



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

- OFFICE USE ONLY -	
Date: ____/____/____	Receipt # _____
Permit #: _____, 20____	
Fee Paid: _____	Cash: <input type="checkbox"/> Check: <input type="checkbox"/> Credit: <input type="checkbox"/>
Insurance provided: <input type="checkbox"/> yes <input type="checkbox"/> no	Deposit: <input type="checkbox"/> yes <input type="checkbox"/> no
Signature: _____	
Deposit Refunded: ____/____/____	

## APPLICATION FOR A TEMPORARY SPECIAL EVENT ALCOHOL PERMIT

### INFORMATION

- This is an application only. Permit is not valid until it has been approved by both the City Clerk and Police Department.
- \$10.00 Permit Fee – per day
- 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.
- 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 #:		
<p>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.</p>		
Dated: ____/____/____		
_____	_____	
Print Name	Signature	

<b>EVENT DETAILS</b>			
Name of Event:			
Sponsored by:			
Contact Person:			Phone #: (     )
Date of Event:		Time:	
Location:			
The following types of alcohol will be served: <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Spirits			
Alcohol will be served in <input type="checkbox"/> Glasses <input type="checkbox"/> Bottles <input type="checkbox"/> Disposable cups <input type="checkbox"/> Other:			
How will you prevent underage alcohol consumption? <input type="checkbox"/> Wristband <input type="checkbox"/> Hand-Stamp <input type="checkbox"/> Other:			
Where will you set up (attach drawing if necessary)?			
Will there be any temporary fencing or barricades? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you be using a vehicle to conduct business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes provide the following:			
Make:	Model:		Plate:
Driver's License #		Insurance Company:	

---

**OFFICE USE ONLY - Do Not Write Below This Line**

---

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