

City of Amsterdam Special Events Permit

Please note: **ten days** prior to date of event, all vendors or suppliers of services, including applicant, must supply any and all required permits and/or licenses required by any Federal, State, or local governing, regulatory or permitting agencies AND a Certificate of Insurance naming the City of Amsterdam as additionally insured.

Minimum liability insurance required: 1,000,000.00 and proof must be submitted with the application.

1. Name of Applicant, Organization or Group:

If not-for-profit, New York State ID#:

Business or mailing address of Applicant:

City, State, and Zip:

Contact Person:

Telephone No.

2. Nature of event:

Date or dates of event:

Number of people expected to attend:

From: ___ A.M. To: ___ P.M.
___ A.M. ___ P.M.

Will function be held:

INSIDE _____

OUTSIDE _____

BOTH _____

Name of place where event is to be held:

Street address where event is to be held:

Is the gathering being held for the benefit of anyone other than the applicant?

___ NO
___ YES

If yes, state name of beneficiary:

Will anyone other than the applicant or the beneficiary named above be sharing the receipts from this gathering?

___ NO
___ YES

If yes, provide details:

3. Attach a diagram of the area to be used. Answer the questions below and indicate these items on the diagram:

Will there be:

FOOD: _____

NON-ALCOHOLIC BEVERAGES: _____

ALCOHOLIC BEVERAGES: _____

GAMES OF CHANCE: _____

FIREWORKS: _____

OTHER (describe) _____ offered at this event?

Number of bars or stands (if any) serving alcoholic beverages:

Number of rest rooms available:

Area where consumption of alcoholic beverages will be restricted to:

Number of entrances to restricted area:

4. Will anyone other than the applicant be providing any of the above?

___ NO
___ YES

If yes, state name and address of provider(s):

5. Who will provide security for this function?

Will this function be open to the public? YES
 NO

Attach a letter from the Amsterdam Police Department stating that they are aware of the function AND have reviewed proposed security:

6. RIVERLINK PARK APPLICANTS

Special Events applications for the use of the Riverlink Park must be submitted to the Waterfront Commission for review.

All events held at the Riverlink Park must be accessed by use of pedestrian bridge. The at-grade railroad crossing on the Front Street is for the use of maintenance, service and emergency vehicles ONLY and CANNOT be used for any other reason.

Will this event require a crossing permit for any maintenance or service vehicles? NO YES

7. This certification must be signed and dated by: the individual applicant **OR** each member of a partnership **OR** an officer duly authorized by order of the Board of Directors of the applicant corporation, group or association to make statements and answers in this application on behalf of said applicant entity, with the same force and effect as if said entity made such statements and answers itself.

I certify that I know the contents of this application and the statements contained herein: that the same are true of my own knowledge; and that I am authorized to execute this application and sign this certification. I further certify that I have read the terms and conditions for the applied for permit and agree to comply with this conditions.

_____	_____	_____
Authorized Signature	Title	Date
_____	_____	_____
Authorized Signature	Title	Date

PROVIDE THE FOLLOWING FOR ALL AUTHORIZED SIGNATURES ABOVE (attach additional sheets if necessary)

Print Name: _____ Date Of Birth: _____ Age: _____

Residence street address of above: _____ City, State, ZIP _____

Home Telephone: _____ Work Telephone: _____

OFFICE USE ONLY:

Recreation Department: _____ Approve: _____ Disapprove: _____

City Clerk: _____ Date Received: _____

Police Dept. _____ Approve: _____ Disapprove: _____

Fire Dept. _____ Approve: _____ Disapprove: _____

Special Requirements of applicant

