



TOWN OF SOUTHAMPTON

2022 PARADE/SPECIAL EVENTS APPLICATION

For all events that take place on roadways within Southampton Town such as runs, walks, marathons, etc. and have a Special Event associated with the Parade

This application form is required for events such as parades, runs, walks, marathons, biking events, etc. that take place on roadways within Southampton Town. In addition to this application, Chapter 283 Southampton Town Code requires specific material to be submitted in conjunction with this form as well as the items indicated on the application checklist provided.

If a section is not applicable, indicate N/A. It is the applicant's responsibility to ensure that the application package is complete and accurate. Incomplete applications will not be processed. NO BLANKS. Questions can be directed to specialevents@southamptontownny.gov

Applications MUST be submitted at least 90 DAYS prior to the event.

| | | | |
|---------------|------------------|--|---------------------------------|
| NAME of EVENT | DATE(S) of EVENT | APPLICATION FEE (see pg.4) \$ _____ | LATE FEE (see pg.4) \$ _____ |
|---------------|------------------|--|---------------------------------|

PROPOSED ROUTE (attach detailed map)

Start location: _____

End location: _____

| | | | | | | | |
|------------------------------|--------------|---------------------|-------|----------|----------------------------------|------------------------------------|--------------------------------|
| APPLICANT INFORMATION | | | | | Charity <input type="checkbox"/> | 501(c)(3) <input type="checkbox"/> | Other <input type="checkbox"/> |
| Name | Address | City/Hamlet/Village | State | Zip Code | | | |
| DOB | (____) _____ | | Home | | | | |
| Email address: | (____) _____ | | Cell | | | | |

| | | | | | |
|--|------------------------------|---------------------|-------|----------|--|
| CONTACT PERSON - If different from Applicant for all correspondence, including permit | | | | | <input type="checkbox"/> Same as applicant |
| Name | Address - Residence | City/Hamlet/Village | State | Zip Code | |
| (____) | (____) _____ | | Home | | |
| Telephone | Mailing address if different | City/Hamlet/Village | State | Zip Code | |
| Email address: _____ | | | | | |

| | | | | | |
|--|---------------------|---------------------|---|----------|--|
| PERSON RESIDING IN SUFFOLK COUNTY, authorized to Accept Notices, Summonses or Other Violations with Respect to the Event. | | | | | |
| <input type="checkbox"/> Same as applicant | | DOB | Note: Notarized affidavit for consent of service on page 8 must be submitted. | | |
| Name | Address - Residence | City/Hamlet/Village | State | Zip Code | |

| | | | | | |
|---|--------------|---------------------|-------|----------|---|
| PERSON RESPONSIBLE FOR ON SITE MANAGEMENT OF THE EVENT | | | | | <input type="checkbox"/> Same as applicant. |
| Name | Address | City/Hamlet/Village | State | Zip Code | |
| DOB | (____) _____ | | Home | | |
| Email address: | (____) _____ | | Cell | | |

| | | | |
|--|-----------|--------------------------------------|--|
| INSURANCE COMPANY | | | |
| Company Name | Telephone | (____) _____ | Binder included <input type="checkbox"/> |
| DATE(S) for SET UP _____ | | DATE for SITE TO BE CLEANED UP _____ | |
| <i>Please note: insurance certificate should include coverage for <u>set-up</u> and <u>clean-up</u> dates.</i> | | | |



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EVENT INFORMATION

TOTAL ESTIMATED PEOPLE :

Per Day _____

Participants _____

Spectators _____

Employees _____

Organizers _____

Volunteers _____

DURATION: _____ day(s)

DATE(S) of Event: ____ / ____ / 2022 to ____ / ____ / 2022

In consideration of available Town resources and in the interests of preserving public peace, good order, health and public safety; dates submitted for the week of Memorial Day or the last weekend of June through Labor Day will not be considered.

Please call ahead to verify the specific dates.

