<input type="checkbox"/> All access roads	Generators, fuel storage, cooking facilities,	<input type="checkbox"/> All internal roads	electricity, lighting	<input type="checkbox"/> Stages, decks, bleachers, platforms	<input type="checkbox"/> Audio equipment (speakers, music)	<input type="checkbox"/> Areas of assembly for spectators, vendors, employees, organizers, animals	<input type="checkbox"/> Fire extinguishers & fire lanes	<input type="checkbox"/> Entry and Exit points (specify widths)	<input type="checkbox"/> Water supply		<input type="checkbox"/> Dumpsters, trash, waste collection
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	4. Any additional attachments to further explain the scope of the proposed event: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> List of vendors, including current operating permits for mobile vendors</td> <td><input type="checkbox"/> Entertainment schedules</td> </tr> <tr> <td><input type="checkbox"/> List of contacts</td> <td><input type="checkbox"/> Emergency Incident Action Plan</td> </tr> <tr> <td><input type="checkbox"/> List of performers</td> <td><input type="checkbox"/> NYS Liquor Permit</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Any additional documents relating to the event</td> </tr> </table>	<input type="checkbox"/> List of vendors, including current operating permits for mobile vendors	<input type="checkbox"/> Entertainment schedules	<input type="checkbox"/> List of contacts	<input type="checkbox"/> Emergency Incident Action Plan	<input type="checkbox"/> List of performers	<input type="checkbox"/> NYS Liquor Permit		<input type="checkbox"/> Any additional documents relating to the event								
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	5. Certificate of Insurance: Proof of liability insurance for the Special Event in an amount of no less than \$1,000,000, naming the Town of Ulysses as additional insured.																
	6. Special Event Operating Permit fees: Checks payable to “Town of Ulysses”. <ul style="list-style-type: none"> <li>• &gt;2000 attendees: \$300 + Site Plan Fees + inspections</li> <li>• &lt;2000 attendees: \$150 + Site Plan Fees + inspections</li> </ul>																



**PART I: CONTACT INFORMATION**

NAME					
ADDRESS					
CITY		STATE		ZIP	
PHONE		EMAIL			

NAME					
ADDRESS					
CITY		STATE		ZIP	
PHONE		EMAIL			

**ON-SITE CONTACT**

NAME					
PHONE					

**BUSINESS/ORGANIZATION INFORMATION**

NAME					
ADDRESS					
CITY		STATE		ZIP	
PHONE		EMAIL			

**PART II: PROPERTY INFORMATION**

OWNER NAME					
MAIL ADDRESS					
PHONE					
ADDRESS					
PARCEL NO.					

Is this property leased?  Yes  No \*If yes, a copy of the lease agreement is required to accompany this application, along with proof of consent from the property owner to use the above property for the proposed event.

**PART III: EVENT DETAILS**

Event Date(s)					
Event Hours					
Set-Up Date(s)		Site Cleanup Date(s)			
Will rain/weather effect any event plans? (date/time changes) <input type="checkbox"/> Yes <input type="checkbox"/> No					<i>If yes, explain:</i>
Event Name					
Event Website					

**PART III: EVENT DETAILS**

Description of Event & Planned Activities:

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Is this a ticketed event?  Yes  No

*If yes, provide details about admission prices. List ticket types and prices (senior, general admission, kids), daily rates, etc.:*

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Is this event a fundraiser?  Yes  No

*If yes, describe the cause or charity:*

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Will temporary signage be used for this event?  Yes  No

*If yes, describe the size, location, and type of each proposed sign:*

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**PART IV: EVENT SERVICES**

Please provide business and contact information for any services that will be utilized at the event:

<b>Food Vendors</b>	Company			
	Street			
	City		State / ZIP	
	Contact Name			
	Phone		Email	
<b>Alcoholic Beverages</b>	Company			
	Street			
	City		State / ZIP	
	Contact Name			
	Phone		Email	
	*A permit from the NY State Liquor Authority is required to serve alcoholic beverages to the public.			



Event Tents	Company			
	Street			
	City		State / ZIP	
	Contact Name			
	Phone		Email	
Valet / Transport	Company			
	Street			
	City		State / ZIP	
	Contact Name			
	Phone		Email	
	<i>*See item B in PART V: INSURANCE for additional requirements.</i>			
Security	Company			
	Street			
	City		State / ZIP	
	Contact Name			
	Phone		Email	
	<i>*See item B in PART V: INSURANCE for additional requirements.</i>			
Lavatory	Company			
	Street			
	City		State / ZIP	
	Contact Name			
	Phone		Email	
Sewage Disposal	Company			
	Street			
	City		State / ZIP	
	Contact Name			
	Phone		Email	
Trash Disposal	Company			
	Street			
	City		State / ZIP	
	Contact Name			
	Phone		Email	
Music & Entertainment	<p>Music: Are music or other performances planned? Check all that apply.  <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Live Band <input type="checkbox"/> DJ <input type="checkbox"/> Other</p> <p>If yes to any, attach information about the planned performances with your application (list of performers, schedule of events)</p> <p>PA / Speakers: Will an outdoor sound system be present? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe location and purpose:</p>			
	Company			
	Street			
	City		State / ZIP	
	Contact Name			

Mechanical Rides	If mechanical rides will be used, proof of a current up-to-date safety inspection must be provided.		
	Company		
	Street		
	City	State / ZIP	
	Contact Name		
	Phone	Email	
<i>*See item B in PART V: INSURANCE for additional requirements.</i>			
Fireworks: Are fireworks planned? <input type="checkbox"/> No <input type="checkbox"/> Yes: Applicant understands a separate permit must be obtained and will submit a "Fireworks Display" application			
Parking: Estimated Attendance per day:		Number of parking spaces:	
Is there an existing shared parking agreement for this property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Attach a Parking Site Plan, showing site layout, dimensions, aisle width, handicapped spaces, ingress and egress, number of parking spaces and arrangement, paving, lighting, number and placing of parking attendants, and placement of cash-handling area. The plan shall be no larger than 11" x 17".</i>			
Overnight Camping: Will overnight camping be part of the event? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If the special event proposal includes overnight camping, the operator must obtain all necessary approvals from the Tompkins County Health Department prior to submitting this application.</i>			

PART V: INSURANCE	
a.	Event Permit applications must be accompanied by proof of General Liability Insurance coverage, including Independent Contractor's Liability, Completed Operations and Contractual Liability, fully insuring Operator/Responsible Party's liability for injury to or death of third parties, extended to include personal injury liability coverage and for damage to property of third parties, with a minimum limit of \$1,000,000.00 per occurrence.
b.	Proof of Workmen's Compensation and Employers Liability Insurance is required to accompany this application upon submittal for any and all companies, vendors or staffing services that are supplying workers on the day of the event. Certificates must have limits of not less than \$100,000 each accident, \$500,000 for injury by disease and \$100,000 each employee for injury by disease to comply with the law of the State of New York.

SIGNATURE	
If Owner and Applicant are not the same person, please complete the section below. If Owner and Applicant are the same, sign the Owner line.	
<b>Property Owner Authorization Statement:</b>	
This is to certify that _____ (property owner), the stated undersigned, authorizes _____ (applicant), the stated undersigned, to operate a commercial parking lot in accordance with the Local Law No. 1 of the year 2010, "A Local Law to Require Operating Permits for Special Events in the Town of Ulysses", on property I own at _____ (property address).	
Signature of Applicant	
Printed Name	Date
Signature of Owner	
Printed Name	Date

