SPECIAL EVENT PERMIT §347-12

FILE NUMBER_____

Organization/Sponsor(s) of Event:

_____

Contact: _____ _____
(First Name) (Last Name)

Address: _____

_____ _____ _____ Phone: _____
(City) (State) (Zip Code)

_____
E-mail address

Date(s) Requested: _____

Mapped route (if any): _____

_____

Description of event: _____

_____

I/We have read the attached §347-12 Special Event Ordinance and agree to abide by said ordinance:

_____ **Date:** _____
Signature

Deposit Paid: $ _____ Received by: _____ Date: _____
Amount Paid: $_____ Received by: _____ Date: _____
*Amount Refunded: _____ Date:_____

THIS PERMIT WILL BE VALID ONLY FOR: _____ **TO** _____
(Start Date & Time) **(End Date & Time)**

Approved by Town Clerk: _____ _____
(Signature of Town Clerk/Deputy Clerk) (Date)

Permit: $50.00 Deposit: $50.00

Approved by Town Board December 13, 2011