



Application for Event Approval in the City of Glens Falls

City Hall, 42 Ridge Street, 2nd Floor, Glens Falls, NY 12801
Phone: 518-615-0446 • recreation@cityofglensfalls.com

This form must be completed (*all* pages) and returned at least **90 days** prior to your event. All requests must be approved first by the Recreation Commission and/or the Board of Public Safety, then by the Common Council. Please complete the form carefully. Additional information may be requested before your request will be considered.

Organization Information

Organization Making Request: _____
Address of Organization: _____
Contact Name and Phone Number: _____
FAX Number: _____ Email Address: _____

Event Information

Event Date Requested: _____ Start Time: _____ End Time: _____
Anticipated Attendance: _____ per/day Has Event Been Held Before? _____ When? _____
Event Type:
 Run (race) Bike (race) Walk (non-race) Distance (5K, 3 mile...etc.) _____
 Road Closure Block Party Festival Concert
 Fireworks (requires fire works permit from Fire Code Officer John Pagano, 761-3822)
 Mobile Food Vendor (city permit required from city clerk's office)
 Wedding (name of wedding party): _____
 Other (describe): _____
Contact name(s) and telephone number(s) during event: _____

Requested Venue for Event

City Park Crandall Park Fire Road Recreation Center
 City Park Gazebo Crandall Park Bandshell Cole's Woods
 Crandall Park Bridge 1 (Island) East Field
 Crandall Park Bridge 2 Haviland's Cove Pavilion
 Crandall Park Bridge 3
 Fountain at Crandall Pond
 City streets and/or sidewalks (by street name) _____
 Other (please describe) _____

City Usage Fee Schedule

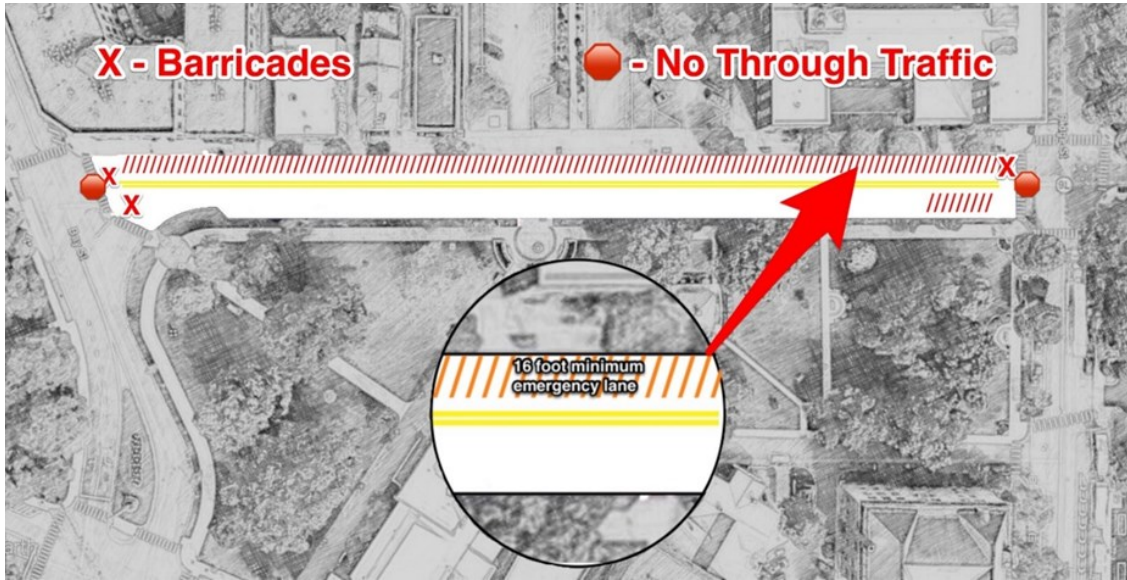
\$250 - Base Use Fee required for any events regardless of location.

\$85 - Reserve and Hold Structure

\$200 - Restroom Key Refundable Security Deposit is required. Please submit as a separate check (made payable to City of Glens Falls Recreation Department) or cash.

