

**PLEASE ATTACH THE FOLLOWING INFORMATION TO
THIS APPLICATION**

EVENT

A written plan for temporary parking, signage, barricades, utilities, restrooms and tents or structures to be utilized, as well as a sketch plan of the event	
Proof of adequate lighting for outdoor service areas	
Proof of all required permits and or licenses required to operate, including licenses to serve alcohol and health department for sanitary facilities permits	
Proof of Liability Insurance required with the Town of LaGrange listed as additional insured AND a minimum of \$1,000,000 (one million dollars) additional coverage	
Plans for garbage and refuse collection after the event, to include off site areas	

EMERGENCY MEDICAL SERVICES

Proof of notification to all emergency services, including Fire Department, State Police and Sheriff's Department Fire Station: (845) 471-4693 Dutchess County Sheriff: (845) 486-3800	
Emergency Medical Services as per Fire Department recommendations	
Details for a designated evacuation route	
Detailed description of security to be provided by the sponsors	

PARKING AND TRAFFIC CONTROL

Proof of adequate parking for the event	
Detailed traffic control plan	
Who will be providing assistance with entrance, exits and parking; Local Sheriff or Private Security	

VENDOR REQUIREMENTS

Fee <u>PER VENDOR</u> of \$100.00	
Copies of Health Department Certification	

Below please provide participating vendor information:

Vendor Name	Description	Certificate (Office Use Only)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
11.		
12.		
13.		
14.		
15.		

COMPLIANCE

That the applicant, if the License requested hereby is granted, consents and agrees to conduct the aforesaid business or activity pursuant to all of the terms and regulations of the Local Law above specified, and all other rules, regulations and Laws governing Peddling and Soliciting in the Town of LaGrange.

Dated: _____, 20_____

Signature of Applicant

Town of LaGrange
STATE OF NEW YORK
COUNTY OF DUTCHESS

Sworn to before me this
_____ day of _____, 20_____

Notary Public

This application should be returned to the Town of LaGrange Clerk’s office for review with all attached items. Please allow five (5) business days for application review.

Please leave the space below for office use

Date received _____

Received by _____

APPROVED

DENIED

CASH			
CHECK			
<table border="1"> <tr> <td>No.</td> <td></td> </tr> </table>	No.		
No.			
TOTAL			
