## CITY OF AUBURN EVENT APPLICATION

### (\$50.00 Application Fee)

- 1. Event Applications will need to be submitted six (6) weeks prior to an event.
- 2. Be as specific as possible in the description so that we have the best understanding of your event. Also, be clear as to what you need to be provided by the City.
- 3. **Event Application Fee \$50.00** (waived if a permit is issued). The application fee is due at the time of submission of the application and is non-refundable.
- 4. Event Fee \$300.00. The event fee is due when the permit is issued and is non-refundable.
- 5. If Security Officers are needed and the event is canceled more than two (2) hours prior to start time, officers will be paid for one (1) hour. If the event is canceled two (2) hours or less prior to start time, officers will be paid for two (2) hours.
- 6. For City Sponsored events all financial records shall be available upon request for inspection by City Officials. The event coordinator will provide a financial summary to the City within 30 days of the completion of the event detailing total income and expenses broken out into functional categories. Functional categories shall include but are not limited to wages and benefits, operating supplies, operating services, and donations.
- 7. Fire hydrants, sidewalks, cross streets/alleys and storefronts shall not be blocked by any vehicle or concession at any time.
- 8. A 20' emergency vehicle safety lane must be maintained at all times.
- 9. All Mobile Food Preparation Vehicles are required to have an annual inspection completed by the Fire Inspector's Office at the Auburn Fire Department. Vendors will be provided with a compliance checklist once completing the inspection process. This checklist should be readily available at all events held in the City of Auburn.
- 10. All Mobile Food Preparation Vehicles must obtain a Permit from the City Clerk's Office. This Permit must be posted in a conspicuous place at all events within the City of Auburn.
- 11. Mobile Food Preparation Vehicles must be separated from all other structures and vehicles by a minimum of 10 feet and may not block Fire Department Access Roads (see #8 above for 20' requirement) or the means of egress from any permanent or temporary structure.
- 12. Fuel Containers must be of the approved type and properly secured as described in the MFPV Permit Application. An inspection from the Auburn Fire Department will be conducted each day of the event, prior to the commencement of cooking operations, to ensure compliance with the NY State Fire Code.

- 13. All Mobile Food Preparation Vehicles that contain deep fryers must have the required fire suppression system inspected within 6 months of the date of the event. Where such fryers and fire extinguishing systems exist, MFPV'S must also have a TYPE K Fire Extinguisher, inspected within 1 year of the date of the event. MFPV'S must have a TYPE ABC Fire Extinguisher inspected within 1 year of the event, regardless of whether or not deep fryers exist.
- 14. City sign ordinances shall be complied with at all times and in all regards unless otherwise approved.
- 15. No paint or other markings may be placed on the street surface.
- 16. Upon approval of your event, a Certificate of Liability Insurance in the amount of at least \$1,000,000 naming the City of Auburn as additional insured and referencing the date and location of your event must be provided.
- 17. A copy of the Liquor License needs to be provided if the event is serving alcoholic beverages.
- 18. A Hold Harmless Agreement is also mandatory, available at the City Manager's Office, Department of Public Works, or online at <a href="https://www.auburnny.gov">www.auburnny.gov</a>

CHECKLIST:	_
1. Event Application	4. Copy of Liquor License
2. Application Fee	5. Hold Harmless Agreement
3. Certificate of Insurance	6. AFD Compliance Checklist
7. Other	



### City of Auburn

24 South Street Auburn, New York 13021 (315) 255-4146

# Event Application (\$50.00 Application Fee)

(The City of Auburn has the authority to void any event permit that is not abiding by the **Supplemental Conditions of the permit issued.)** 

