



**CITY OF ONEIDA**  
**City Clerk**  
 109 N. Main Street  
 Oneida, NY 13421  
 315-363-7378/315-363-9558 (Fax)

## APPLICATION FOR SPECIAL EVENT

**FEE:** \$25.00

- \_\_\_\_\_ Insurance Binder (Full Policy)
- \_\_\_\_\_ Traffic Control (Police Dept. Assistance)
- \_\_\_\_\_ Fire Barriers / Blockades
- \_\_\_\_\_ Notification to Residents
- \_\_\_\_\_ Proof of Volunteers
- \_\_\_\_\_ Bleachers/Tables/Garbage Cans/Etc.

OFFICE USE ONLY:

Date \_\_\_\_\_

Processed/Mailed: \_\_\_\_\_

By Whom: \_\_\_\_\_

**NOTE:** This application must be submitted at least forty- five (45) days prior to the event to the address above.

NAME OF EVENT: \_\_\_\_\_ DATE OF EVENT: \_\_\_\_\_

SPONSORING ORGANIZATION: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_ ESTIMATED ATTENDANCE: \_\_\_\_\_

EVENT TIME: From \_\_\_\_\_ AM/PM To \_\_\_\_\_ AM/PM

SET UP DATE: \_\_\_\_\_ From \_\_\_\_\_ AM/PM To \_\_\_\_\_ AM/PM

STREET CLOSURES: Start Date/Time: \_\_\_\_\_ Through: \_\_\_\_\_

**Please check appropriate boxes:**

Annual Event

Vendors

All vendors will need to obtain a Vendor permit and provide a list with this application

Entertainment

Please provide a listing of all performers, type of entertainment and schedule

Restrooms

OTHER REQUESTS: \_\_\_\_\_

\_\_\_\_\_



**CITY OF ONEIDA SPECIAL EVENTS APPLICATION**

For City Department Use Only

**TO:** Department Heads

Please contact the applicant directly with any questions or concerns. Sign and return this form to the City Clerk's office as soon as possible.

EVENT TITLE: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_

CONTACT NAME/PHONE #: \_\_\_\_\_

DEPARTMENT:

Police Department

Parks and Recreation

Fire Department

DPW

Estimated cost to applicant, if any: \_\_\_\_\_

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DEPARTMENT HEAD

\_\_\_\_\_  
DATE