



# TOWN OF EAST HAMPTON

Town Clerk's Office

159 Pantigo Road, East Hampton, NY 11937

Phone: 631-324-4142

## SPECIAL EVENT PERMIT APPLICATION

Pursuant to East Hampton Town Code Chapter 151

*Please note: Applications for special event permits of 1 to 100 persons shall be submitted at least 14 days prior to the event. Applications for special event permits of 101-249 persons must be submitted at least 30 days prior to the event. Applications for special event permits of 250 persons or more shall be submitted at least 60 days prior to the event.*

### **I. APPLICANT INFORMATION**

#### **1. Personal Information:**

Name: \_\_\_\_\_  
Last First MI

Applicant Mailing Address: \_\_\_\_\_

Applicant Telephone No.: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Applicant is a professional fundraiser (As defined in New York State Executive Law §171-a):  Yes  No

Check off \_\_\_\_\_ Resident or \_\_\_\_\_ Non-Resident If Resident, Local Address: \_\_\_\_\_

**Proof of Identity: Applicant must provide proof of identity at the time of application with either a valid NYS Driver License or other official Photo ID. A photocopy of such proof will become part of the application and the application will not be deemed complete without it.**

**2. Business Entity: An individual applicant must always be named and identified above; however, if application is being made on behalf of a business entity, the following questions must also be completed. If the application is not being made on behalf of a business entity, please mark N/A and skip to the next question.**

Applicant Relationship to Business Entity: \_\_\_\_\_

Current Business Entity Name: \_\_\_\_\_

Type of Business Entity:  Sole Proprietor  Partnership  Corporation/LLC Other: \_\_\_\_\_

Nonprofit Organization:  Yes 501(c)\_\_\_\_  No

Business Entity Mailing Address: \_\_\_\_\_

Partner Names (if applicable): \_\_\_\_\_

Corporate Service of Process Address (if applicable): \_\_\_\_\_

Corporation/LLC (New York) Department of State ID# (if applicable): \_\_\_\_\_

3. **Sponsoring Organization:** If there is a sponsoring organization, please answer the following questions. If not, please mark N/A and skip to the next question.

Applicant Relationship to Sponsoring Organization:

\_\_\_\_\_

Name of Sponsoring Organization:

\_\_\_\_\_

Address of Sponsoring Organization:

\_\_\_\_\_

Sponsoring Organization Telephone No.: (\_\_\_\_) \_\_\_\_\_

Nonprofit Organization:  Yes 501(c)\_\_\_\_\_  No

4. **Designated Agent:** Applicant is required to provide information for a Designated Agent – a person, residing within the County of Suffolk, who is designated by an applicant for an assembly to accept service of process from the Town of East Hampton for any violation of this Chapter or any other chapter set forth in the EHTC which relates to or arises out of the assembly.

Designated Agent Name:

\_\_\_\_\_

Designated Agent Mailing Address:

\_\_\_\_\_

Designated Agent Phone No.: (\_\_\_\_) \_\_\_\_\_

## II. **EVENT DETAILS**

1. **Description and Purpose of Gathering:** \_\_\_\_\_

(Include Name that will be given to Event)

\_\_\_\_\_

\_\_\_\_\_

2. **Location of Gathering:**

Street Address: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_

Zoning of Surrounding Properties: \_\_\_\_\_

\_\_\_\_\_

Proximity of Nearest Residential Structures: \_\_\_\_\_

\_\_\_\_\_

***\*\*Please attach a survey or sketch map/plan of the assembly location, proposed location(s) for parking, outdoor areas proposed to be used, and the location of any tent(s) and additional sanitary facilities to this application.***

**\*\*\*IF APPLICABLE APPLICANT MUST ATTACH A SURVEY OR SKETCH MAP OF THE PARADE ROUTE TO THIS APPLICATION. THE SURVEY OR SKETCH MAP WILL BECOME PART OF THE APPLICATION, AND THE APPLICATION WILL NOT BE DEEMED COMPLETE WITHOUT IT.**

**3. Property Owner Details:**

**When the applicant is not the property owner, written consent of the actual property owner is required either by completing the owner consent section at the end of this application or by providing a notarized letter from the owner separately. Property owner consent will become part of the application and the application will not be deemed complete without such consent.**

Property Owner:  Applicant listed in Section I is the property owner (continue to #4).

Applicant listed in Section I is NOT the property owner (complete remaining questions).

