

CITY OF OLEAN
SPECIAL EVENT APPLICATION
ALL APPLICATIONS ARE PREFERRED THIRTY (30) DAYS PRIOR TO THE SCHEDULED EVENT
(Incomplete applications will be returned)

Name of Renter/Sponsor (Primary Contact): _____ Phone Number (Day) _____
(Primary Contact must be readily identifiable the entire event – wearing safety vest/bright colored shirt/or other identifiable item.)

Address: _____ Phone Number (Evening/Weekend): _____

Organization – Profit _____ Non-Profit _____ Type/Name of Event: _____

Please describe what your event will entail: _____

Date of Event: _____ Location of Event: _____ City Property? Yes _____ No _____

Will there be alcohol at your event? Yes _____ No _____ If yes, complete the following:

Type of alcoholic beverage to be consumed: Liquor _____ Wine _____ Beer _____ (circle what applies)

Will you be **providing** alcohol to your group – Yes _____ No _____ (Insurance certificate **will be** required if on city property)

Will you be **selling** alcohol at your event – Yes _____ No _____ (Insurance certificate **will be** required with **liquor legal**)

Will people be **allowed to bring** alcohol to the event – Yes _____ No _____ (Insurance certificate **will be** required only if on city property

and event is open to general public-advertised event.)

Who will be applying to the NYS Liquor Authority for the permit to sell? _____

Open Container Fee: Person renting/using a City park (\$15 fee) Person having event involving city right-of-way (\$35 fee)

It is the Applicant's responsibility to police the area during the gathering to make sure all Alcohol Beverage Control rules are followed. Also, after the event Applicant responsible to dispose of all empty bottles and debris. The Open Container Law does not apply in Forness Park while Youth Leagues are in progress.

*****If you are contracting with a group to sell alcohol during your event on city property, separate insurance is required from them with Liquor Legal in addition to your insurance.*****

Park Rental Agreement to be Issued? Yes _____ No _____ Contract must be signed by Renter in advance and fee paid for rental.

Restrooms available at War Veteran's Park and Franchot Park when pools are open. Cost is \$15 p/hr. if want open longer. Please indicate the times you would like open longer: _____ a.m./p.m. to _____ a.m./p.m.

OTHER PERSON TO BE CONTACTED DURING THE EVENT SHOULD THE NEED ARISE (if using City property):

NAME: _____ ADDRESS: _____ PHONE NUMBER: _____

Will he/she be on site?: _____ If so, where: _____

Set Up Date: _____ **Times:** _____ to _____ **Tear Down Date** _____ **Times:** _____ to _____

Hours of Actual Event: Date _____ From _____ to _____

Date _____ From _____ to _____

Date _____ From _____ to _____

Estimated Crowd Size p/day _____ Admission Fee Charged? Yes _____ No _____ Money used for _____

IN THE EVENT OF AN EMERGENCY – SUCH AS TORNADO WARNINGS, HIGH WINDS, ETC., above Contact Person will be notified by Police Dispatch of impending danger. – Please explain your plan of action for the participants of your event in the event you receive notification:

Please be aware that the City of Olean is not responsible for providing an evacuation site for your event.

WILL THE EVENT INCLUDE:

PARADE YES ____ NO ____ (MAP OF DESIRED ROUTE MUST BE ATTACHED)

RUN OR WALK YES ____ NO ____ (MAP OF DESIRED ROUTE MUST BE ATTACHED)

OTHER _____ (MAP OF DESIRED ROUTE MUST BE ATTACHED)

Fireworks or Hazardous Materials? Yes ____ No ____ **Carnival or Amusement Rides?** Yes ____ No ____

Name of Company supplying above: _____

Address _____ Phone No. _____

Will the event include music? Yes ____ No ____ **Live Group?** ____ **Recorded?** ____ **Amplifier used?** Yes ____ No ____

Where will music/band be located? _____ **Stage Needed from City?** Yes ____ No ____

Date Stage to be set-up? _____ **Taken Down?** _____ **Size:** 12x12 ____ 12x 24 ____

Cost of Stage is \$200 for delivery/setup/pickup.

