Office of the City Clerk
433 River Street – Suite 5001
Troy, NY 12180
518-279-7134

SPECIAL EVENTS PERMIT
Non-Commercial ONLY

EVENT COORDINATOR: _____

NAME OF EVENT _____

PHONE NUMBER: _____ EMAIL: _____

ADDRESS: _____

SPONSORING ORGANIZATION: _____

ADDRESS OF ORGANIZATION: _____

TYPE OF EVENT:

- ☐ BLOCK PARTY
- ☐ STREET FESTIVAL
- ☐ PARADE
- ☐ OTHER EVENT

Explain: _____

Submit this application at least 15 days prior to your event.

DATE OF EVENT: _____ Hours- _____ to _____

NUMBER OF PARTICIPANTS: _____

Area to be Blocked, Festival Location or Parade Route:

Please attach a map _____

NAME OF INSURANCE CARRIER FOR ORGANIZATION: _____

***NOTE: A copy of the liability insurance policy must be attached. List the City of Troy as additional insured with date, location and time of event. See attached requirement.

Will there be VENDORS? YES ☐ If Yes, Approximate # _____ **NO** ☐

- For every vendor, a **ONE DAY VENDOR PERMIT APPLICATION must be submitted with the special events application 15 days prior to the event for processing. NOTE-a background check is required for each vendor and event coordinator. A $20 fee per Vendor will be collected at the time of the application.**
- A One-Day Vendor application is available at http://www.troyny.gov/Libraries/City_Clerk/onedayvendor.sflb.ashx or at the City Clerk's Office.
- Event coordinators must ensure that all vendors 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: _____

DEPUTY MAYOR: _____ DATE: _____

SEAL

_____

Patricia O'Brien, City Clerk - **Date:**

Office of the City Clerk

Background Check Form

_____Auctioneer*
_____ Vendor*
_____Peddler*
_____City Sponsored event vendor (if lacking Troy Vendor's License)
_____Games/Bingo
_____Dealer in Precious Metal*
_____ Secondhand dealer *
_____Special Event

* indicates that fingerprinting ((Part D) is required.

PART A

Name: _____

Address: _____

_____

Date of Birth: _____ Social Security Number: _____

List any and all other names you have ever used: _____

_____

List all nicknames you have ever used: _____

PART B

List in reverse chronological order all of the places you have resided in the past ten years.

Street # and name	City or town	State or Province	Country

PART C

Have you ever been convicted of a crime? _____

If yes, Explain: _____

_____

PART D: *Complete only if box is checked.*

☐ Fingerprinting is required. Contact L1 Enrollment Services at 877-472-6915 or www.L1enrollment.com and use ORI#NY0410201. There is a charge for this service; make payment directly to L1.

****

I, _____, BY EXECUTION OF THIS DOCUMENT GIVE THE City of Troy AND THEIR AGENTS PERMISSION TO CONDUCT A CRIMINAL BACKGROUND CHECK REGARDING MY PAST HISTORY. THIS BACKGROUND CHECK INCLUDES, BUT IS NOT LIMITED TO A RECORDS CHECK TO DETERMINE WHETHER I HAVE EVER BEEN CONVICTED OF ANY CRIME OR HAVE A CRIMINAL RECORD. GIVING FALSE STATEMENTS ON THIS APPLICATION WILL RESULT IN IMMEDIATE DISQUALIFICATION FOR THE PERMIT OR LICENSE FOR WHICH I HAVE APPLIED.

I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information, and belief.

SIGNATURE _____ DATE

Fingerprint background review: Approved __ Denied __

Local background review: Approved __ Denied __

Signature _____ Date

FOR OFFICAL USE ONLY

[ ] New Application [ ] Renewal year (circle): 2 3 4 5

[ ] Self employed [ ] Employee

[ ] NYS Division of Criminal Justice Services (fingerprint report)

Date submitted_____ Results: [ ] No action [ ] Report attached

[] Troy Police Department records check

Officer_____ Date_____

Results: [ ] No action [ ] Report attached

Records verification

[ ] Drivers license
[ ] Veterans honorable discharge papers
[ ] Vehicle registration
[ ] Liability insurance
[ ] Surety bond
[ ] Rensselaer County Health Permit

Departmental notification

[ ] Original to City Clerk
[ ] Copy to Police Chief
[ ] Copy to vendor

Chief of Police_____ Date_____

[ ] Approved [ ] Denied Reason_____

Date Issued_____

City Clerk_____ Date_____

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Participating Vendors for Special Event

NAME OF EVENT: _____ EVENT DATE: _____

EVENT COORDINATOR: _____ PHONE #: _____

LIST OF ONE DAY VENDORS:

Vendor Name	Currently Licensed in Troy		
	Yes	No	License Number

For Each Vendor:

- ✓ Required Background Check
- ✓ Required Certificate of Insurance
- ✓ $20 Vendor Fee per application due when submitted.
- ✓ Food vendors must submit valid Rensselaer County Dept. of Health Certificate

Insurance Requirements for Special Events & Block Party Permits

Pursuant to City Code Chapter 2, Section 14, the Mayor is authorized to enter into agreements with any charitable or not-for-profit organizations permitting noncommercial use of City property for purposes and events that will promote the public good and welfare. Such organization shall carry a public liability, bodily injury and property damage insurance policy, covering the property to be used, and shall keep and hold harmless the City, its agents and employees for any and all claims, damages and liability of any kind whatsoever relative to or arising for or out of the use of the property. The liability policy and limits of liability shall be as approved by the Corporation Counsel of the City but in no event less than $500,000 for each person; $1,000,000 for each accident for personal injuries; and $20,000 for each accident for property damage. A certificate of insurance coverage shall be submitted to the Corporation Counsel before any use of such property, and the certificate shall include the City as additional named insured.

Special Events Permits are applied for and processed through the City Clerk's Office. Please submit the completed form along with your insurance rider proving liability coverage as follows:

$500,000 per person

$1,000,000 per accident for personal injury

$20,000 per accident for property damage

In addition, City policy requires the following insurance coverage:

General Aggregate: $2 million with alcoholic beverage sales/ $350,000 without sales

Personal Injury: $2 million with alcoholic beverage sales/ $350,000 without sales

Each Occurrence: $2 million with alcoholic beverage sales/ $350,000 without sales

Fire Damage: $1 million with alcoholic beverage sales/ $100,000 without sales

Medical Expense: $250,000 with alcoholic beverage sales/ $50,000 without sales

Please ask your agent to arrange coverage for the greatest amount which is applicable.

Please list the name, date and time of your event on the Certificate of Insurance.