

Application # _____

Application for Temporary Use Permit

Town of Aurora Parks

Submit applications to:
Town of Aurora Recreation Department
300 Glead Ave
East Aurora, NY 14052
Telephone (716) 652-4050 Fax: (716) 652-1123

All requests must be made no less than 30 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
9. Description of the event or use:

10. Specific area(s) requested, map attached
____ JP Nicely West Falls Park
____ Warren Drive Park
____ Majors 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): _____

_____ Police _____

_____ Parks and Recreation Department _____

(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 Town of Aurora Parks.**

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.)

Application **Recommended** or **Not recommended**
by Recreation Department

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 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 NYSOPRHP as an additional named insured.

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

_____ Other