HOURS of Event: _____ am/pm to _____ am/pm

Start Time: _____ am/pm

Estimated completion time: _____ am/pm

ENTRY FEE: \$ _____ (General Admission). *If applicable.*

EVENT DESCRIPTION

In the space below, please provide a description of the proposed event, including a detailed explanation of the purpose, the nature of the activities to be carried on, the objective and how the event is in compliance with the Town Code. Additional sheets may be added if necessary.

Please provide website address of event: _____

LOCAL GROUPS, ORGANIZATIONS, CHARITIES OR INDIVIDUALS who will benefit from the proceeds of the event and who are designated to receive proceeds.

| | | | | |
|--------------------|----------------------------|---------------------|-------|----------|
| Organization Name | Mailing Address | City/Hamlet/Village | State | Zip Code |
| \$Amount: \$ _____ | Phone number (_____) _____ | | | |

| | | | | |
|--------------------|----------------------------|---------------------|-------|----------|
| Organization Name | Mailing Address | City/Hamlet/Village | State | Zip Code |
| \$Amount: \$ _____ | Phone number (_____) _____ | | | |

As defined in NYS Executive Law 171, a **local charity** is one that has offices within the Town of Southampton or an organization that provides services or funds that **directly** benefit Town residents.

As defined in Town Code §283, an applicant that is not a charitable organization shall have 90 days after the event to submit proof in writing including copies of cancelled checks to the Town Clerk's Office that pledges listed above were received by the Designated Charity.

If your organization is not a charitable organization, as defined in CH 283-1 of Southampton Town Code, please describe and note how the event will directly benefit a charitable organization.



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EVENT INFORMATION

SECURITY COMPANY N/A A copy of a NY State License must be submitted, along with a valid workers comp certificate, listing Town of Southampton as certificate holder and a copy of the Certificate of Liability Insurance. A signed contract must be attached if 250+ attendees are expected. Crowd Manager's certificate and ID.

 Name of Firm _____ Email _____ Telephone _____
 Total number of personnel to be provided Onsite Offsite _____

NEW YORK STATE LIQUOR AUTHORITY www.abc.state.ny.us (212) 961-8385

Will alcohol be served? yes no If alcohol is served, NY State Permit required, please attach.
 Additional insurance for Liquor Liability required, please attach.

SIGNAGE
 All signs should be removed within 3 days of the termination of the event. Flashing or moving signs are prohibited, Town Code §330-203B(8).

Freestanding Signs ONSITE : Number _____ Size _____ Location _____
Freestanding Signs OFFSITE Number _____ Size _____ Location _____

EMERGENCY PLAN
 NYS fire code requires an emergency plan. It may not be ready at the time of the application but must be submitted to and approved by the Chief of Police prior to the event.

Plan attached yes no

Additional services may be required based on the nature of the event.

Ambulance on standby
 Medical Services, as may be required by Southampton Town Police
 Notification to area hospitals (Southampton Hospital, 631-726-8200; Peconic Bay Medical Center, 631-548-6000)
 Notification to local media (WLNG, 631-725-2300; WBLI, 631-669-9254; SEA-TV ch 22, 631-287-6274, and traffic (Metro traffic 516-803-9020)
 Towing company on standby
 Support personnel

PARKING

Shuttle bus provided: YES / NO **Plan must be attached showing layout, ingress and egress.**
 Total number of parking spaces provided at beginning: _____ **Attach valid workers comp certificate.**
 Total number of parking spaces provided at end: _____

Maximum number of vehicles expected to be parked at any given time at the event each day (if more than one day) _____
 (include Spectators/Participants, employees, organizers, vendors, wait staff, caterers, exhibitors, parking attendants)

Total Number of Handicap Parking Spaces provided _____ **Parking after 1:00 am is prohibited on all Town roads in residential districts.**

CATERER/ FOOD AND BEVERAGE (including alcohol) SUPPLIER N/A

Attach valid workers comp certificate. Attach Suffolk County Health Permit Application.

