



City of Saratoga Springs' Special Events Permit Application

Application Fee is \$50. Applications for Special Events must be submitted with all required attachments no less than SIXTY (60) days prior to your event. Please note that first time and larger events take more time to plan, so event applications should be turned in early for proper consideration.

(Please print your answers so that we are able to read them correctly.)

1. Name of Person Making this Permit: _____

2. Name of Organization Making this Permit: _____

3. Name of Event: _____

| 4. Check all that apply: | Yes | No | Notes |
|---------------------------|-------|-------|--|
| • Arts and Crafts | _____ | _____ | |
| • Bands and Music | _____ | _____ | |
| • Classic Cars | _____ | _____ | |
| • Food Trucks | _____ | _____ | NYS DOH certificate and insurance required for each vendor |
| • Petting Zoos | _____ | _____ | Veterinarian Health Certificate required |
| • Other (Please describe) | _____ | _____ | _____ |

If you will have fireworks and/or tents for your activity, you must submit separate applications.

5. Mailing Address of Organization: _____

6. Organization Contact Telephone/Cell Number(s): _____

Day of Event Contact/Cell Phone Number(s): _____

Emergency Contact/Cell Phone Number(s): _____

7. Email Address of Event Contact: _____

8. Description of Event: _____

9. **Location(s) of Event:** Please provide a detailed color-coded Google Map of the locations of each activity covered under this application. This will be your **Exhibit A**.

10. Anticipated Attendance: _____ Number of Expected Participants: _____

Number of Anticipated Spectators: _____

11. Has this event taken place before? _____ Yes _____ No When? _____

If yes, are there any changes to this event? _____ Yes _____ No

Explain: _____

12. Date of Event: _____ Event hours: _____

Set-up: _____ to _____ Tear-down: _____ to _____

13. Name/Cell Number of Your Event Electrician (If Applicable): _____

14. Operation/Safety Plan: This will be your **Exhibit B**.

15. Communications Plan: Method of Communication between Event Personnel (Circle those that apply):

Cellular Telephone _____ Radio/Frequency: _____

Other: _____

List of Event Personnel (Attach additional pages if needed).

Note: If radios are used, indicate in Cellular Telephone No. Box for each person assigned a radio.

| Name | Position | Cell Number | Assignment Location |
|------|----------|-------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

INSURANCE:

The City of Saratoga Springs requires a Certificate of Insurance naming the City as an additional insured on a primary and non-contributory basis for the event to be held for:

- Commercial General liability insurance, including personal injury liability insurance, in the amount of One Million Dollars (\$1,000,000) per occurrence and Two Million Dollars (\$2,000,000) aggregate;
- Proof of One Million Dollars Commercial Auto Insurance must be provided if any vehicles will be included as part of this application and event; and
- Proof of NYS Statutory Workers Compensation, Employer's Liability and Disability Insurance or waiver of same from the NYS Workers Compensation Bureau is required per NYS Law. Failure to secure compensation for the benefit of, and keep insured during the life of this agreement, employees required in compliance with the provisions of Workers' Compensation Law shall make this Agreement void and of no effect. Please provide the required Certificate of Insurance with your application.

The City of Saratoga Springs shall be the Certificate Holder on all certificates. Certificates of Insurance should be addressed to the attention of: Department of Accounts, City of Saratoga Springs, 474 Broadway, Saratoga Springs, NY 12866, Attention: City Clerk. Your organization

acknowledges that failure to obtain such insurance on behalf of the City constitutes a material breach of this permit and subjects your organization to liability for damages, indemnification and all other legal remedies available to the City. The failure to object to the contents of the Certificate of Insurance or the absence of same shall not be deemed a waiver of any and all rights held by the City.

ANTI-DISCRIMINATION AND EQUAL OPPORTUNITY OBLIGATIONS:

In accordance with City laws the sponsoring organization will not discriminate against any employee, applicant for employment, sub-contractor, supplier of materials or services, or program participant because of actual or perceived: age, creed, color, disability, ethnicity, familial status, gender, height, immigration or citizenship status, marital status, national origin, race, religion, sexual orientation, socio-economic status, or weight.

CERTIFICATION AND OTHER AGREEMENTS:

My organization has given me permission to represent them in this application. I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief. I have read, understand and agree to abide by the rules and regulations governing the special event under the City of Saratoga Springs Municipal Code and agree to comply with all permit conditions and with all other requirements of the city, county, and state governments, and any other applicable entity that may pertain to the use of the event premises and the conduct of the event including compliance with all of the provisions of the Federal Americans with Disabilities Act (ADA); State laws and Ordinances of the City of Saratoga Springs. I further certify that I, on behalf of my organization, am authorized to commit that organization and, therefore, agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the event to the City of Saratoga Springs.

My organization agrees to indemnify and save harmless the City, its Agents and Employees (hereinafter referred to as "City"), from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of or resulting from the permitted activity, sustained by any person or persons, provided that any such claim, damage, loss or expense is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the tortious act or negligent act or omission of your organization or its employees, or agents.

I understand that my organization will be responsible for any cleanup and/or costs related to cleanup if necessary of any public property after the special event, parade, and/or bike/road race has immediately transpired.

The application as submitted must be approved by the Departments of Public Works, Public Safety and the Office of Risk and Safety prior to the issuance of this permit by the Department of Accounts. This application may require your participants sign a waiver if the activity pertains to any material change or activity involving City property including, but not limited to tree planting, cleanup, or trail maintenance.

Signature: _____ Date: _____

Authorized Representative/Title: _____

For Internal Use Only:

Date Application Received with ALL Required Materials: _____

Approvals:

Public Works: _____

Public Safety: _____

Risk and Safety: _____

Date Check Received: _____

Check Number: _____

Check Amount: _____

Date Permit Issued: _____

Employee Issuing Permit: _____