



# Office of the City Clerk

Date Filed:

License No:

**City Hall, 38 Hawley Street, Binghamton, NY 13901 607-772-7005**

## MISCELLANEOUS ACTIVITY PERMIT APPLICATION

### Activity Information

Name of Activity: \_\_\_\_\_

Date/Time of Activity: \_\_\_\_\_

Location of Activity: \_\_\_\_\_

Please provide a detailed description of the agenda for the planned event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Contact Information

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home/Work/Cell): \_\_\_\_\_

Name of Contact Person within Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home/Work/Cell): \_\_\_\_\_

### Logistical Information

Do you plan on cooking during the event? Yes  No

Do you plan on serving alcohol during this event? Yes  No

If the answer to the above question is YES, then pursuant to the Code of the City of Binghamton §170.10 approval of this application by the City Clerk is an exception to §§ 170.8-9, which prohibit an open container containing any alcoholic beverage on any public land within the City. The applicant must comply with any applicable provisions of the New York State Alcohol Beverage Control Law and/or the New York State Liquor Authority.

Does the Applicant have paid employees? Yes  No

If the answer to the above question is YES, then Applicant must provide proof of worker's compensation insurance. This form must be completed by your worker's compensation carrier. If the answer to the above question is NO, the applicant may submit a worker's compensation waiver.



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Will this event require a banner permit? Yes  No

If the answer to the above question is YES, please provide date, location and number of banners in the space provided below. Note that not all locations will be available at all times. Banners must not exceed twenty (20) feet in length and three and one-half (3 ½) feet in height. Eyelets must be four (4) feet apart. Rope is not necessary. This may require additional fees for City-accrued expenses.

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Will this event require barricades? Yes  No

If the answer to the above question is YES, please provide the number of barricades needed in the space provided below. This may require additional fees for City-accrued expenses.

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Will this event require electricity? Yes  No

If the answer to the above question is YES, please provide the location of where the electricity will be needed. This may require additional fees for City-accrued expenses.

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Will this event require the use of a stage? Yes  No

If the answer to the above question is YES, please contact the Parks Department at (607) 772-7017 for approval prior to submitting this application.

Will this event require the presence of Police Officers? Yes  No

This may require additional fees for City-accrued expenses.

Will this event require use of a City Park? Yes  No

Will this event involve sidewalk sales? Yes  No

Will this event involve booths to be located on the street(s)? Yes  No

I hereby attest, under penalty of perjury, that all statements of this application are, to the best of my knowledge, true and accurate. I acknowledge that all activities shall comply with the Code of the City of Binghamton § 327, Article III, *Activity Permits*, and Title III §§ 1-3, *Advertising*, along with any other applicable rules, regulations, local laws or ordinances, copies of which have been made available to me through the Office of the City Clerk. I accept responsibility for complying with Broome County Local Law Chapter 168, Article IX, requiring the use of Automatic External Defibrillators at qualifying events. In addition, I hereby indemnify and hold the City of Binghamton harmless against any loss, liability, personal or property damage, or costs, including reasonable attorney's fees, which may arise in connection with use of City property as requested herein. I do hereby agree to clean the public area used for the activity at the conclusion of the activity, and understand that in the event of failure to properly clean the public area, the City may clean the public area and bill this applicant for the cost of same.

Applicant Signature

Date



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Insurance Certificate Received: Yes  No

C-105.21 Waiver: Yes  No

C-105.2, DB 120.1 Waiver: Yes  No

**Conditional Approval**

The above described Miscellaneous Activity Permit is approved by the required departments given the following conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approval of Application**

Chief of Fire Bureau/Fire Marshall: Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Police Department, Traffic Division: Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Commissioner of Public Works: Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Parks and Recreation: Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mayor: Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Clerk: Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_