



City of Corning

SPECIAL EVENT PERMIT APPLICATION
FOR PARKS OR CITY STREET USE
THIS RESERVATION IS NOT VALID UNTIL APPROVED

TYPE OF EVENT	
PUBLIC []	PRIVATE []

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, ect.)

Home, Organization or Company Address

Date of Event

City, State and Zip

Location of Event

()

Contact Phone #

From: am/pm To: am/pm

Total Time for Set-up, Event & Clean-up

E-mail Address

From: am/pm To: am/pm

Time of Event

Estimated Number of Participants

Please answer the following questions:	Circle:
Is this an annual event? How many years have you been holding this event? _____	Yes / No
Will there be admission, entry fee(s) or participant fee(s) required for your event? If "yes" what is the fee? _____	Yes / No
Will there be amplified sound/music at the event? Specify Type: (microphone, band, radio, PA system, etc.) _____	Yes / No
Will there be any entertainment apparatus? Specify Type: (stage, etc.) _____	Yes / No
Will there be any vendors at this event? If "yes" please provide a separate list.	Yes / No
Will there be any alcohol served at this event? If "yes" by who? _____	Yes / No
Will any part of the event take place in the public right of way? (sidewalk, street, etc.) If "yes" please attached a completed Encroachment Permit application.	Yes / No

***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.**



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Please include any other information regarding the event that the City of Corning may need to know about.

Insurance

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 \$1,000,000 per occurrence and \$2,000,000 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



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For Department Use Only 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