



CITY OF JOHNSTOWN
 Office of the City Clerk
 PO Box 160, 33-41 East Main Street
 Johnstown, New York 12095
 (518) 736-4011

- OFFICE USE ONLY -	
Date: ____/____/____	Receipt # _____
Permit #: _____, 2022	Fee Paid: _____
Insurance provided: <input type="checkbox"/> yes <input type="checkbox"/> no	Deposit: <input type="checkbox"/> yes <input type="checkbox"/> no
Signature: _____	
Deposit Refunded: ____/____/____	

EVENT / CITY PROPERTY USE APPLICATION / PERMIT

INFORMATION REQUIRED TO PROCESS APPLICATION - Applicants must complete application and provide all supporting documents AT LEAST 36 HOURS prior to the date of event. Failure to provide this information will result in a delay of approval and / or denial.

1. A \$100 Security Deposit, made payable to the City of Johnstown. The organization and/or individual will assume the responsibility of all clean-up of the area within 24 hours of such performance/event. Your deposit will be returned at the end of event if no damages are incurred.
2. Proof of insurance naming City of Johnstown as additional insured, with the following limits:

Bodily injury per person.....	\$ 50,000.00
Bodily injury per occurrence.....	\$100,000.00
Property damage.....	\$ 25,000.00

If using the Bandshell or Park the following limits are required:

Bodily Injury, per person.....	\$250,000.00
Bodily Injury, per occurrence.....	\$500,000.00
Property Damage.....	\$300,000.00
3. Submit a narrative that explains your event; the specific times and locations for all requested street closings; all planned uses of public utilities, banners or decorations; garbage clean-up plans; and, whether or not any use of amplified sound is planned.
4. Submit a map outlining the event location and all street and/or parking lot closings.
5. Submit copies of flyers, posters, or other materials that will advertise the event. The organizer is responsible for ensuring that all flyers, posters, etc. advertising the event are removed from public facilities. Failure to comply may impact approvals for future applications.
6. Notify residents and businesses immediately affected of any street closure or event.

Dated: ____/____/____

Applicant Signature

APPLICANT INFORMATION

Group / Organization:	Phone:	
Contact Person	Email	
Address	State	Zip

EVENT INFORMATION

- Name of, or type of event: _____
- Location: _____
- Requested Date(s) of Event: _____
- Time of Event: ____:____am/pm to ____:____am/pm
- Will fundraising take place? YES NO If yes, describe the nature of the fundraising activities:
- Will there be any use of weapons or explosive devices, including fireworks, used or displayed at this event? YES NO
If yes, name of company _____
A certificate of company's liability insurance naming the City of Johnstown as additional insured must be provided.
- If using the Bandshell or Park, will you require electricity? YES NO
- Will there be Vendors? YES NO
If yes, Vendors must apply for a permit from the City Clerk's office, pay applicable vendor's fee and provide insurance information as required.

STREET CLOSURE / PARADE - Will the following be requested?

- Street closure by the Department of Public Works? YES NO ____:____am/pm to ____:____am/pm
If street(s) closure is requested, you must provide a clear 8 ½ x 11 sketch or map showing the street names, directions and places barricades might be placed.
- Traffic control by the Johnstown Police Department? YES NO