Will extra trash cans be requested from the City? Yes ____ No ____ **How Many?** _____ **No Charge**

Will extra benches be requested from the City? Yes ____ No ____ **How Many?** _____ **No Charge**

Will cones be requested from the City? Yes ____ No ____ **How many?** _____ **No Charge**

*(Group is required to **pick up** above requested items in Bradner Stadium by workshop between 9 a.m. and 3 p.m.*

Monday – Friday and be returned the following Monday – same time and place.)

Is there any other city equipment (fork lift, etc.) or city personnel required for your event (there may be additional cost):

FOR EVENTS ON CITY PROPERTY, GARBAGE PICK-UP WILL BE MADE ONLY TO GARBAGE CANS ON SITE.

ADDITIONAL GARBAGE MUST BE BAGGED AND TAGGED OR REMOVED FROM PREMISES.

ADDITIONAL CHARGES WILL BE BILLED TO THE SPONSOR IF GARBAGE/ GROUND NOT PICKED UP.

See Park/Facility Rental Contract for more info.

WILL ELECTRIC BE NEEDED FOR EVENT? Yes ____ No ____

If yes, location where electric would be needed: _____

What would electric be used for? _____

WILL GENERATORS BE USED? Yes ____ No ____ If yes, where will they be located? _____

WILL TENTS/CANOPIES OR OTHER MEMBRANE STRUCTURES EITHER PERMANENT OR TEMPORARY BE ERECTED AT EVENT? (NYS Codes requires inspection of all tents, etc. to make sure they are secured and erected properly.)

Yes ____ No ____ **If yes, list size of tents & submit plot plan. If not on city property, building permit must be obtained from Code Enforcement Office. If on city property, approval from both the City of Olean Electrical Division and Code**

Enforcement Office must be obtained (No cost). BOTH SPONSOR/RENTER AND CONTRACTOR (Person installing tents) MUST call 376-5683 (Codes) and 376-5662 (Electrical) at least 1 week in advance to schedule on-site meetings. Underground utilities must also be contacted by CONTRACTOR – 1-800-962-7962 (5 days in advance). Contractor to provide Sponsor/Renter with ticket number given by underground.

Size of Tent _____	Size of Tent _____	Size of Tent _____	Size of Tent _____	Size of Tent _____
Enclosed Yes__ No__	Enclosed Yes__ No__	Enclosed Yes__ No__	Enclosed Yes__ No__	Enclosed Yes__ No__
Location_____	Location_____	Location_____	Location_____	Location_____

Date tents to be installed? _____ Date tents to be re-moved? _____

WILL STREET(S) BE CLOSED FOR YOUR EVENT? Yes ____ No ____ Reason _____
 If yes, please specify streets to be closed and desired location for barricades to be delivered. *Submit a map/diagram of pro-posed street closures and desired location of barricades. Barricade fee is \$30. NO ANCHORING INTO BLACKTOP. As a courtesy to the neighbors, please notify everyone on the street that you will be closing the street, giving dates and times.*

Name of street to be closed: _____ between _____ Street and _____ Street.
 Time from _____ a.m./p.m. to _____ a.m./p.m. on _____ (date). Barricade should be left at _____.

Name of street to be closed: _____ between _____ Street and _____ Street.
 Time from _____ a.m./p.m. to _____ a.m./p.m. on _____ (date). Barricade should be left at _____.

Name of street to be closed: _____ between _____ Street and _____ Street.
 Time from _____ a.m./p.m. to _____ a.m./p.m. on _____ (date). Barricade should be left at _____.

Right of Way for emergency vehicles must be maintained at all times.

