

Application # \_\_\_\_\_

	Fee	Paid	Refund
Application Fee	\$25. ____	____	____
Permit Fee	\$15. ____	____	____
Security Deposit	\$200. ____	____	____
Per Day Event Fee	\$200. ____	____	____

## Application For Temporary Use Permit

### Neil and Barb Chur Equestrian Park, Soccer Field and/or Polo Field At Knox Farm State Park

Submit applications to:  
Town of Aurora Parks and Recreation  
300 Glead Ave  
East Aurora, NY 14052  
Telephone (716) 652-8866 Fax: (716) 652-5646

***ALL REQUESTS MUST BE MADE NO LESS THAN 60 DAYS IN ADVANCE OF EVENT/USE.***

1. Name of Organization: \_\_\_\_\_
2. Individual Responsible for this request: \_\_\_\_\_
3. Address: \_\_\_\_\_  
\_\_\_\_\_
4. Telephone number: \_\_\_\_\_
5. Fax: \_\_\_\_\_
6. Email Address: \_\_\_\_\_
7. Date(s) of event \_\_\_\_\_
8. Hours of use including set up/take down: Start \_\_\_\_\_ am/pm End \_\_\_\_\_ am/pm
1. Description of the event or use:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Specific area(s) requested, map attached  
\_\_\_\_ Soccer  
\_\_\_\_ Polo Field  
\_\_\_\_ Equestrian Park  
\_\_\_\_ Other: \_\_\_\_\_
11. Specific equipment to be brought in to park (porta johns, tents, etc.) \_\_\_\_\_  
\_\_\_\_\_
12. Need: Water \_\_\_\_ Electric \_\_\_\_\_
13. Estimated attendance: \_\_\_\_\_

14. Will food or drinks be served? \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

15. Will there be sound amplification or music or a band(s)? \_\_\_\_\_ If yes, describe:  
\_\_\_\_\_

16. Other services requested (describe): \_\_\_\_\_

\_\_\_\_\_ NYS Park Police\* \_\_\_\_\_

*\*applicant is responsible for contacting East Aurora Police Department if race involves Village/Town streets*

\_\_\_\_\_ Parks and Recreation Department \_\_\_\_\_

17. Do you intend to use the main part of Knox Farm State Park between Buffalo Rd, Willardshire Rd., and Knox Rd.? \_\_\_\_\_ If yes, you must request a permit from NYS Parks and Recreation. Contact their office at 716-549-1802.

(Provide drawings describing location, size and text of all proposed signs for this event to the Town of Aurora Building Department, 300 Glead Ave. Approved signs may be erected 30 days prior to the event and must be removed immediately after same.)

I make this application and agree to abide by the **Guidelines for Use of Barb and Neil Chur Equestrian Park, Soccer Fields and/or Polo Field**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Official Use Only Below this Line**-----

Event: \_\_\_\_\_

Attachments submitted:

\_\_\_\_\_ Indemnification Agreement

\_\_\_\_\_ Certificate of Insurance

\_\_\_\_\_ Map with area(s) requested to be used indicated

\_\_\_\_\_ Copy of application for sign permit, if applicable. (Upon application approval, copy of approved sign permit must be filed with the Town Clerk NO LATER THAN 5 days prior to scheduled event.)

\_\_\_\_\_ Copy of this application to NYS Parks and Recreation c/o Evangola State Park

Application  **Recommended** or  **Not recommended**  
by Department of Parks and Recreation

**Action by Town Board:**

The Town Board, upon review of the application request # \_\_\_\_\_ submitted by \_\_\_\_\_ (organization or individual) took the following action, with or without conditions (as applicable) and noted below:

**Approved:** \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor Signature

**Denied:** \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor Signature

**Conditions:**

\_\_\_\_\_ Police Department approval

\_\_\_\_\_ Highway approval

\_\_\_\_\_ Building Department approval

\_\_\_\_\_ Requesting organization shall attach a completed **Certificate of Insurance** with Minimum Limits to include public liability coverage with limits of \$1,000,000 each occurrence; property damage insurance with limits of \$1,000,000 each occurrence. Policy shall be endorsed to include the Town of Aurora as an additional named insured.

\_\_\_\_\_ Requesting organization shall submit an **Indemnification Agreement** signed by authorized applicant or officer of company and duly notarized.

\_\_\_\_\_ Other

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