

Application # _____

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
575 Oakwood Ave
East Aurora, NY 14052
Telephone (716) 652-8866 Fax: (716) 652-5646

ALL REQUESTS MUST BE MADE NO LESS THAN 30 DAYS IN ADVANCE OF EVENT/USE.

***PLEASE NOTE THAT THE PERMIT CANNOT BE ACCEPTED FOR BOARD APPROVAL
WITHOUT THE FOLLOWING REQUIRED DOCUMENTS AND FEES LISTED ON PAGE 2:***

- Indemnification Agreement
- Certificate of Insurance
- Map with area(s) requested to be used indicated
- Parking and Traffic plan

1. Name of organization: _____

2. Individual responsible for this request: _____

3. Address: _____

4. Telephone number: _____

5. Fax: _____

6. Email: _____

7. Date(s) of event: _____

8. Hours of use including set up/take down: Start _____ End _____

9. Description of the event or use:

10. Specific area(s) request. Please attach a map of the area.

- a. Soccer fields _____
- b. Polo Field _____
- c. Equestrian Park _____
- d. Other _____

i. Describe _____

11. Specific equipment to be brought into the park (porta-johns, tents, etc.)

12. Needs: Water _____ Electric _____

13. Estimated attendance: _____
- a. Will participants be crossing Knox Road? _____
- b. Will participants be attending via bus? _____

PLEASE NOTE: Based on the estimated attendance of the event, a meeting with the Town Supervisor, Dir. of Recreation and Aquatics, the Highway Superintendent, and Chief of Police may be scheduled at the discretion of the Aurora Town Board to discuss a plan for proper traffic control and parking.

14. Will food or drinks be served? _____
- a. If yes, please describe _____
- _____

15. Will there be sound amplification, music, or a band(s)? _____
- a. If yes, please describe _____
- _____

16. Other services requested, please describe: _____
- a. NYS Park Police* _____
- i. *Applicant is responsible for contacting the East Aurora Police Department if the event involves the Village or Town streets.
- b. Parks Department: _____

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

Provide drawings that describe location, size, and text of all proposed signs for this event to the Town of Aurora Building Department, 575 Oakwood Ave. Approved signs may be erected 30 days prior to the event and must be removed immediately after.

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

General Fees		
	Fee	Paid
Application	\$25	
Permit	\$15	
Security Deposit*	\$250	

Additional Services (Invoiced after event or adjustments to security deposit return, if any.)				
Service	Per hour	# of Employees	# of Hours	Total
Crossing Guards	\$30			
Parking Attendant	\$30			
Total Additional Services				

Per Day Event Specific Fees					
Item	Fee	NP or TR	NP & TR	# of Days	Total
1-100 Attendants	\$150	\$135	\$120		
101-750 Attendants	\$300	\$270	\$240		
750+ Attendants	\$500	\$450	\$400		
Garbage Service	TBD	TBD	TBD		
Total Event Fee					

*Subject to change dependent on anticipated damage.

NP- Non- Profit
TR- Town Resident

Official Use Only

Event: _____

Attachments Submitted

- _____ Indemnification Agreement
- _____ Certificate of Insurance
- _____ Map with area(s) requested to be used indicated
- _____ Parking and Traffic plan
- _____ 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 the Recreation Department.

Action by Aurora Town Board

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

Approved: _____
Supervisor's Signature

Date: _____

Denied: _____
Supervisor's Signature

Date: _____

Conditions:

- _____ Police Department Approval
- _____ Highway Department 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 name insured
- _____ Requesting organization or individual shall submit an **Indemnification Agreement** signed by authorized applicant or officer of company and duly notarized.
- _____ Approval of parking and traffic plan
- _____ Arsenal Soccer Contacted – No Conflicts. Date: _____
- _____ Other

