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|  | 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 #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Insurance provided:  yes  no Deposit: yes no  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Deposit Refunded: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |

APPLICATION FOR A TEMPORARY

SPECIAL EVENT ALCOHOL PERMIT

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| INFORMATION | | | | | | |
| 1. This is an application only. Permit is not valid until it has been approved by both the City Clerk and Police Department. 2. $10.00 Permit Fee – per day 3. Applicant must complete application in full & provide all supporting documents prior to the date of event. Failure to provide this information will result in the delay of approval and / or denial. 4. Events held on City property are required to provide:   - a separate $100 Security Deposit, made payable to the City of Johnstown, (must be submitted with the application). The   organization and/or individual will assume the responsibility of all clean-up of the area within 24 hours of conclusion of   activity. Deposit will be returned if, at the conclusion of activity, the area is left in the same condition as existed at the   commencement of activity.  - proof of insurance, naming City of Johnstown as additional insured, with the following limits:  Bodily injury per person…………………………………………..$ 50,000.00  Bodily injury per occurrence…………………………………..…$100,000.00  Property damage…………………………………………………..$ 25,000.00 | | | | | | |
| |  |  | | --- | --- | |  | | | APPLICANT INFORMATION | | | Organization Name: | | | Contact Person: | | | Business & Mailing Address: | | | City: State: Zip: | | | Phone #: ( ) - | Email: | | NYS License #: | | | I certify that all information provided is accurate and complete. I agree and understand that any misleading or false information provided may cause my permit to be denied and / or revoked. I understand that this application is not a permit. A permit will only be issued once proof of approval from NYS Liquor Authority has been received by the City of Johnstown Police Department and the City Clerk’s Office.  Dated: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name Signature | | | | | | | | |
| EVENT DETAILS | | | | | | |
| Name of Event: | | | | | | |
| Sponsored by: | | | | | | |
| Contact Person: | | | | | Phone #: ( ) | |
| Date of Event: | | | | Time: | | |
| Location: | | | | | | |
| The following types of alcohol will be served:  Beer  Wine  Spirits | | | | | | |
| Alcohol will be served in  Glasses  Bottles  Disposable cups  Other: | | | | | | |
| How will you prevent underage alcohol consumption?  Wristband  Hand-Stamp  Other: | | | | | | |
| Where will you set up (attach drawing if necessary)? | | | | | | |
| Will there be any temporary fencing or barricades?  Yes  No | | | | | | |
| Will you be using a vehicle to conduct business?  Yes  No If Yes provide the following: | | | | | | |
|  | Make: | Model: | | | | Plate: |
|  | Driver’s License # | | Insurance Company: | | | |
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**OFFICE USE ONLY - Do Not Write Below This Line**

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CITY OF JOHNSTOWN POLICE DEPARTMENT:

I have reviewed this application for a Special Event Permit to serve alcohol. The City of Johnstown Police Department hereby:

Objects to the issuance of this Permit

Approves the issuance of this Permit, and therefore waive the Open Container Law for this event scheduled on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_ 20 \_\_\_ located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the City of Johnstown. Two (2) officers from the Johnstown Police Department will be patrolling the event.

Dated: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name & Title Signature

Updated: 9/2022