 Name of Firm _____ Email _____ Telephone _____

GARBAGE / TRASH / RUBBISH REMOVAL N/A

 Name of Firm _____ Email _____ Telephone _____



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SUBMIT PLANS, DRAWINGS, INCLUDING HANDICAP ACCESSIBILITY, AND COMPLETE THE FOLLOWING REQUESTS FOR INFORMATION

THE FOLLOWING INFORMATION MUST BE SUBMITTED: A DETAILED MAP OR PLAN, DRAWN TO SCALE, SHOWING ALL OF THE REQUIRED ELEMENTS LISTED BELOW WITH A SUMMARY OF ITEMS INCLUDED ON MAP, AS WELL AS ALL OTHER APPLICABLE INFORMATION AND MATERIAL REQUIRED.

PLEASE INDICATE BY CHECK MARK THE FOLLOWING INFORMATION WHICH HAS BEEN INCLUDED IN PLANS SUBMITTED. INSERT "N/A" IF NOT APPLICABLE. NO BLANKS.

1. ___ Filing Fee: *Number of Set Up days* _____ *Number of Event days* _____
 - (1) for 1 day event with less than 250 people: **\$50 per event day; \$25 per set up day**
 - (2) for events occurring over more than two days and/or events with 250 - 500 people: **\$150 per event day; \$75 per set up day**
 - (3) for events occurring over more than two days and/or events with 500 – 1000 people: **\$300 per event day; \$150 per set up day**
 - (4) for events occurring over more than two days and/or events with 1000 – 3000 people: **\$650 per event day; \$250 per set up day**
 - (5) for events occurring over more than two days and/or events with more than 3000 people: **\$1350 per event day; \$600 per set up day**

Late Application Fee: **\$10/per day** beyond the submission deadline in §283-2B. If more than 30 days late: **\$25/per day** fee.

Any **amendment** to the application for a Parade permit will be subject to an amendment fee of **25%** of the applicable application fee. Amendments may include changes to the location, route, parking plan, number of people expected, etc. Amendments to Parking Plans at the request of the Town are not considered amendments to the application.

Summonses may be issued to events that exceed the number of attendees on the permit.
2. ___ Comprehensive Liability Insurance Policy naming the Town of Southampton, 116 Hampton Road, Southampton, NY 11968 as an additional insured in the amount of \$1,000,000.

Insurance coverage should include set-up and break-down time and list name, date & location of event under description of operations.
3. ___ Disclosure Affidavit, Owner’s Endorsement, Authorization for Inspection, Affidavit- Consent of Agent for Service; all signed and notarized.
4. ___ Detailed Map, Plan/Sketch drawn to Scale, Showing the proposed route of event & surrounding area, including start, intersections & end point. Location, Size and Number of the Following:
 - a. ___ Tent(s), including size, number and location. **Permit required from Chief Fire Marshal for all tents greater than 200 square ft.**
 - b. ___ Stages, Decks, Bleachers, Platforms (**If applicable certification and/or inspection**)
 - c. ___ Restrooms, including Handicap Accessible
 - d. ___ Dumpsters, Trash Barrels
5. ___ Use of Town Facilities. If the Event is to be held at a Town Park, Beach or other Town-owned Property, a “Facility Use Permit” is required pursuant to Town Code §111-3D. If and when both a facility use permit and a special event permit are required, the validity of the facility use permit is contingent upon issuance of the special event permit (Southampton Town Code 283-7). Please contact Parks & Recreation (728-8585) for information regarding a facility use permit.
6. ___ Plan for Disposal of Garbage, Trash, Rubbish and Sanitary Waste and Sewage
7. ___ Emergency Plan including Emergency Medical Facilities, notifications, arrangements
8. ___ Parking Plan both onsite/offsite including layout, ingress and egress, loading and delivery, passenger pick-up/discharge, shuttle bus
9. ___ Letter from Participating Charity-Proof of donation

PLEASE SUBMIT ORIGINAL PARADE APPLICATION, PLANS & ALL DOCUMENTATION.

