



**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: ____/____/____	

## EVENT / VENDOR / CITY PROPERTY USE APPLICATION / PERMIT

### REQUIRED INFORMATION / DOCUMENTATION TO PROCESS APPLICATION

- 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.
- 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. This fee is exempt for school, government and charitable organizations.
- Proof of insurance naming City of Johnstown as additional insured, with the following limits:
 

<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
- 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. Residents / Businesses affected by street closure should be notified of your event.
- 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.

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

\_\_\_\_\_  
Applicant Signature

### APPLICANT INFORMATION

#### GROUP / ORGANIZATION INFORMATION

Name:

Phone:

Address:

State:

Zip:

Email:

#### CONTACT INFORMATION

Name

Phone:

Address:

State:

Zip:

Email:

### EVENT INFORMATION

*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*

- Name and type of Event: \_\_\_\_\_
- Location: \_\_\_\_\_
- Requested Date(s) of Event: \_\_\_\_\_
- Time of Event: \_\_\_\_: \_\_\_\_ am/pm to \_\_\_\_: \_\_\_\_ am/pm
- 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 you require the use of the PA System? 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### VENDOR INFORMATION

*If vending please complete the following information and provide appropriate fees. Failure to complete this section will result in a delay of approval and / or denial.*

BUSINESS TYPE	DAY	WEEK	MONTH	QUARTER	6 MONTHS	YEAR
Vendor – Includes Hawker, Huckster, Peddler, Solicitor and Transient Merchant	\$10	\$25	\$75	\$150	\$350	\$650
Auction	\$10	\$25	\$75	\$150	\$350	\$650
Christmas Tree Sales	8 weeks - \$45					
Event Blanket Fee	1 day - \$50					

- Have you ever been refused a license or had a license revoked? YES  NO  If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- Will fundraising take place? YES  NO  Describe: \_\_\_\_\_
- Will there be Vendors? YES  NO
- Will there be alcohol? YES  NO  If yes, a Special Alcohol Permit must be completed and approved by Chief of Police.
- Hours of Operation: \_\_\_\_\_

- Merchandise  Food  Christmas trees  Other  \_\_\_\_\_
- Method of distribution: \_\_\_\_\_ When will goods be delivered: \_\_\_\_\_
- NYS Tax ID#: \_\_\_\_\_
- Federal Tax ID#: \_\_\_\_\_
- NYS Dept. of Ag & Markets Permit #: \_\_\_\_\_
- NYS Health Dept. Permit #: \_\_\_\_\_
- NYS Auctioneer's License #: \_\_\_\_\_

Vehicle information used to conduct Vending business

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate #: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

\*If vending on private property you must provide a letter from the property owner giving permission to vend.

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

CITY ENGINEER

Approved  Denied: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature

CHIEF OF POLICE

Approved  Denied: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature

FIRE CHIEF

Approved  Denied: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature