



OPEN AIR PERMIT APPLICATION

Must be filed 30 days in advance of Event

APPLICANT INFORMATION

Name:			Date:	
Current Address:		City:	State:	Zip:
Date of Birth:	Phone:	Driver's License #:		

BUSINESS / ORGANIZATION INFORMATION

Name of Business /Organization:				
Address:				
City:		State:	Zip Code:	Fax No.:
Phone:		Email:		
Type of Business: Corporation Partnership Sole Proprietorship LLC				

DESCRIPTION OF BUSINESS / ORGANIZATION

Political	Religious	Social	Other - 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 No		
If yes specify exact location and intersections:		
Type of Equipment In Event:	Electricity Needed: Yes No	Structure or Tent: Yes No
Food or Beverage: Yes No	County Board of Health Certificate: Yes No	
Any Amusement Device or Rides: Yes No 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/all food items 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_____	

FEE: \$80.00

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 even, it is approved/disapproved-Comments:

Signature	Date
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FIRE DEPARTMENT

I have reviewed this application and the area of the intended even, 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 even, 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:

(City Seal)