I hereby depose and certify, that all the above statements and information and all statements and information contained in the supporting documents and drawings attached hereto are true and correct. I hereby agree to provide notice in writing to the Town Clerk’s Office immediately, should there be any material changes regarding the information submitted in this application. I hereby authorize officials and employees of the Town of Southampton to enter the property to make any and all inspections necessary in connection with this Parade Application.

Name of Applicant

Applicant’s Signature

Sworn to before me this _____ day of _____, 2022.

Notary Public

A false statement made herein is punishable as a class A misdemeanor pursuant to section 210.45 of the penal law of the State of New York.

A violation of any of the provisions of Town Code §283 pertaining to special events permits shall be a misdemeanor and shall be punishable as the chapter provides.



TOWN OF SOUTHAMPTON

2022 PARADE/SPECIAL EVENTS DISCLOSURE

AFFIDAVIT Page 1 of 2

**NOTICE: A violation of any of these provisions of chapter 283 pertaining to special events permits shall be a misdemeanor and shall be punishable as the chapter provides.*

STATE OF NEW YORK }

} ss:

COUNTY OF SUFFOLK }

_____ being duly sworn, deposes and says:

Print Name

I am an applicant for a Parade Permit, which is the subject of a pending application, before the Chief of Police. I make this affidavit under penalty and swear to the truth herein. I am aware that this affidavit is required by General Municipal Law §809 and Southampton Town Code Chapter 23 and that I shall be guilty of a misdemeanor should I knowingly or intentionally fail to make all disclosures herein. I am also aware that I may be subject to the penalties in Southampton Town Code §23-14 should I knowingly or intentionally fail to make all disclosures herein.

1. The Event is: _____
2. I reside at _____
3. The officers of the applicant corporation are as follows:
 Pres. _____ Sec. _____
 Vice Pres. _____ Treas. _____

4. Do any of the following individuals have an interest in the applicant or owner (as defined on page 2, note "A")?

| | | |
|--|-------|-------|
| | Yes | No |
| 1. Any official of New York State | _____ | _____ |
| 2. Any elected or appointed official or employee of Southampton Town | _____ | _____ |

If the answer to Question 4 is yes, General Municipal Law §809 and Town Code Chapter 23 require that you disclose the name and the nature and event of the interest of said individual(s) in the applicant or owner.

| <u>Name</u> | <u>Residence</u> | <u>Nature of Interest</u> |
|-------------|------------------|---------------------------|
| | | |
| | | |

5. During the 24 months before the filing of this application, have any of the following individuals made campaign contributions exceeding \$500 in total, in cash or in kind, to the campaign for public office of any Town officer or employee, to any individual campaign committee, or to any political party committee designated to accept donations on such Town official's or employee's behalf as a candidate for public office?

| | | |
|---------------------------------|-------|-------|
| | Yes | No |
| 1. Owner | _____ | _____ |
| 2. Applicant | _____ | _____ |
| 3. Agent for owner or applicant | _____ | _____ |
| 4. Attorney | _____ | _____ |
| 5. Other | _____ | _____ |

If the question to Question 5 is yes, Town Code Chapter 23 requires that the information be provided below:

| <u>Name/Address</u> | <u>Amount/Date</u> | <u>Name of Campaign Committee</u> |
|---------------------|--------------------|-----------------------------------|
| | | |



TOWN OF SOUTHAMPTON
2022 PARADE/SPECIAL EVENTS DISCLOSURE
AFFIDAVIT Page 2 of 2

6. During the preceding 24 months before the filing of this application, have any of the following individuals employed any Town officer or employee or a relative thereof involving compensation in an amount of \$500 or more? Said compensation may be directly made, or indirectly made through a corporation or business interest held by any Town officer or employee or their relative.