Please provide a **schematic or map** if any public rights-of-way (streets, sidewalks or alleys) are being requested for use.

Example:
Safety Plan



If the event requires using city streets and/or sidewalks that request traffic assistance or other Police Department staffing, Fire Department, EMT staffing, DPW or recreation attendants event organizers will be responsible to pay the additional cost of utilizing City staffing.

Staffing Needs – please check **all** requested

- Recreation: Bathrooms Open, Parking Attendants
- DPW: Road Closure/Barricades, Electricity, Garbage Barrels etc...
- Fire Department
- Ambulance/EMT Staff
- Glens Falls Police Department

Addendums– if applicable, please include the following with application:

- Safety Plan (road closure/barricades)
- Garbage Plan
- Mobile Food Vendor Permit
- Tent Permit
- Alcohol Permit
- Request for Restroom Key

Emergency Access Lane:

- An emergency access lane shall be maintained on the north side of Maple Street. This lane shall be a minimum of 16 feet wide when measured from the curb out towards the center of the roadway. Furthermore, an emergency vehicle access lane must be maintained in the eastbound lane at minimum of thirty (30) feet in from Ridge Street
- The emergency access Lane may be used for pedestrian traffic only. It must be kept clear of vehicles, trailers, vendor booths, concession stands, inflatables, amusement rides, tables, etc...

Removable Barricades:

- Removable barricades shall be in place for the duration of the event including setup and takedown operations. Barricades shall be placed to block the driving lane in each direction. The oncoming lane will be left open for emergency access. A sign shall be posted adjacent to the oncoming lane reading “NO THROUGH TRAFFIC”.
- Arrangements for barricades may be made by contacting the City’s Public Works Department.

Event: _____

Date: _____ **Duration:** _____

Location: _____

Hold Harmless Agreement

Applicant agrees:

The City of Glens Falls, its agents, officers and employees, shall not be held liable for any claims, liabilities, penalties, fines or for any damage to any goods, properties or effects or any personal injuries to or death of any person, whether caused by or resulting from any acts or omission of owner or permittee, or his or her agents, employees or representatives, or for dangerous or defective conditions of the property of owner or permittee or are any way caused pursuant to this Special Event Permit Application permit; owner or permittee further agrees to indemnify and save free and harmless, and defend in any lawsuit the City of Glens Falls, its agents, officers, and employees, against any of the foregoing liabilities and of any and all costs and expenses incurred by the City of Glens Falls, its agents, officers and/or employees on account of any claims therefore.

Statement of Understanding

I understand that a general liability insurance Certificate of Insurance naming the City of Glens Falls as an additional insured, with coverage of \$2,000,000 covering the day(s) of the event must be submitted with your request. Failure to do so may terminate this agreement.

I further understand that this application constitutes a request and should not be construed as approval for the requested event. No approval is implied from this form's submission. Applicants will be informed of the status of this request following the meeting at which the Common Council considers this request. Notification will be by U.S. mail and/or e-mail using the addresses provided with this application.

I also agree to remove all items brought to and utilized during the event. All items will be removed immediately following the event and the venue will be left in a clean, litter-free condition.

I have read the Hold Harmless Agreement and the Statement of Understanding, as well as the other requirements stated in this application and I agree to comply with the requirements stated therein. I also agree to comply with any conditions of approval set forth as a result of the review of this application.

Applicant's Signature _____

Date _____

For Office Use Only

Application Received on: _____ Received by: _____

Name of Event: _____

Approved: Special Event Committee _____ Date _____ Mayor's Office _____ Date _____ Rec Commission _____ Date _____

Public Safety _____ Date _____ Common Council _____ Date _____

Certificate of Insurance Received _____ Date _____

Usage Fee Received _____ Date _____

Security Deposit Received _____ Date _____

City Resource Request Fee Schedule

\$50/hr - DPW

\$15/hr - Rec

\$150/hr - EMT

\$300/hr - Fire

\$100/hr - GFPD

\$200 Security Deposit for Restroom Key

Notifications:

Applicant Date of Notification _____ Dept. Police Fire/EMS DPW Communications

Notes: _____

