



**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 APPLICATION FORM**

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 emailed to the Event coordinator at [HillsdalenyEvents@gmail.com](mailto:HillsdalenyEvents@gmail.com) for consideration by the Town Board.

<b>DATE:</b>							
<b>EVENT NAME DESCRIPTION AND PURPOSE</b>							
<b>COMMITTEE</b>							
<b>Is this a multi-day event</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<b>If yes how many days?</b>	<input type="text"/>
<b>Set Up</b>	<b>Date:</b>				<b>Time:</b>		
<b>Event Starts</b>	<b>Date:</b>				<b>Time:</b>		
<b>Event Ends</b>	<b>Date:</b>				<b>Time:</b>		
<b>EVENT CATAGORY – If this event involves a parade or run or walk or ride, please attach route map.</b>							
<input type="checkbox"/>	Athletic/Recreation	<input type="checkbox"/>	Concert/Performance	<input type="checkbox"/>	Carnival/Fair	<input type="checkbox"/>	Exhibition
<input type="checkbox"/>	Farmer/Outdoor Market	<input type="checkbox"/>	Festival/Celebration	<input type="checkbox"/>	Parade /March/Ride	<input type="checkbox"/>	Run/Walk/Race
<input type="checkbox"/>	Other						
<b>Location</b>	<input type="checkbox"/>	<b>Public Property</b>			<input type="checkbox"/>	<b>Private Property</b>	
Location description (i.e., Hamlet Park, Cullen Park, Anthony Street)							
<b>USE OF TOWN EQUIPMENT</b>							
<input type="checkbox"/>	<b>20' x 40' Town Tent \$242.20</b>				<input type="checkbox"/>	<b>20' x10' Town Tent \$20.20</b>	
<input type="checkbox"/>	Other						
<b>RAIN DATE &amp; LOCATION</b>							

Street / Area Closure for Event						
Description of street or area to be closed						
	Town Road		County Road		State Road	Other

APPLICANT INFORMATION						
Committee Name						
Applicant Name						
Phone		E-mail		Cell Phone		
ON SITE CONTACT						
On Site Contact					Title	
Phone		E-mail		Cell Phone		
EVENT DETAILS						
Anticipated Attendance		Vendor Fee			Entry Fee	
Temporary Structures	Stages		Tents		Inflatable Structures	
Number of Vendors	Food				Beverage	
Other Vendors						
Other Vendors						
Number of Portable Toilets \$150			Number of Trash/Recycle Bins			
REQUIRED DOCUMENTATION						
COMMITTEE BUDGET						
Steering Chair Approved	Yes	No	Committee Chair Approved	Yes	No	
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 Vendor				Yes	No	
Name of Vendor				Yes	No	
Name of Vendor				Yes	No	
Name of Vendor				Yes	No	
Name of Vendor				Yes	No	

<b>TOWN OF HILLSDALE</b>			
<b>Receipt of form and required documents</b>			
<b>Event Coordinator Signature</b>		<b>Date</b>	
<b>TOWN OF HILLSDALE</b>			
<b>Approval</b>			
<b>Town Board Approval</b>		<b>Date</b>	
<b>Notes/further action</b>			