



Town of Cheektowaga

3301 Broadway Street
Cheektowaga, NY 14227
Office Phone: (716) 686-3400

E-mail: townclerkwebmail@tocny.org

Special Event Permit Application

Name of Applicant: _____ Phone Number _____

Name of Organization: _____

Address: _____

Email address: _____

Event Name (as appears in advertising): _____

Type of Event (Fair, Race, Festival, etc.): _____

Specific Location of Event: _____

Purpose of Event: _____

Date(s) of Event: _____

Start Time: _____ End Time: _____

Anticipated Attendance Daily: _____ In Total: _____

Fireworks/Pyrotechnics being used? Yes ___ No ___ Utilizing a tent(s)? Yes ___ No ___

If Yes, a permit must be obtained from the Building Department

Parade? Yes ___ No ___

Parade Route: _____

Will a Police Escort be needed? Yes ___ No ___

Number of Vehicles in the Parade: _____

Number of People in the Parade: _____

Estimated Time Duration of the Parade: _____

Will any roads need to be closed to traffic: Yes ___ No ___

If Yes, which roads: _____

Will you have a Security Company? Yes ___ No ___

If Yes, # of armed _____ # of unarmed _____

Name of Security Company (if utilized): _____

Contact Person of Security Company: _____



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Attach a map or sketch showing location of event using name and address of a facility, property, roads, landmarks, etc. which must show the following: (attach those items who pertain to your event)

- (a) Location of parking facilities indicating the number of parking spaces being provided for.
- (b) Location of toilet facilities including location of port-o-potties.
- (c) Location of entrances where the public is to enter onto site and exit the site.
- (d) Location of vendor facilities including booths and food service facilities.
- (e) Location of all adjacent residential structures.
- (f) Information on where vehicles are to be parked during the event and any additional traffic control measures that are to be undertaken to deal with additional traffic into the facility.

***A public safety plan is required that addresses Emergency vehicle ingress & egress, fire protection, emergency egress or escape routes, Emergency Medical Services, & reunification areas.**

Point of Contact for Event:

Name	Address	Email	Phone Number
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FEE(S):

Application Fee	\$25.00	INV# \$_____
Tent Permit:	\$50.00 per tent \$100.00 (> 400 sq ft)	INV# \$_____
Ball Diamond:	\$_____	INV# \$_____
Shelter Fee:	\$_____	INV# \$_____
Lions Pavilion: (\$250.00 residence) or (\$500.00 non-residence) per day of use Contact: townclerkwebmail@tocny.org or (716) 686-3982 to confirm availability	\$_____	INV# \$_____
Clean-up / Maintenance:	\$_____	INV# \$_____
Police Escort:	\$_____	INV# \$_____
Other:	\$_____	INV# \$_____

I, the undersigned, hereby make application for the above-described Special Event, and agree to be bound by the terms herein stated.

Signature

Date

Print Name

Town Department Approvals / Denials: PLEASE INITIAL! Department:

Police:	Approved_	Denied	Date:
Building:	Approved_	Denied	Date:
Fire:	Approved_	Denied	Date:
Highway:	Approved_	Denied	Date:
Youth & Rec:	Approved_	Denied	Date:
Facilities:	Approved_	Denied	Date:
Emergency Services:	Approved_	Denied	Date:

*****Approval is at the discretion of the Cheektowaga Town Board*****