

TYPE OF EVENT
PUBLIC [] PRIVATE []

FEE: \$235

APPLICANT INFORMATION

Must be 18 or older to submit an application * No glass containers * Application fee due upon submittal *Application must be submitted a minimum of three weeks prior to the event*

Name of Applicant / Contact Person	Name of Event			
Organization Name	Description of Event (Parade, walk/run, etc.)			
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Home Organization or Company Address	Date of Event			
Home, Organization or Company Address	Date of Eve	ΠL		
City, State and Zip	Location of Event			
()	From:	am/pm To:	an	n/pm
Contact Phone #	Total Time for Set-up, Event & Clean-up			
	From:	am/pm To:	an	n/pm
E-mail Address	Time of Event			
	Estimated N	ntc		
	Estimated Number of Participants			
Please answer the following questions:			YES	NO
Is this an annual event? How many years have you been	holding this e	vent?		
Will there be admission, entry fee(s) or participant fee(s) If "yes" what is the fee?	required for	your event?		
Will there be amplified sound/music at the event?				
Specify Type: (microphone, band, radio, PA sys	stem, etc.)			
Will there be any entertainment apparatus?				
Specify Type: (stage, etc.)				
Will there be any vendors at this event? If "yes" please provide a separate list.				
Will there be any alcohol served at this event? If "yes" by who?				
Will any part of the event take place in the public right of way? (sidewalk, street, etc.)				
If "yes" please attach a completed Encroachme	ent Permit app	olication.		

*Attach a map showing the proposed event location and any portion of the streets and alleys to be closed. Indicate where barricades, cones or other devices would be installed to close streets and/or alleys.



Please include any other information regarding the event that the City of Corning may need to know about.				
Insurance Yes No				
Do you have insurance coverage for this event? Yes / No				
Insurance Company / Policy Number:				
Note: Applicant is required to provide liability insurance in the minimum amount of \$2,000,000 per occurrence and \$4,000,000 aggregate and name "The City of Corning, its elected officials, officers and employees" as additional insureds.				
(Attach copy of Certificate of Insurance)				
Signature of Applicant Print/Type Name Date				



Requirements & Remarks

Police Department NO ONE UNDER 21 IS ALLOWED TO CONSUME ALCOHOL Security Officers Needed _____ **Public Works Department Fire Department Recreation Department** Authorizing Signature – Police Department Date Authorizing Signature – Public Works Department Date Authorizing Signature – Fire Department Date Authorizing Signature – Recreation Department Date Authorizing Signature – City Manager Date