Will special parking accommodations for vehicles be required? Yes ____ No ____ If yes, please specify:

(RV / Tractor Trailer etc.) TYPE OF VEHICLE PARKED	LOCATION	TYPE OF PROPERTY	TIMES FROM / TO	DATES FROM / TO
_____	_____	_____	_____/_____ _____/_____ _____/_____	_____/_____ _____/_____ _____/_____
_____	_____	_____	_____/_____ _____/_____ _____/_____	_____/_____ _____/_____ _____/_____
_____	_____	_____	_____/_____ _____/_____ _____/_____	_____/_____ _____/_____ _____/_____

Trailer Fee Required – permit can be obtained from Codes Enforcement Office. Cost is \$25 p/trailer.

WILL THERE BE VENDORS? YES ____ NO ____ Number of Vendors Expected: _____ *Sponsor/Host Application required. (Fee applies when on City owned property). (Sponsor/Renter will be required to obtain and fill out appropriate form. If sponsor/renter prefers to have each individual vendor obtain their own permit for sale, you should refer them to the City Clerk's Office so they can obtain a Transient Merchant's Application and submit same with the \$7.50 per vendor fee to the City Clerk's Office in advance.)*

WILL POLICE OFFICERS BE REQUIRED FOR EVENT SECURITY PURPOSES? YES ____ NO ____ If yes:
 How many requested? _____ From _____ am/pm to _____ am/pm Location _____
 How many requested? _____ From _____ am/pm to _____ am/pm Location _____
 How many requested? _____ From _____ am/pm to _____ am/pm Location _____

Will additional police officers be required for traffic control? Yes ____ No ____ If Yes,
 How many requested? _____ From _____ am/pm to _____ am/pm Location _____
 How many requested? _____ From _____ am/pm to _____ am/pm Location _____

Will security be required for over-night? Yes _____ No _____ If yes,
 How Many? _____ From _____ a.m. to _____ p.m. on _____
 How Many? _____ From _____ a.m. to _____ p.m. on _____

If you plan to use other than City of Olean Police – please list firm contracted with: _____
 Total Number of Security _____

**FINAL DETERMINATION FOR AMOUNT OF REQUIRED POLICE OFFICERS and WHO WILL BE USED WILL BE MADE BY THE CITY POLICE CHIEF.
 NOTE: CHARGES INCURRED BY THE CITY OF OLEAN POLICE DEPARTMENT WILL BE BILLED TO THE SPONSOR IN
 THE AMOUNT OF \$50 P/HOUR P/PERSON.**

PLEASE NOTE:

1. FIRE HYDRANTS, CROSS STREETS/ALLEYS AND STORE FRONTS SHALL NOT BE BLOCKED BY ANY VEHICLE OR CONCESSION AT ANY TIME.
2. FUEL CONTAINERS MUST BE OF AN APPROVED TYPE & MUST BE PROPERLY SECURED.
3. DEEP FRYERS MUST BE APPROVED / COMMERCIAL TYPES REQUIRE A **TYPE K PORTABLE FIRE EXTINGUISHER**. ALL FOOD VENDORS MUST HAVE **TYPE ABC FIRE EXTINGUISHER**. ALL FIRE EXTINGUISHERS MUST BE INSPECTED WITHIN LAST YEAR. Valid Health Department Permit must be displayed.
4. AN EMERGENCY VEHICLE SAFETY LANE MUST BE MAINTAINED AT ALL TIMES AT ALL LOCATIONS.
5. NO GREASE OR SUBSTANCE OF ANY KIND CAN BE DISCHARGED UPON THE STREETS, SIDEWALKS, OR INTO THE STORM DRAINS AND SEWERS.
6. CITY SIGN ORDINANCES SHALL BE COMPLIED WITH AT ALL TIMES AND IN ALL REGARDS.