| | | Yes | No |
|----|------------------------------|-------|-------|
| 1. | Owner | _____ | _____ |
| 2. | Applicant | _____ | _____ |
| 3. | Agent for owner or applicant | _____ | _____ |
| 4. | Attorney | _____ | _____ |
| 5. | Other | _____ | _____ |

If the answer to Question 6 is yes, Town Code Chapter 23 requires that the information be provided below:

| <u>Name</u> | <u>Position (Owner, Agent, Attorney, Other)</u> | <u>Corporation</u> |
|-------------|---|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Applicant Signature

Sworn to before me this _____ day of _____, 2022.

Notary Public

A FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK

- A. For the purposes of this disclosure, an official of the State of New York or an elected or appointed official or employee of the Town of Southampton shall be deemed to have an interest in the applicant and/or owner when that official or employee, their spouse, brothers, sisters, parents, children, grandchildren or the spouse of any of them is:
- a. the applicant or owner; or
 - b. an officer, director, partner, or employee of the applicant or owner; or
 - c. Legally or beneficially owns or controls stock of a corporate applicant or owner, or is a member of a partnership or association applicant or owner; or
 - d. Is a party to an agreement with the applicant or owner, express or implied, whereby said official or employee may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such application. Ownership of less than five percent of the stock of a corporation whose stock is listed on the New York Stock or American Stock Exchange shall not constitute an interest for the purposes of this disclosure.



TOWN OF SOUTHAMPTON 2022 INDEMNITY AGREEMENT Page 1 of 1

(Applicant)

STATE OF NEW YORK }

}ss:

COUNTY OF SUFFOLK }

Pursuant to Town Code §283-11, this Agreement is made this _____ day of _____, _____, between the Town of Southampton (Town) and _____(Applicant).

In consideration of issuance by the Town of a Parade Permit, the applicant voluntarily agrees to indemnify and hold the Town of Southampton and its officers, employees, and agents harmless from and against any and all losses, liabilities, damages, or costs sustained by any person for personal injury, death, or property damage arising out of, or as a consequence to the Parade.

The undersigned further agrees to indemnify and hold harmless the Town and its officers, employees, and agents from and against any and all losses, liabilities, damages, or costs which may be imposed upon, incurred by or asserted against the Town by reason of any act of omission of the undersigned, which result in damage or injury of any kind to any person or any property and which arises out of or is any way connected with the event permitted by this permit.

Applicant

Sworn before me this _____ day of _____, 2022.

Notary Public



TOWN OF SOUTHAMPTON

2022 Affidavit-Consent of Agent for Service Page 1 of 1

STATE OF NEW YORK }
 } ss:
 COUNTY OF SUFFOLK }

I, _____, by me being duly sworn, deposes and says,
 please print name

I reside at No. _____, _____,
 Street Town/City

State of New York, and do hereby consent and accept service by mail to the above address, of any and all papers and instruments of any kind, including, but not limited to orders, civil summonses and complaints, motions for preliminary injunction, appearance tickets and/or criminal summonses for any matters arising out of or relating to the _____ Event occurring on or about _____, 2022.

My date of birth is _____, my telephone number is _____, and my mailing address, if different than my street address, is _____, _____.
 PO Box /Street Town/ City

I understand that by executing this document I am affirmatively waiving the requisite personal service requirements of the New York State Criminal Procedure Law and the New York State Civil Practice Laws and Rules.

Furthermore, by executing this document, I hereby consent to the personal jurisdiction of the Southampton Town Justice Court and the Supreme Court for the State of New York in connection with any and all legal action that the Town of Southampton commences arising out of or relating to the aforementioned Event. In addition, I hereby waive any and all jurisdictional defects and/or defenses as to any matter arising out of or relating to the subject Event.

 Applicant

Sworn to before me this
 _____ day of _____, 2022.

 Notary Public