

APPLICATION FOR PUBLIC GATHERING PERMIT

The undersigned hereby applies for a Public Gathering Permit and in connection with this application provides the following information:

PERSONAL INFORMATION:

Name: _____

Permanent Address: _____

Mailing Address (if different): _____

Telephone Number: ____ () _____

Interest in Proposed Site: _____

Name of Promoter/Sponsor of Gathering: _____

Address: _____

Telephone Number: ____ () _____

Address of Proposed Site: _____

Nature or Purpose of Gathering: _____

Dates and Hours of Operation of the Gathering: _____

Alternate Dates and Hours of the Gathering: _____

Maximum Numbers of Persons to Attend Gathering at Any One Time: _____

Maximum Number of Persons Allowed to Sleep at Location of Gathering (If applicable): _____

Description of Plan to Limit Maximum Number of People Permitted to Attend Gathering: _____

Describe Plans for Fencing Location of Gathering/Include Location of Gates: _____

Describe Plans for Supplying Portable Water, Including Amount Available and Outlets: _____

Describe Plans for Providing Toilet and Lavatory Facilities Including Source, Number, Location, Type and Means of Disposing Waste: _____

Describe Plans for Parking Vehicles Including Size and Location of Lots, Point of Highway Access and Interior Roads Between Highway Access and Parking Lots: _____

Plans for Camping Facilities, if any, Including Facilities Available and Location: _____

If Applicant is a Corporation, attach a certified copy of Articles of Incorporation together with name, age, residence and mailing address of each person with 10% or more of stock of corporation.

Attach proof of ownership on which Assembly is to be held or statement made upon oath or affirmation by record owner of property that Applicant has permission to use such property for gathering of 500 or more persons.

Attach bond or proof of insurance policy naming Town of Fulton as an insured (if required)

Will Applicant apply for Temporary Fermented Malt Beverage License in connection with the gathering?

_____ Yes _____ No

If a maximum exceeding 1,000 person will be in attendance at one time, attach proof that emergency services have been contracted for.

Applicant's Verification of Information:

I hereby certify that the statements above are true and correct to the best of my information.

(Signature)

(Date)

TOWN OF FULTON ONLY

Filing Fee Paid: _____ Yes _____ No

PERMIT

Permit Granted: _____ Yes _____ No

CONDITIONS

PROOF OF INSURANCE AND/OR BOND

Filed (if required): _____ Yes _____ No

PROOF OF CONTRACTING FOR EMERGENCY SERVICES

Filed: _____ Yes _____ No

TOWN OF FULTON:

Chairman Scott Farrington

ATTEST:

Laura Siclovan, Clerk/Treasurer