

CITY OF TONAWANDA
SPECIAL EVENTS APPLICATION

A non-refundable processing fee of \$25.00 for each application must be returned with application. Checks should be made payable to the City of Tonawanda. Please return to City Clerk's Office, 200 Niagara Street, Tonawanda, NY, 14150.

Please note: If a park shelter or gazebo is needed you will be contacted by the Recreation Department after you submit your application.

1. Dates and Times Requested (including activity time and set-up/closing times):

Name of Event: _____

Date of Event & Time: _____

2. Name of Applicant: _____ Title (if applicable) _____

3. Home Address _____

4. Business/Organization _____

5. Business Address _____

6. Profit _____ or Not-For-Profit (State Purpose) _____

7. Phone Numbers: Home _____ Business _____

Mobile _____ e-mail address: _____

Alternate or Emergency Phone Numbers: _____

8. Description & Purpose of the activities that will take place (Note that **only activities listed** are being considered for approval):

9. Note the specific locations where the activities are to be conducted. Include exact route of pedestrians or vehicles, if applicable. Please attach a map of the route to avoid confusion.

10. Describe any stands, trailers, tents, tables or methods of set-up. Include sizes. Attach a photo and a map of the proposed set-up, if applicable.

11. Is electric power needed? _____ Purpose: _____

12. Is water needed? _____ Purpose: _____

13. Will you be providing entertainment? _____ Explain: _____

14. Are you requesting the City's sound system? _____

15. Are you requesting street or path closings? _____ Route or Explanation:

16. Will fees be charged? _____ If yes, to benefit who? _____

17. Will food or beverages be available? _____ If yes, please explain what will be available, will it be sold or given away, will outside vendors be brought in. Note: vending in a City park may require a separate application.

18. Will outside vendors be used (i.e. Food Trucks)? _____

19. Anticipated attendance: _____

AUTHORIZATION and CONSENT

I, _____, authorize the City of Tonawanda Police Dept to conduct whatever interviews and or background investigations deemed necessary to ascertain suitability and fitness of character of requestor to conduct said Special Event

Date _____

Signature _____

Sworn to me before this _____ day of _____, 20_____

Signature of Notary Public or Commissioner of Deeds
