



Inc. Village of Brightwaters  
40 Seneca Drive  
Brightwaters, NY 11718  
t: 631-665-1280 f: 631-665-2830

## OUTDOOR PUBLIC ASSEMBLY APPLICATION

(application must be completed 45 days before event)

Date of Event: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ cell phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

1. Name and Purpose of the public assembly event for which a permit is requested: \_\_\_\_\_

\_\_\_\_\_

2. Specific Village of Brightwaters grounds or facilities requested: \_\_\_\_\_

\_\_\_\_\_

3. Date(s) and Times of the Public Assembly Event:

A. Set-up for the Public Assembly will begin at \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (m/d/yr)

B. The public assembly event will begin \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (m/d/yr)

C. The public assembly event will end \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (m/d/yr)

D. Clean-up/Take-Down will be completed by \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (m/d/yr)

E. Rain Date \_\_\_\_\_

4. Maximum number of Attendees expected: \_\_\_\_\_ (if unsure, please provide an estimate)

5. On Site person who will be in charge of the Event: Name \_\_\_\_\_ Cell: \_\_\_\_\_

6. Applicant must provide satisfactory evidence of **comprehensive liability insurance** in the aggregate of at least \$1,000,000 combined single limit and designated as primary in nature to that of the Village of Brightwaters and naming the Village of Brightwaters as additional insured on this policy. A certificate of insurance, as described, must be provided to the Village of Brightwaters before a permit is issued to utilize the facility. It can be mailed or faxed to the Village Office.

Name of Company \_\_\_\_\_ Phone #: \_\_\_\_\_

**Non-refundable Application Fee:** Resident TBD Non-Resident: TBD

**Refundable Security Deposit:** 25 to 150 Attendees: \$250.00 150 + Attendees: \$500.00

Security Deposit to be refunded after Event provided no additional Village services are required to return location to pre-event condition.

OVER

7. IN ORDER TO DETERMINE WHETHER OR NOT YOUR REQUEST MEETS THE CRITERIA FOR A PERMIT, PLEASE SUPPLY THE INFORMATION REQUESTED BELOW ON A SEPARATE SHEET(S) OF PLAIN PAPER AND ATTACH TO THIS APPLICATION. **FAILURE TO PROVIDE COMPLETE INFORMATION MAY RESULT IN DENIAL OF YOUR PERMIT APPLICATION.**

- A. Provide plans for the public assembly event. Please describe all activities, principal speakers and time schedule, and the proposed route of any race route, any march or parade planned.
- B. List all props, platforms, stages, sound equipment, electrical wiring, decorations, catering equipment, tables, chairs, tent, to be used.
- C. List all contractors, suppliers, groups, or individuals providing support services, such as caterers, musical groups, sound technicians, electricians, first aid, security, traffic control, sanitation, etc. (including name, address, phone number and service provided).
- D. If your public assembly event will involve the setting up or booths, tables, tents, etc., please provide a diagram showing the location of each and a list of the names of each individual or group assigned to each booth area, and the activity, service, or function that will be provided at each booth or area. If items are to be given away or otherwise dispensed (ie. Printed material, leaflets, bumper stickers, tee shirts, buttons, etc.) please provide a list of all such items for each booth area.
- E. Please provide a list showing the name, address, phone number, and contact person for any other organizations or co-sponsoring organization involved in this public assembly event.
- F. Is there any reason to believe, or is there any information indicating that any individual, group or organization will seek to disrupt your public assembly event? YES \_\_\_\_\_ NO \_\_\_\_\_. If the answer is yes, please attach explanation on a separate page.

PLEASE ANSWER THE FOLLOWING QUESTIONS: (circle the appropriate answer)

- |   |     |    |
|---|-----|----|
| A. Have you visited or are you familiar with the site you have requested?   | YES | NO |
| B. Will you be erecting a tent(s)? If so, How many? _____ Size(s)_____  | YES | NO |
| C. Will you be erecting temporary structures (ie, portable toilets)? If so, how many_____   | YES | NO |
| D. Will there be sound at your event?   | YES | NO |
| E. Will you be providing a generator for electric power?  | YES | NO |
| F. Will you be distributing literature?   | YES | NO |
| G. Will there be vendors at your event? If so how many? _____   | YES | NO |
| H. Have you or has your organization ever applied for or been issued a permit for a public assembly event in the Village of Brightwaters? | YES | NO |
| I. Will there be any Road Closures? (if yes, list the exact Streets to be closed)   | YES | NO |
| J. Has the Town of Islip & Suffolk County Police Department been notified?  | YES | NO |

The applicant by his or her signature certifies that:

1. All the information given is complete and correct, and that no false or misleading information, or false statements have been given. Giving false information or making false statements, in connection with this permit application may constitute a criminal violation. Violations will be the basis for denial or revocation of a permit and may result in criminal prosecution.
2. The attached rules and regulations for permit approval and all rules and regulations governing the use of the Inc. Village of Brightwaters have been read, are understood, and will be fully complied with by applicant.
3. The individual and/or organization requesting a permit, agree(s) that while using the facilities made available by the Inc. Village of Brightwaters that they will not discriminate in any manner against any person by reason of race, color, gender, disability, sexual orientation, national origin, or religious or political affiliation.
4. Applicant has been duly authorized by the organization to execute this application on the organization's behalf.

SIGNATURE OF APPLICANT (Do Not Print) \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**OFFICE USE ONLY:**

Fee Paid: \_\_\_\_\_

Approved at \_\_\_\_\_ Board Meeting  
date

Security Deposit: \_\_\_\_\_

Date Received: \_\_\_\_\_

\_\_\_\_\_  
Village Clerk Date