



VILLAGE OF WASHINGTONVILLE

PUBLIC ASSEMBLY PERMIT

DATE: _____

**PERMITS MUST BE SUBMITTED 60 DAYS PRIOR TO THE EVENT UNLESS
VILLAGE BOARD PROVIDES SPECIAL CONSIDERATION.**

A. APPLICANT

NAME: _____
ADDRESS: _____
OFFICIAL DELEGATE: _____ TELEPHONE: _____
ADDRESS: _____ TELEPHONE: _____

B. LOCATION-DATE-TIME-PLACE-PURPOSE

SUBJECT PROPERTY: SECTION: _____ BLOCK: _____ LOT: _____
PROPERTY OWNER: _____ DATE(S): _____ TIME: _____ TO: _____
MAXIMUM NUMBER OF PEOPLE EXPECTED AT ONE TIME: _____
NUMBER OF VEHICLES EXPECTED AT ONE TIME: _____
PURPOSE OF ASSEMBLY: _____
NATURE OF ACTIVITIES: _____
ADMISSION FEE: _____

C. MAP-Attach a map showing the size of the property; the zoning district in which It is located; the streets and Highways abutting said property; the size and location of existing building, buildings or structures or of any proposed building, buildings or structures to be erected for the purpose of the assembly.

D. Plan or drawing showing the method to be used for disposal of sanitary sewage.

E. Plan or drawing showing the method to be used for the supply, storage and distribution of water.

F. Plan or drawing showing the layout of any parking area for automobiles and other vehicles and the means of ingress and egress to such parking area. Such parking area shall provide one parking space for every 4 persons in attendance.

G. Method of disposing of any garbage, trash, rubbish or other refuse arising therefrom.

H. PERSON (S), other than the person applying for permit engaged in sale and distribution of food and beverages.

NAME: _____
ADDRESS: _____
SALE OF: _____

NAME: _____
ADDRESS: _____
SALE OF: _____

I. **SECURITY GUARDS/POLICE:** Specify whether any private security guards or police will be engaged, number thereof and duties to be performed.

J. **FIRE PROTECTION:** Specify precautions be utilized for fire protection, including map specifying location of fire lanes and water supply for fire control.

K. **EMERGENCY MEDICAL:** Specify facilities available for emergency treatment of any person requiring immediate medical or nursing attention.

L. Specify if any camping or housing facilities are available. If so, a plan showing intended number and location of same.

M. A statement that no soot, cinders, smoke, noxious acids, fumes, gases or unusual odors or loud or excessive noises shall be permitted to unreasonably emanate beyond the property line of the assembly.

N. An emergency service plan for fire, ambulance and police services, said plan be reviewed and approved by the Police Department, Fire Department and ambulance Corps.

A **Certificate of Liability Insurance**, naming the Village of Washingtonville as additional insured is **MANDATORY**.

APPLICATION FEE: \$25.00 - Checks payable to Village of Washingtonville.

Check No: _____

OFFICE USE ONLY

Date Received: _____ Received By: _____
Certificate of Liability Insurance Included: _____ Copy of Form Returned to Applicant: _____
Returned Application to Mayor: _____ Returned Application Village Clerk: _____

APPROVED BY: Police Chief _____ (Initials) **DPW Superintendent** _____ (Initials)

Revised Date: April 1, 2025