

**OPEN AIR PERMIT APPLICATION**  
Must be filed 30 days in advance of Event

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**APPLICANT INFORMATION**

Name:		Date:	
Current Address:	City:	State:	Zip:
Date of Birth:	Phone:	Drivers License #:	

**BUSINESS / ORGANIZATION INFORMATION**

Name of Business /Organization:			
Address:			
City:	State:	Zip Code:	Fax No.:
Phone:	E-mail:		
Type of Business: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/>			

**DESCRIPTION OF BUSINESS / ORGANIZATION**

Political <input type="checkbox"/>	Religious <input type="checkbox"/>	Social <input type="checkbox"/>	Other <input type="checkbox"/>	Nature of Other:
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**LIST OF OFFICERS**

Name & Address:	Title	Phone:
Name & Address:	Title	Phone:
Name & Address:	Title	Phone:
Name & Address:	Title	Phone:

**EVENT INFORMATION**

Purpose of Event:	Date of Event:	# of Participants:
Event Location	Start Time	End Time:
Any Street Closure Required Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes specify exact location and intersections:		
Type of Equipment In Event:	Electricity Needed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Structure or Tent: Yes <input type="checkbox"/> No <input type="checkbox"/>
Food or Beverage: Yes <input type="checkbox"/> No <input type="checkbox"/>	County Board of Health Certificate: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any Amusement Devise or Rides: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, you must have Common Show License		

**INSURANCE REQUIREMENTS**

ALL APPLICANTS MUST PROVIDE GENERAL LIABILITY INSURANCE COVERAGE OF \$500,000.00 AND SUBMIT A CERTIFICATE OF INSURANCE NAMING THE CITY OF NEW ROCHELLE AS ADDITIONALLY INSURED PARTY AND MUST STATE THAT ALL COVERAGE SHALL BE PRIMARY TO ANY OTHER INSURANCE COVERAGE BY THE CITY. THE CITY RESERVES THE RIGHT TO INCREASE OR MODIFY THE INSURANCE REQUIREMENTS.

**SIGNATURES**

I certify to the truth of the above statements and agree that if a license is granted all requirements of the City, County and State Laws, Ordinances & Regulations applying to the sale of any and all food stuff shall be complied with.

Signature of applicant:	Date:
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**NOTARY OR COMMISSIONER OF DEEDS**

Sworn and Subscribed to Before Me:	Seal:
Address:	
This _____ day of _____, 20_____	

**OPEN AIR PERMIT APPLICATION**

**CITY OF NEW ROCHELLE AUTHORIZATIONS**

**RISK MANAGER**

I have investigated the insurance policy and certificate of the foregoing organization, it is approved/disapproved-Comments:

Signature	Date
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**LAW DEPARTMENT**

I have reviewed this application and it is approved/disapproved-Comments:

Signature	Date
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**POLICE DEPARTMENT**

I have investigated the character and reputation of the foregoing organization and the staging area of the event, it is approved/disapproved-Comments:

Signature	Date
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**FIRE DEPARTMENT**

I have reviewed this application and the area of the intended event, it is approved/disapproved-Comments:

Signature	Date
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**PARKS & RECREATION DEPARTMENT**

I have reviewed this application and the area of the intended event, it is approved/disapproved with electricity-Comments:

Signature	Date
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**City Clerk**

Signature	Date
Permit No.	Issue Date:
Receipt No.	Event Date:

Permit Fee is \$60.00

(City Seal)