Property Owner Name(s): \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

Property Owner Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**4. Date, Time, and Scope:**

**Pursuant to EHTC §151-8, Assemblies may take place over a period of more than one day. All days shall be clearly set forth, and the Town Board shall have the right to approve some dates and deny others.**

DATE mm/dd/yr	START TIME Indicate AM/PM	END TIME Indicate AM/PM	# OF PEOPLE EXPECTED Include workers & staff	# OF VEHICLES EXPECTED	
				ON PROPERTY	ON STREET (Public or Private)

***\*\*Please Note: If off-site parking is proposed, the location of such parking area(s) in the form of a survey or sketch AND the traffic management plan for the parking of vehicles and transportation of cars or guests to and from the assembly site MUST be attached to this application.***

**5. Miscellaneous:**

**A. General Liability Insurance:** *Every application for a commercial, public property, and parade/walk-run special event permit pursuant to this chapter shall include a certificate of insurance that evidences a public liability insurance policy covering the Town as an additional insured in the minimum amount of the \$1,000,000 per occurrence for the duration of the special event. The applicant shall also submit an indemnification agreement that states that the applicant agrees to assume all liability for and will indemnify and hold the Town harmless of and free from any and all damages that occur to persons or property by reason of said special event.*

**B. Music:** All EHTC provisions regarding noise and music must be adhered to as a condition of any assembly permit issued as a result of this application. The issuance of an assembly permit does not allow for deviation from the Town's established regulations for noise. Please select all options that are applicable to your event. Also please give a brief

Yes, music will be provided in the following manner(s):

- Indoor       Outdoor  
 Live Band     DJ      Other:

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\*Time, Duration and location(s) of Music:

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No, there will be no music provided at the proposed assembly/assemblies.

**C. Outdoor Loudspeakers or PA system.**     Yes: Location and Purpose: \_\_\_\_\_

No

**D. Tents:** If a tent is proposed, the size and placement of the tent on the premises must be attached to this application.

Yes, tents will be utilized at the proposed assembly/assemblies, and it is understood that in addition to this application, separate tent permits must also be obtained. No Permit will be issued without the submission of a Tent Permit Application to the Fire Marshal's Office.

No, there will be no tents utilized at the proposed assembly/assemblies.

**E. Lighting:** If any additional outdoor lighting is proposed for the assembly, please complete the following:

Description of Proposed Outdoor Lighting: \_\_\_\_\_

Location of Proposed Outdoor Lighting: \_\_\_\_\_  
(Attach map if necessary)

**F. Details for Refuse Removal:** Specify plan for the removal of any refuse generated by this event.

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**G. Provisions for Sanitation Facilities:** Please specify the sanitation facilities that will be utilized for this event. If additional sanitation facilities are proposed, specify what is proposed and where the same will be located. (Attach map if necessary)

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**H. Admission Charge:**       Yes                       No

**I. Sales:**               None

Goods & Services (describe) \_\_\_\_\_

Food & Drink (describe) \_\_\_\_\_

Other (describe) \_\_\_\_\_

**J. Food Service:** *If there will be an outside vendor/ caterer at the event, please provide name and address of vendor/ caterer. Suffolk County Department of Health Services permits may be required.*

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

**K. Security and Valet Information:** *If security is to be provided, please provide the following information:*

Name of Security, Valet Company or both if applicable:

\_\_\_\_\_

Contact Person(s):

\_\_\_\_\_

Phone No.: (\_\_\_\_\_) \_\_\_\_\_

**\*\*Please attach the proposed security plan and or valet plan to this application.**

**L. Medical/ Emergency:** *Please provide the proposed medical and emergency plans, along with personnel:*

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

**M. Alcohol to be served at Assembly/Assemblies:**       Yes                       No  
*A special event license from the State Liquor Authority may be required.*

**N. Responsible Party:** *Please provide the name and phone number of a responsible party who will be available to Town officials at the time of the event.*

Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

**III. APPLICANT ACKNOWLEDGEMENT**

**I HAVE ANSWERED THE FOREGOING QUESTIONS TO THE BEST OF MY KNOWLEDGE AND BELIEVE AND SWEAR THAT THE ANSWERS CONTAINED IN THIS APPLICATION ARE TRUE AND ACCURATE.**

**I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ENSURE THAT PATRONS, LICENSEES, AND/OR INVITEES OF THE ASSEMBLY, OR THOSE ENGAGED IN CONDUCTING THE SAME, DO NOT TRESPASS UPON ANY ADJOINING PROPERTY OR PREMISES.**

**I ACKNOWLEDGE THAT CHAPTER 151 OF THE EAST HAMPTON TOWN CODE, ENTITLED "PUBLIC ASSEMBLIES," IS THE CONTROLLING LEGISLATION FOR THE REGULATION OF ASSEMBLIES IN THE TOWN OF EAST HAMPTON, AND THAT THE ISSUANCE OF A PERMIT PURSUANT TO THIS APPLICATION REQUIRES COMPLIANCE WITH ALL PROVISIONS AND REGULATIONS WITHIN.**

