



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: ☐ Check: ☐ Credit: ☐

Insurance: ☐ Yes ☐ No ☐ NA Deposit: ☐ Yes ☐ No ☐ NA

Signature: _____

Deposit Refunded: ____/____/____

EVENT / VENDOR / CITY PROPERTY USE APPLICATION / PERMIT

Section A: Required Information & Documentation to Process Application

1. All applicants hosting an event must submit a completed application and all required supporting documentation at least thirty (30) days prior to the scheduled event. This requirement does not apply to Vendor Permits (see Vendor Permit section below). Failure to submit required materials may result in delayed processing, denial of the application, or inability to issue the permit prior to the event date.
2. A \$100.00 Security Deposit is required for events held on City property. The applicant is responsible for all cleanup and restoration of the event area within twenty-four (24) hours following the event. The deposit will be refunded after inspection by City personnel confirms that no damage, debris, or cleanup deficiencies exist. If damages or cleanup costs exceed the deposit amount, the applicant shall be responsible for all additional costs incurred by the City. This requirement may be waived for government agencies, schools, & charitable organizations at the discretion of the City.
3. Events and / or Vendors on City property require proof of insurance naming City of Johnstown as additional insured, with the following limits:

<u>Standard Events</u>	<u>Bandshell / Park Events</u>
Bodily injury (per person) - \$250,000.00 Bodily injury (per occurrence) - \$500,000.00 Property damage - \$300,000.00	Coverage limits may be increased at the discretion of the City based on event risk level. The City reserves the right to require higher coverage limits based on event size, activity type, or risk.

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. Residents / Businesses affected by street closure should be notified of your event.
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.
6. Applicant agrees to indemnify, defend, and hold harmless the City of Johnstown, its officers, employees, and agents from and against any and all claims, damages, losses, liabilities, or expenses arising out of or related to the applicant's use of City property or conduct of the event.
7. I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that submission of this application does not constitute issuance and that no event may occur until all required approvals are granted.

Applicant Signature: _____ Dated: ____/____/____

Section B: Applicant Information

GROUP / ORGANIZATION INFORMATION

Name:	Phone:
Address:	State: Zip:
Email:	

CONTACT INFORMATION

Name

Phone:

Address:

State:

Zip:

Email:

Section C: Event Information – This section is not required for applicants who are applying solely for a Vendor permit.

All questions in this section must be completed if you are planning to hold an event in the City of Johnstown, including but not limited to block parties, car shows, festivals, or similar gatherings. Failure to fully complete this section may result in a delay in processing, denial of the application, or both. A permit will not be issued until the application has been approved by all required City departments.

Event Information

Name of Event: _____

Type of Event: _____ Location: _____

Requested Date(s): _____ Estimated Attendance: _____

Event Time: _____ : _____ ☐ am ☐ pm - _____ : _____ ☐ am ☐ pm**Street Closure Request**1. Street Closure Requested? ☐ Yes ☐ No2. Closure Time: _____ : _____ ☐ am ☐ pm - _____ : _____ ☐ am ☐ pm

If requesting street closure, attach a map clearly identifying Street names, Direction of closure & Barricade locations and quantity requested

Traffic Control1. Traffic Control Requested? ☐ Yes ☐ No If yes, specify needs: _____**Vehicles / Equipment**1. Are you requesting the use of City vehicles or equipment to be displayed or used (e.g., "Touch-a-Truck")? ☐ Yes ☐ No
If yes, describe: _____**City Property Use - If using Bandshell or Park**1. Electricity Required? ☐ Yes ☐ No**Safety and Risk Information**1. Will firearms or weapons of any kind be used or displayed? ☐ Yes ☐ No If yes, provide explanation: _____2. Will Fire Department presence be required? ☐ Yes ☐ No If yes, explain reason: _____3. Will explosives, fireworks, or flammable materials be used? ☐ Yes ☐ No If yes, provide explanation: _____**Amplified Sound**1. Will amplified sound be used? ☐ Yes ☐ No If yes, specify hours of operation and description: _____

Section D: Vendor Information – Required, Only If Vending / Soliciting

If you will be selling any merchandise or food items, please complete the vending section below and include the required fees. Failure to complete this section may delay approval or result in denial.

Vendor Fees:

BUSINESS TYPE	DAY	WEEK	MONTH	QTR.	6 MO.	YEAR
Vendor / Solicitor	\$10	\$25	\$75	\$150	\$350	\$650
Auctions	\$10	\$25	\$75	\$150	\$350	\$650
Christmas Tree Sales	8 weeks - \$45					
Event Blanket Fee - covers all vendors for the day of event	1 day - \$50					

Vendor Information:

1. Have you ever been refused a license or had a license revoked? ☐ Yes ☐ No If yes, explain: _____
2. Will fundraising take place? ☐ Yes ☐ No If yes, describe: _____
3. Vending Location (If vending on private property, written permission from the property owner must be attached). _____
4. Is location on City property? ☐ Yes ☐ No
5. Will alcohol be present / sold? ☐ Yes ☐ No If yes, a Special Alcohol Permit is required; subject to Police Dept. approval.
6. Hours of Operation: _____
7. Type of Goods: ☐ Merchandise ☐ Food ☐ Christmas Trees ☐ Other: _____
Method of Distribution: _____ Delivery Schedule: _____

Required Vendor Documentation – Food vendors must provide Health Department permits prior to operation.

1. NYS Tax ID Number: _____
2. Federal Tax ID Number: _____
3. NYS Department of Agriculture & Markets Permit #: _____
4. NYS Health Department Permit #: _____
5. NYS Auctioneer License #: _____

Vehicle Information (If Applicable) – Food trucks, door to door sales, etc.

Make: _____ Model: _____ Year: _____ Plate #: _____
Driver License #: _____ Insurance Company: _____

Section E: Office Use Only - Do Not Write Below This Line

CITY ENGINEER ☐ Approved ☐ Denied ☐ N/A Comments: _____

Signature _____ / /

CHIEF OF POLICE ☐ Approved ☐ Denied ☐ N/A Comments: _____

Signature _____ / /

FIRE CHIEF ☐ Approved ☐ Denied ☐ N/A Comments: _____

Signature _____ / /

CITY CLERK ☐ Approved ☐ Denied ☐ N/A Comments: _____

Signature _____ / /