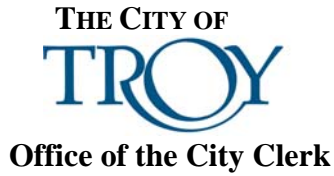


Michele M. DeLair
City Clerk
Phone (518) 279-7134
Fax (518) 270-4639



**SPECIAL EVENTS
PERMIT**

CHECK BOX FOR EVENT BELOW:

BLOCK PARTY

STREET FESTIVAL

PARADE

OTHER EVENT

Explain: _____

DATE of EVENT: _____ **HOURS From:** _____ **To:** _____

ESTIMATED NUMBER OF PARTICIPANTS: _____

EVENT COORDINATOR -- Phone #:

NAME: _____

ADDRESS: _____

SPONSORING ORGANIZATION: _____

ADDRESS OF ORGANIZATION: _____

Area to be Blocked, Festival Location or Parade Route: (Please attach additional paperwork if necessary)

NAME OF INSURANCE CARRIER FOR ORGANIZATION: _____

(*NOTE: A copy of the liability insurance policy MUST be attached)**

WILL THERE BE VENDORS? YES **If Yes, Approximate #** _____ **NO**

For every vendor wishing to participate in a special event a ONE DAY VENDOR'S PERMIT APPLICATION must be submitted either with the Special Event's permit application or separately within 10 business days prior to the event. Applications are available at www.troyny.gov or at the City Clerk's Office. NOTE: **THIS IS NOT THE SAME AS A YEARLY VENDOR'S LICENSE. IT WILL BE THE RESPONSIBILITY OF THE EVENT COORDINATOR TO MAKE SURE ALL VENDOR'S WISHING TO PARTICIPATE HAVE THE NECESSARY PAPERWORK SUBMITTED TO THE CITY CLERK'S OFFICE.**

I Hereby request permission to conduct a Special Event at the date, time and location noted above.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY

CHIEF OF POLICE: _____ **DATE:** _____

DPW COMMISSIONER: _____ **DATE:** _____

FIRE CHIEF: _____ **DATE:** _____

SEAL

Michele M. DeLair, City Clerk

Date: _____