**I FURTHER ACKNOWLEDGE THAT THE ISSUANCE OF A PERMIT PURSUANT TO THIS APPLICATION IS NOT A WAIVER FOR ANY ACTIVITY PROHIBITED BY LAW, AND AS A CONDITION OF ANY PERMIT ISSUED, COMPLIANCE WITH ALL PROVISIONS OF THE EAST HAMPTON TOWN CODE, AS WELL AS APPLICABLE STATE AND FEDERAL LAW, IS REQUIRED.**

**I HEREBY CONSENT TO THE INSPECTION OF THE PREMISES BY A POLICE OFFICER OR OTHER ENFORCEMENT OFFICER, UPON REQUEST, FOR THE PURPOSE OF ENSURING THAT THE TERMS AND CONDITIONS OF THE PERMIT ARE MET.**

**I ALSO HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE TOWN OF EAST HAMPTON, ITS OFFICIALS, EMPLOYEES, AGENTS, AND OTHER PERSONS FROM AND AGAINST ALL CLAIMS, COSTS, JUDGMENTS, LIENS, ENCUMBRANCES, AND EXPENSES, INCLUDING REASONABLE ATTORNEY FEES ARISING OUT OF THE ACTS OR OMISSIONS OR NEGLIGENCE OF THE APPLICANT, ITS AGENTS, EMPLOYEES, OR SUB-CONTRACTORS, IN CONNECTION WITH THIS APPLICATION AND ANY PERMIT OR GATHERING RELATED TO THIS APPLICATION.**

*A FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK.*

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE SIGNED

SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

**IV. PROPERTY OWNER CONSENT**

**\*Property owner consent is required when the applicant is not the property owner. If the applicant is the property owner, this portion does not need to be filled out.**

STATE OF NEW YORK  
COUNTY OF SUFFOLK

\_\_\_\_\_ BEING DULY SWORN DEPOSES AND SAYS THAT HE/SHE IS THE LEGAL OWNER OF THE PROPERTY LISTED IN THIS APPLICATION, OR IS A LEGAL OWNER, AGENT, MEMBER, OR AUTHORIZED OFFICER OF THE CORPORATION OR TRUST OWNING THE PROPERTY LISTED IN THIS APPLICATION.

I UNDERSTAND THAT, AS AN OWNER OF A PROPERTY LOCATED WITHIN THE TOWN OF EAST HAMPTON AND OUTSIDE OF THE BOUNDARIES OF ANY INCORPORATED VILLAGE, I SHALL NOT CAUSE, PERMIT, OR ALLOW MY PROPERTY TO BE USED FOR AN ASSEMBLY AS DEFINED IN EHTC §151 UNLESS A WRITTEN PERMIT FOR THE ASSEMBLY HAS BEEN ISSUED BY THE APPROPRIATE TOWN OFFICIAL(S).

I HEREBY CONSENT TO INSPECTION OF THE PREMISES BY A POLICE OFFICER OR OTHER ENFORCEMENT OFFICER, UPON REQUEST, FOR THE PURPOSE OF ENSURING THAT THE TERMS AND CONDITIONS OF THE PERMIT ARE MET.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE TOWN OF EAST HAMPTON, ITS OFFICIALS, EMPLOYEES, AGENTS, AND OTHER PERSONS FROM AND AGAINST ALL CLAIMS, COSTS, JUDGMENTS, LIENS, ENCUMBRANCES, AND EXPENSES, INCLUDING REASONABLE ATTORNEY FEES ARISING OUT OF THE ACTS OR OMISSIONS OR NEGLIGENCE OF THE APPLICANT, ITS AGENTS, EMPLOYEES, OR SUB-CONTRACTORS, IN CONNECTION WITH THIS APPLICATION AND ANY PERMIT OR GATHERING RELATED TO THIS APPLICATION.

I ALSO HEREBY AGREE THAT I AM FULLY AWARE OF THE DETAILS OF THE GATHERING PROPOSED HEREIN AT THE SUBJECT PROPERTY, AND I AUTHORIZE THE APPLICANT TO MAKE THIS APPLICATION AND CONSENT TO THE GATHERING AND ACTIVITY DESCRIBED.

*A FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK.*

\_\_\_\_\_  
SIGNATURE OF PROPERTY OWNER, AGENT, MEMBER, OR AUTHORIZED CORPORATE OFFICER

\_\_\_\_\_  
DATE SIGNED

SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_

<b>RESULT:</b>	<b>ADOPTED AS AMENDED [3 TO 0]</b>
<b>MOVER:</b>	Kathee Burke-Gonzalez, Councilwoman
<b>SECONDER:</b>	Jeffrey Bragman, Councilman
<b>AYES:</b>	Kathee Burke-Gonzalez, Jeffrey Bragman, Peter Van Scoyoc
<b>ABSENT:</b>	Sylvia Overby
<b>RECUSED:</b>	David Lys