			Event Name			
	Date of Eve	ent			Time of E	vent
CONTACT II	NFORMATION:					
Contact Name				Phone Number		
	E-Mail Address				Mailing Address	
EVENT DAY	CONTACT INFO	RMATION:				
	Name:			Ph	one Number (cell	phone)
ervices, and	401143.2				_	
Signa	him of Posnon	aible Darty			Da	4-
Signa	ture of Respon	sible Party			Da	te
			00.00 per day plus C	leaning Dep		
	ORMATION:			leaning Dep Tear Dow	posit \$300.00 refu	
Set-Up D	ORMATION:	(Event Fee \$30		Tear Dow	posit \$300.00 refu	ndable)
Set-Up D	ORMATION:	(Event Fee \$30		Tear Dow	oosit \$300.00 refu on Date	ndable)
Set-Up D	ORMATION:	Set-Up T	Time  /D INFORMATION	Tear Dow	oosit \$300.00 refu on Date	ndable)  Tear Down Time

ILL THE EVE	NT INCLUDE:		
Mobile food prep	paration vehicles:	( )Yes ( )N	No How many?: County permit? AFD Checklist
Parade:	()Yes	( )No	(Map of desired route must be attached)
Run or Walk:	()Yes	( )No	(Map of desired route must be attached)
Music:	() Yes	( )No	<b>If Yes:</b> ( )Band ( ) Recording/DJ (Site drawing of stage or DJ location must be attached)
Street Closure(s State Street Plaz		( )No ( )No	(Map of closed streets and drop location of barricades)
Will there be an	admission charge		( ) Yes ( ) No
Other:	()Yes	( )No	Describe:
Will you be prov Will you be sellin Will people be po Will you need an (Open Container Le	ng alcohol to your ermitted to bring to Open Container of htter Fee \$50.00)	our group of group or their own a	the public? ( ) Yes ( )No (Insurance certificate WILL BE required. The public? ( )Yes ( )No (Insurance certificate WILL BE required. The public? ( )Yes ( )No (Insurance certificate WILL BE required. The public? ( )Yes ( )No (Insurance certificate WILL BE required) The public? ( )Yes ( )No (Insurance certificate WILL BE required) The public? ( )Yes ( )No (Insurance certificate WILL BE required) The public? ( )Yes ( )No (Insurance certificate WILL BE required) The public? ( )Yes ( )No (Insurance certificate WILL BE required) The public? ( )Yes ( )No (Insurance certificate WILL BE required) The public? ( )Yes ( )No (Insurance certificate WILL BE required)
Name:			Contact #:
List organization Waiver letter:	ns/businesses tha	t will be pa	rticipating in event that will require the Open Container
(315)255-4712. *	If you are contrac	cting with a	rity through the Auburn Police Department, Traffic Office a group to sell/provide alcohol during your event on Cit n Liquor legal in addition to your insurance.
ELECTRIC: <i>(El</i> e	ectrical Hook-Up \$2	20.00)	
•	oe needed for the		( )Yes ( )No
•	e providing elect	-	
Will generators If Yes: Size	<b>be used?</b> ( ) e of generator(s)		(site drawing indicating placement/location of generator required)  Fuel Source: ( )Gas ( ) Diesel ( )Propane

