

**VILLAGE OF ENDICOTT
APPLICATION/FESTIVALS PERMIT**

FESTIVAL OR OTHER EVENT APPLICATION/PERMIT MUST BE FILLED OUT COMPLETELY AND PRESENTED TO THE VILLAGE OF ENDICOTT CUSTOMER SERVICE CENTER **NO LATER THAN SIXTY(60) DAYS** PRIOR TO PLANNED DATE OR EVENT. ANY QUESTIONS REGARDING THIS APPLICATION, PLEASE CONTACT THE DEPUTY/ASSISTANT CLERK AT (607)757-2435

NAME OF EVENT _____
NAME OF ORGANIZATION OR GROUP _____
ADDRESS _____ PHONE# _____
NAME OF COORDINATOR _____ PHONE# _____

EVENT DATE(S): _____ TIME-FROM _____ TO _____
(IF ADDITIONAL SPACE IS NEEDED FOR MULTIPLE DATES, PLEASE ATTACH A SEPARATE SHEET)
LOCATION/ROUTE: _____
SETUP DATE _____ START TIME _____ CLEANUP DATE _____ END TIME _____

DESCRIPTION OF ACTIVITY: DESCRIBE THOSE THAT ARE APPLICABLE, ATTACH ANOTHER SHEET IF NEEDED

Foods: _____
Crafts: _____
Music: _____
Games: _____
Animals/Rides: _____
Special requests or comments _____

- a. Sound System yes () no ()
- b. location(s): _____
- c. Refuse: _____
- d. Cones/Barricades: _____

COORDINATOR SIGNATURE

DATE

*******PLEASE CONTINUE TO PAGE (2)**

**VILLAGE OF ENDICOTT
APPLICATION/FESTIVALS PERMIT**

****NEW ADDITION INFO****

** PLEASE TAKE NOTE THAT FOR ALL SPORTS- RELATED EVENTS, METAL CLEATS ARE BANNED FROM ALL VILLAGE OF ENDICOTT PLAYING FIELDS WHICH INCLUDE THE AIRPORT AND BASEBALL FIELDS AT LOGAN, DAVIS AND SERTOMA. ANYONE FOUND ABUSING THIS BAN WILL BE FINED BY THE VILLAGE. THANK YOU.

** PLEASE TAKE NOTE THAT NO OBJECTS OR CANDY CAN BE THROWN FROM VEHICLES AT ANY TIME DURING PARADES OR ANY OTHER VILLAGE SANCTIONED EVENTS. THANK YOU.

INSURANCE CERTIFICATE MUST BE PROVIDED TO THE VILLAGE WITH THIS APPLICATION. IF THIS APPLICATION/PERMIT IS APPROVED BY THE BOARD OF TRUSTEES , IT MAY BE CONTINGENT UPON YOUR ORGANIZATION/GROUP PAYING FOR CERTAIN COSTS ASSOCIATED WITH YOUR EVENT. YOUR ORGANIZATION AGREES TO PAY THE VILLAGE OF ENDICOTT FOR THESE COSTS. YOU WILL BE NOTIFIED IN WRITING OF THE BOARD OF TRUSTEE'S DECISION, TOGETHER WITH ANY ADDITIONAL COSTS.

IN THE EVENT YOU WOULD LIKE POLICE COVERAGE, YOU MUST CONTACT LT. FRED RAUB, UNION WORK CHAIRMAN @ 607.757.2470

WILL THIS EVENT INCLUDE ALCOHOL? Y OR N

**HAVE YOU AND/OR VENDOR INCLUDED A 1-DAY WAIVER FORM FROM YOUR INSURANCE?
Y OR N**

HAVE YOU INCLUDED A CERTIFICATE OF INSURANCE ADDING THE VILLAGE AS ADDITIONAL INSURED AND A WAIVER OF SUBRAGATION? Y OR N

THANK YOU.