



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

- CLERK USE ONLY -	
Date: ____/____/____	Permit #: _____, 2023
Insurance provided: <input type="checkbox"/> yes <input type="checkbox"/> no	Deposit Paid: <input type="checkbox"/> yes <input type="checkbox"/> no
Signature: _____	
Deposit Refunded: ____/____/____	

EVENT / CITY PROPERTY USE APPLICATION / PERMIT

REQUIRED TO PROCESS APPLICATION	<p>1. Applicant must complete and provide all supporting documents AT LEAST 30 DAYS prior to the date of event Failure to provide required information or adhere to timelines will result in a delay of approval and / or denial of your Permit.</p>								
	<p>2. 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.</p>								
	<p>3. Proof of insurance naming City of Johnstown as additional insured, with the following limits:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Standard insurance requirements</u></td> <td style="text-align: center;"><u>If using the Bandshell / Park insurance requirements</u></td> </tr> <tr> <td>Bodily injury per person.....\$ 50,000.00</td> <td>Bodily Injury, per person.....\$250,000.00</td> </tr> <tr> <td>Bodily injury per occurrence.....\$100,000.00</td> <td>Bodily Injury, per occurrence.....\$500,000.00</td> </tr> <tr> <td>Property damage.....\$ 25,000.00</td> <td>Property Damage.....\$300,000.00</td> </tr> </table>	<u>Standard insurance requirements</u>	<u>If using the Bandshell / Park insurance requirements</u>	Bodily injury per person.....\$ 50,000.00	Bodily Injury, per person.....\$250,000.00	Bodily injury per occurrence.....\$100,000.00	Bodily Injury, per occurrence.....\$500,000.00	Property damage.....\$ 25,000.00	Property Damage.....\$300,000.00
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<p>4. Submit a map and narrative that explains your event; the specific times and locations for all requested street closings; all planned uses of public utilities, parking lot usage, banners or decorations; garbage clean-up plans; and, whether or not any use of amplified sound.</p>									
<p>5. Submit copies materials that will advertise the event. The organizer is responsible for ensuring that all advertising of event are removed from public facilities. Failure to comply may impact approvals for future applications.</p>									
<p>6. Notify residents and businesses immediately affected of any street closure or event.</p>									
<p>Dated: ____/____/____</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Applicant Signature</p>									

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

EVENT INFORMATION	<ul style="list-style-type: none"> Name and type of event: _____ Location: _____ Requested Date(s) of Event: _____ Time of Event: ____:____ am/pm to ____:____ am/pm Will fundraising take place? YES <input type="checkbox"/> NO <input type="checkbox"/> Describe: _____ Will there be Vendors? YES <input type="checkbox"/> NO <input type="checkbox"/> (Vendors must apply for a permit from the City Clerk's office, pay applicable vendor's fee and provide insurance information as required. Applicants have the option to pay a Blanket Fee of \$50 to cover vendors for their event; permit must be completed).
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ALL QUESTIONS MUST BE ANSWERED. FAILURE TO COMPLETE THIS SECTION WILL RESULT IN A DELAY OF APPROVAL AND / OR DENIAL. A PERMIT WILL NOT BE ISSUED UNLESS APPROVED BY ALL DEPARTMENTS. USE ADDITIONAL SHEET IF NECESSARY

- Street closure? YES NO ____:____ am/pm - ____:____ am/pm If street(s) closure is requested, you must provide a clear sketch or map showing the street names, directions, location(s) and # of barricades you are requesting.
- Traffic control? YES NO Specify as to what you are requesting: _____

- Vehicles? For example “touch the truck” events? YES NO Specify vehicles requested and reason: _____

- If using the Bandshell or Park, will you require electricity? YES NO
- Will firearms or weapons of any kind be used or displayed at this event? YES NO Specify in detail: _____

- Will the Fire Department be needed on site for fire safety purposes? YES NO If yes, state reason in detail: _____

- Will there be any use or display of explosives, fireworks or any other flammable items at this event? YES NO Specify in detail: _____

CITY ENGINEER

Approved Denied: _____

Comments: _____

Signature _____ / / _____

CHIEF OF POLICE

Approved Denied: _____

Comments: _____

Signature _____ / / _____

FIRE CHIEF

Approved Denied: _____

Comments: _____

Signature _____ / / _____