

OTHER REQUESTS:

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

A SEALA	315-363-7378/315-363-9558 (Fa	i x)	Insurance Binder (Full Policy)
		Ì	Traffic Control (Police Dept. Assistance)
OFFICE USE ONLY:			Fire Barriers / Blockades
Date			Notification to Residents
Processed/Mailed:_			
By Whom:			Proof of Volunteers
		le le	Bleachers/Tables/Garbage Cans/Etc.
NOTE: This applic	cation must be submitted at least f	orty- five (45) c	days prior to the event to the address above.
NAME OF EVENT:			DATE OF EVENT:
SPONSORING ORGANIZA	TION:		PHONE NO.:
PRIMARY CONTACT:	-	·	EMAIL:
LOCATION OF EVENT:	:		ESTIMATED ATTENDANCE:
EVENT TIME:	From	AM/PM	To AM/PM
SET UP DATE:	Fro	om	AM/PM To AM/PM
STREET CLOSURES:	Start Date/Time:	Through	n:
Please check appropriate	e boxes:		
☐ Annual Event			
☐ Vendors	All vendors will need to obtain a Ven	ndor permit and	provide a list with this application
☐ Entertainment	Please provide a listing of all perform	mers, type of ent	ertainment and schedule
☐ Restrooms			

MAP:

If your event will use City streets or sidewalks (for a walk/run/parade) or will use multiple locations, please attach a complete map showing the assembly and dispersal locations and route plans. You must include any streets or parking lots that you are requesting to be blocked off and location of vendors, if any. A final map, if different, must be provided seven (7) days prior to the event. You must allow for emergency access.

INSURANCE:

All events must obtain a liability insurance policy in the amount of \$1,000,000.00 with the City of Oneida named as an additional insured. The insurance policy must be submitted to the City Clerk no later than thirty (30) days prior to the event and shall be subject to the approval of the City Attorney. This must be the full policy.

CERTIFICATION AND SIGNATURE

I understand and agree on behalf of the sponsoring organization that I have read and understand the attached Local Law No. 1 of 2012 in the City of Oneida.

I further understand that a liability insurance policy, with the City of Oneida named as an additional insured in the amount of \$1,000,000.00 will be presented to the City Clerk no later than thirty (30) days prior to the event and is subject to the review and approval of the City Attorney.

I further understand that the approval of this Special Event may include additional requirements or limitations based on the City's review of this application. Applicants who fail to follow the terms and conditions of the Special Events Policy may be subject to a fine.

As the duly authorized agent of the sponsoring organization, I am applying for approval of this Special Event, affirm the above understandings and agree that my sponsoring organization will comply with the terms of the confirmation of approval and all other City requirements, Ordinances, or other laws which may apply to this event.

DATE	SIGNATURE	:=	ORGANIZATION
Attach ve outs	Local Law No. 1 of 2012-Special Events Policy		
Attachments:	·		
	Recreation Department Fee Schedule		

CITY CLERK'S USE ONLY:						
Insurance Policy Received:	Sent to City Attorn	ney:	Approved: Denie	ed:		
Common Council Approval:	Resolution No.:	Notification to App	licant:			
City Clerk/Deputy City Clerk Signature:						
	Sandra LaPera-City Clerk	Monique Ludwig-Deputy City	Clerk			

CITY OF ONEIDA SPECIAL EVENTS APPLICATION

For City Department Use Only

TO:	Department Heads				
	Please contact the applicant di Clerk's office as soon as possib		questions or concerns. Sign and return this	form to the Cit	
EVENT	Г TITLE:				
DATE OF EVENT:		TIME			
CONT	ACT NAME/PHONE #:				
DEPAF	RTMENT:				
	Police Department		Parks and Recreation		
	Fire Department		DPW		
Estima	ated cost to applicant, if any:				
NOTES	S:				
	10		······································		
	DEPARTMENT HEAD		DATE		