TOWN OF LAGRANGE

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

NONPROFIT EVENT LICENSE APPLICATION

This application must be completed in its entirety, including attached items, before a license can be issued. If your event is part of a series on the same property, please provide all dates of operation in this application.

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****

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

Proof of certificate of insurance	

EMERGENCY MEDICAL SERVICES

Please notify the below organizations if your event is part of a series with multiple dates

Proof of notification to all emergency services, including Fire Department, State Police and Sheriff's Department	
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	

_____ _____

Signature of Applicant Date

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 _____