



INCORPORATED VILLAGE OF LINDENHURST

430 SO. WELLWOOD AVENUE - LINDENHURST, NEW YORK 11757

SPECIAL EVENT PERMIT APPLICATION

Email to: info@villageoflindenhurstny.gov

Business Name: _____

Address: _____

Person in Charge: _____ Phone # _____

Event Title & Description (i.e., vendors, live music/DJ): _____

Date(s) of event (raindate - if necessary): _____

Hours (please include time required to set up): _____

Expected Number of People: _____

Scope of Use (**attach an event diagram to include traffic/pedestrian flow, placement of tents, tables, portable restrooms, etc.**): _____

Can you provide a Certificate of Insurance? _____

Will you be serving food? (County Health Department permit required) _____

Will you be serving alcohol? (NYS Liquor Authority permit required) _____

Will you be hiring security for your event? _____

Do you have any special requests from the Village? _____

It is the responsibility of the individual making the request to see that all Village regulations are closely observed and that the areas used are left in a clean, "broom swept" condition. Further, it is also the responsibility of the applicant to provide the proper supervision of those individuals utilizing the approved area during the planned activity.

Date

Signature of Applicant

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Application: _____

Approved: _____

Disapproved: _____

Date

Village Administrator Clerk

cc: Department of Public Works
Department of Code Enforcement