Please check the size(s) of tents/cane Genesee St.: 30x60() Yes () No	uctures are not anowe	d to be exected\	()Yes ()No
		•	
Genesee St.: 30x60() Yes () No	opies or other temp	orary structures that will b	e erected:
	0		
State St.: 20x60( ) Yes ( ) No	o		
Will you need the State Street Plaza	Tent for a band?		()Yes()No
Anchoring into the pavement is pr		ring into grass or soil are	eas, please conta
NYS Dig Safe at 1-800-962-7962 or 8	311		
To set up an inspection for electric and	tent certificates call	the Fire Department at 253-	4031
TREET OF COURSE OF A TE OTRE	ET DI AZA OD E	OUAL BIOLITA LIEBITA	OF OFNITED:
TREET CLOSURES, STATE STRE	ET PLAZA, OR E	QUAL RIGHTS HERITA	GE CENTER:
Any event requiring a street closu	ire requires 30 da	vs advance notice. (Sor	ne events mav
require additional staffing which v			
require additional staining which v	viii iiicai additioii	ar costs)	
		( ) 11	
Will any street(s) need to be closed for	or the event? ()Y	es ()No	
		&	
Street to be closed	Cross street	Cross street	
	0.000 0.000	0,000 0,000	
		0	
		&	
	Cross street	Cross street	
Street to be closed			
Will this be held at the Equal Rights H		() Yes	( ) No
		( ) Yes <b>(</b> ) Yes	( ) No ( ) No
Will this be held at the Equal Rights H Will this be held at the State Street Pla Will street barricades be needed for th	aza? ne event?	( ) Yes ( ) Yes, how many? _	ὶ )́ No
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Will this be held at the Equal Rights H Will this be held at the State Street Pla Will street barricades be needed for th (Drop-off locations for requested items must be id Will traffic cones be needed for the ev (Drop-off locations for requested items must be id Banners/signs/other decorations are  ISPOSAL OF GARBAGE: Will you need the City to dispose of the	aza? ne event? dentified on the site drawing rent? lentified on the site drawing not to be attached to or any other City pr	( ) Yes ( ) Yes, how many? _ ( ) Yes, how many? _ or street barricades, traffic correcty	( ) No ( ) No ( ) No ones, light poles,
Will this be held at the Equal Rights H Will this be held at the State Street Pla Will street barricades be needed for th (Drop-off locations for requested items must be in Will traffic cones be needed for the ev (Drop-off locations for requested items must be in Banners/signs/other decorations are	aza? ne event? dentified on the site drawing tent? dentified on the site drawing tentified on the site drawing tentified on the site drawing to be attached to or any other City properties garbage?	( ) Yes ( ) Yes, how many? _ ( ) Yes, how many? _ o street barricades, traffic corporty  Yes () No	( ) No ( ) No ( ) No ones, light poles,

#### **POLICE:**

The final determination for the number of police officers and utilization will be at the discretion of the Auburn Police Department. If Security Officers are needed and the event is canceled more than two (2) hours prior to start time, officers will be paid for one (1) hour. If the event is canceled two (2) hours or less prior to start time, officers will be paid for two (2) hours. (Some events may require additional staffing which will incur additional costs) Once the event has commenced officers will be paid for the entirety of the event they signed up for. Please fill out the information letting us know whom to invoice:

Business Name:	Contact Name:			
Address:	Phone Number:			
Email:				
AMBULANCE SERVICES:				
The final determination for the nuclear City Ambulance. If EMS staff are ne staff will be paid for one (1) hour. be paid for two (2) hours. (Some e	mber of EMS Staff and utilization will be at the discretion of the Auburn eded and the event is canceled more than two (2) hours prior to start time, EMS If the event is canceled two (2) hours or less prior to start time, EMS staff will vents may require additional staffing which will incur additional costs) staff will be paid for the entirety of the event they signed up for. Please fill out to invoice:			
Business Name:	Contact Name:			
Address:	Phone Number:			

## SPECIAL EVENT APPLICATION Department Approval Summary

#### FOR OFFICIAL CITY USE ONLY

Department Recommendations:	Approved	Denied	Additional Costs	Dept. Initials
City Manager <u>Additional Recommendations:</u> (attach supplemental pages as needed	) ()	()		
DPW Additional Recommendations: (attach supplemental pages as needed	()	()		
Fire Department Additional Recommendations: (attach supplemental pages as needed	()	()		
Auburn City Ambulance  Additional Recommendations:  (attach supplemental pages as needed	) ()	()		
Police Department Additional Recommendations: (attach supplemental pages as needed	()	()		
Equal Rights Heritage Center (if applicable) Additional Recommendations: (attach supplemental pages as need  If recommendation is denied, please attach	•	() nation		
Date Received:  1. Certificate of Insurance 2. Copy of Liquor License 3. Hold Harmless Agreement 4. Open Container Waiver 5. Other  City Sponsored Event:  Application Fee:  Event Fee:				
Payment type: Cash: Cl	heck #:			
	FOR OFF	FICE USE O	NLY	
City Manager's Approval		Сору	y to Codes:	Date
Date		Сору	y to Clerk:	Date