

P.O. Box 369 Mamaroneck, N.Y. 10543

Sandy Mary Korkatzis Recreation Superintendent Barry Casterella General Foreman of Parks Offices located in the Stephen E. Johnston Beach Pavilion Harbor Island Park

## **Special Event Area Application**

Policies: Dates will be given out on a first come first serve basis. Residency rate requires proof of residency with a utility bill. Please be aware that alcohol is not permitted in any park, field, and playground or picnic area without Board of Trustees approval. Approved Permits must be made available upon request. Permit applications must have attached receipt at all times and made available upon request. Failure to respect the listed terms and conditions can and will result in the revocation of the Village Permit by the Police Department, Bay Constables, Park Ranger, Recreation Superintendent or Parks Foreman. Requirements: A state photo Id is required; the individual who makes the reservation must be present the entire event.

Individual / Organization & Contact Person				Signature	Date
Address		Village, Town	n or City	Zip Code	# of participants
Daytime Phone	e	Cell Phone	•	Fax	,
Purpose Location (s)		s)			
Event Date	Event Time	Total # of Hours	Total # of areas	_First time user request	please check box [ ]
		] No Will Electricity be modations needed?		] No Will lights be need	ded?[]Yes[]No
(Attention: Villag 1] the Village of N 2] the permit hol Mamaroneck r 3] a waiver of su 4] The permit ho Cancelling or 1	ge Manager) reflecti Mamaroneck as addi Iders insurer[s] insu nay or may not have Ibrogation in favor o Older's insurers mus non-renewing [Note	ng \$1,000,000 in general tional insured rance to be primary & no t f the Village of Mamaron t provide the Village of N	l liability insurance i on-contributory to a neck. Mamaroneck with a 3 n requirements, at tl	Avenue, Mamaroneck, NY limits. The certificate must may insurance the Village of the Village of the Village of the Village of the Vines sole discretion of the Vines of the Vi	t reflect: of organization's policy
-	y Orders are made p ds will not be issue		amaroneck. A \$25 f	ee will be charged for ret	urned checks.
OFFICE USE ONLY	1		Received b	y:Date:	
Permit: Approv	ved [ ] Insurance	approved on	Disapproved [	]	
	[ ] fee waived	[ ] Residency Rate (F	Requirements atta	ched) [ ]\$150 Refund	able Deposit
Total Fee:	paid on	by [ ]	Cash [ ] Money (	Order or Check #	
Alcohol Resolut	tion approval?[ ]	Yes [ ] No Date of a	pproval		
Recreation Sup	erintendent:				
Notes:					