Waiver and Release of Liability

Whereas, _____ is sponsoring the _____ at _____, and hereby certifies that the information contained in this application is accurate and complete. Any willful false statements of fact or withholding of information shall be grounds for immediate denial or revocation of event permit. Further, it is agreed that sponsor shall indemnify and hold harmless the City of Olean, its employees and agents for all proceedings, causing of action, suits, damages, losses, liability, costs and expenses including reasonable attorney's fees and costs, whatsoever may arise, either directly or indirectly, in connection with the event, or the negligence or willful conduct of sponsor, its employees, representatives, agents, vendors and independent contractors in conducting the event, regardless of whether such proceedings arise in tort, contract, equity, under any statute, common law, or otherwise. In addition, sponsor acknowledges that the City of Olean does not maintain insurance to cover sponsor, its employees, representatives, agents, vendors and independent contractors.

Name: _____ Address: _____ Phone: _____

Signature: _____ Date: _____

**RETURN THIS APPLICATION TO: OFFICE OF THE OFFICE OF YOUTH AND RECREATION
 OFFICE MANAGER RM 109, 101 E. STATE STREET OLEAN, NY 14760**

SPECIAL EVENT APPLICATION SUMMARY – FOR OFFICIAL CITY USE ONLY

(Youth & Recreation – 716-376-5666)	Amt. Due	Billed	Paid
DATE APPLICATION RECEIVED: _____	\$ _____	_____	_____
Contract Sent Yes _____ No _____	Costs: Rental Fee	\$ _____	
Contract Received Back Yes _____ No _____	Security Deposit Required	\$ _____	
	Restroom Fee	\$ _____	
	Alcohol Fee	\$ _____	
	Insurance Certificate Required Yes _____ No _____		
Usage Approved – Yes _____ No _____	Reason not approved _____		

(Police Department – 716-376-5677) \$ _____

DATE APPLICATION RECEIVED: _____

ESTIMATED CHARGES No. _____ x \$50 p/hr. from _____ to _____ on _____

FOR POLICE No. _____ x \$50 p/hr. from _____ to _____ on _____

COVERAGE No. _____ x \$50 p/hr. from _____ to _____ on _____

Further Requirements: _____

Usage Approved – Yes _____ No _____

Reason Not Approved _____

(Fire Department / Codes Division – 716-376-5683) \$ _____

DATE APPLICATION RECEIVED: _____

No. of Trailers _____ @ \$25 each _____

Permits/Applications to be submitted - Tent – Bldg. Permit Yes _____ No _____

Trailer Application Yes _____ No _____

Parade/Walk Route Approved Yes _____ No _____

Special Requirements needed _____

Usage Approved – Yes _____ No _____

Reason Not Approved _____

(Public Works Department / Electrical Division 716-376-5650 / 716-376-5662) \$ _____

DATE APPLICATION RECEIVED: _____

ESTIMATED TOTAL CHARGES (TO BE BILLED) _____ tables @ \$20 each \$ _____

_____ barricades @ \$30 \$ _____

Stage Size _____ \$ 200.00

_____ cones _____ barrels _____ benches N/C

Permits/Applications to be submitted _____

Special Requirements/Equipment Needed _____

Cost for Equipment \$ _____

Cost for Personnel \$ _____

Usage Approved – Yes _____ No _____

Reason Not Approved _____

(City Clerk – 716-376-5604) \$ _____

DATE APPLICATION RECEIVED: _____

Alcohol Waiver Approved Yes _____ No _____

Gaming permits available in Clerk's Office _____

Usage Approved – Yes _____ No _____

Reason Not Approved _____

GAMES OF CHANCE & BELL JAR APPLICATIONS TO BE DONE BY SEPARATE PERMIT.

(Mayor – 716-376-5615)

DATE APPLICATION RECEIVED: _____

Usage Approved – Yes _____ No _____

*Estimated Total Cost for Event \$ _____ Approved _____ Not Approved _____

Cost to be paid in advance \$ _____ (check made payable to City of Olean)

EACH DEPARTMENT SHOULD RETURN THIS FORM WITH ANY ATTACHMENTS TO THE AUDITOR'S OFFICE WITHIN 48 HOURS OF RECEIVING IT.