TOWN OF LAGRANGE

120 STRINGHAM ROAD
LAGRANGEVILLE, NY 12540
845-452-1830 845-452-2289 FAX

SPECIAL EVENT LICENSE APPLICATION

This application must be completed in its entirety, including attached items, before a license can be issued. The licensing fee is contingent on the number of participating vendors in the event. The Clerk's Office accepts payment by cash and check upon event approval. Checks can be made payable to the Town of LaGrange.

EVENT ORGANIZER(S) INFO:

Name	
Phone Number	
Address	
Email	

EMERGENCY CONTACT INFO:

Name	
Phone Number	
Address	
Email	

EVENT INFO:

Name of Event	
Location	
Date	
Expected Attendees	

****Please provide a brief description of the event in the space below and include a list of vendors if applicable. (Food/beverage vendors need proof of DOH Certicate)**

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.		

PLEASE ATTACH THE FOLLOWING INFORMATION TO THIS APPLICATION

EVENT

Please provide insurance.	

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	

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

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: _____

FEE

$250.00 Yearly/ $125.00 Single Event

APPROVED **DENIED**

CASH	
CHECK No.	
TOTAL	
