



_____ Name of Event

_____ Date of Event

_____ Banner/Fee Paid

City of Beacon Event Permit Application

Name of Event	
Type of Event	
Date of Event	
Time of Event	
Location of Event	
Requested By	
Parade	map of route must be attached
Address	
Phone(s)	
Email	
Amplified Sound	Yes _____ No _____ Hours: _____ to _____
Street Closure	Yes _____ No _____ if yes, neighbors consent should be attached
Barricades Needed	Yes _____ No _____
Police Services	Yes _____ No _____
Estimated Attendance	
Banner: Two weeks - \$100	Yes _____ No _____ from _____ to _____
Preferred Banner Location	Key Food _____ Post Office _____

REQUIRED INFORMATION:

Please give details regarding names of streets affected, area needed, use of any vehicles, need for parking, barricades, city services, etc. If blocking off a street, please provide signatures of neighbors affected by event. Please attach a diagram or map. For parades, include the route (starting point to finishing point). Please attach any advertising related to your event.

PLEASE NOTE: The City of Beacon in its discretion may impose additional requirements prior to the issuance of this permit as are required by the nature of the use applied for. Any costs associated with these additional requirements will be incurred by the permittee. Proof of Insurance may be required for events. All fees and deposits are due and payable 30 days in advance of your requested date with your completed application. Please make all checks payable to the City of Beacon.

I and/ or the organization I represent agree to indemnify, defend, and hold harmless the City of Beacon, its officials, agents, and employees from and against any and all claims, demands, losses and expenses, including legal fees arising in and from my activities and/or those of the organization I represent during the term of the use of City facilities. I and/or the organization I represent agree to pay all reasonable costs of damage and/or vandalism to City facilities used in relation to the event.

Signed _____ Date _____

Return to: Office of the Mayor, One Municipal Plaza, Suite One, Beacon, New York 12508
Phone (845) 838-5010 Fax (845) 838-5012
cityofbeacon@cityofbeacon.org

Office Use Only
Event Notes

Approved:

Police Chief

Fire Chief

Highway Dept.

City Administrator