



TOWN OF HILLSDALE

2609 State Route 23, P.O. Box 305, Hillsdale, NY 12529
 Main (518) 325-5073 Fax (518) 325-6917

PROPERTY and/or VENUE USE REQUEST FORM – Page 1

Organizations wishing to use property owned or managed by the Town of Hillsdale for public events are requested to complete this form. Requests must be submitted no later than 8 weeks prior to the event date.

Completed forms are to be delivered to the Town Clerk for consideration by the Town Board.

Event Name					Established Event (3yrs or longer)	Y/N
Event description and purpose: who is event supposed to attract, what is the purpose of the event.						
Sponsored by						
Is this a multi day event	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes how many days?	<input type="checkbox"/>
Set Up	Dates:				Times:	
Event Starts	Dates:				Times:	
Event Ends	Dates:				Times:	
Event Breakdown	Dates:				Times:	
Event Category – If this event involves a parade or run or walk or ride, please attach route map.						
<input type="checkbox"/>	Athletic/Recreation	<input type="checkbox"/>	Concert/Performance	<input type="checkbox"/>	Carnival/Fair	<input type="checkbox"/>
<input type="checkbox"/>	Farmer/Outdoor Market	<input type="checkbox"/>	Festival/Celebration	<input type="checkbox"/>	Parade /March/Ride	<input type="checkbox"/>
<input type="checkbox"/>	Other					
Location	<input type="checkbox"/>	Public Property			<input type="checkbox"/>	Private Property
Location Description (i.e. Hamlet Park, RJ Park , Cullen Park, Anthony Street)						
Use of Town Equipment – Indicate below and complete Highway Form attached						
<input type="checkbox"/>	Town Tent	<input type="checkbox"/>	Traffic Cones	<input type="checkbox"/>	Traffic Barriers	<input type="checkbox"/>
<input type="checkbox"/>	Other	Description:				
Street / Area Closure for Event						
Description of street or area to be closed						
<input type="checkbox"/>	Town Road	<input type="checkbox"/>	County Road	<input type="checkbox"/>	State Road	<input type="checkbox"/>
<input type="checkbox"/>						Other

PROPERTY and/or VENUE USE REQUEST FORM – Page 2

APPLICANT INFORMATION												
Organization Name												
Are you a non-profit corporation		Yes		No		If Yes	501c(3)		501c(6)		Tax ID#	
Applicant Name								Title				
Organization Address								Apartment / Unit#				
City					State				Zip			
Phone					E-mail				Cell Phone			
On Site Contact – Event Coordinator Information												
On Site Contact								Title				
Phone					E-mail				Cell Phone			
EVENT DETAILS												
Anticipated Attendance				Cost to participate				Cost to Attend				
Temporary Structures		Stages				Tents				Inflatable Structures		
Number of Vendors		Food						Beverage				
Other												
Signage Type												
Signage Location												
Number of Portable Toilets						Location						
Number of Trash/Recycle Bins						Location						
REQUIRED DOCUMENTATION												
ROAD CLOSURE – COPY OF WRITTEN REQUEST AND APPROVAL												
Town Highway Super		Yes	No	County Highway Superintendent				Yes	No			
PEDESTRIAN / VEHICLE CONTROL – COPY OF WRITTEN REQUEST AND APPROVAL												
County Sheriff		Yes	No	State Police				Yes	No			
INSURANCE – COPY OF INSURANCE POLICY WITH TOWN NAMED AS INSURED												
Name of Insurance Company								Yes	No			
TOWN OF HILLSDALE Receipt of form and required documents												
Town Clerk Signature						Date						
TOWN OF HILLSDALE Approval												
Town Board Signature						Date						
Notes/further action												