



Donna Lent, Town Clerk

Patricia Ryan-Correa, Chief Deputy Town Clerk
One Independence Hill, Farmingville, NY 11738
(631) 451-9101 FAX: 451-9264

Outdoors Assemblage Application Requirements

1. Fill out all spaces in Assemblage Permit
2. Completed application should be submitted at least (15) days prior to the assemblage.
3. REQUIREMENTS TO BE MET BY THE APPLICANT BEFORE PERMIT WILL BE ISSUED:
 - A. Liability Insurance Certificate – Certificate shall include the Town of Brookhaven as additional insured and shall not be cancelled without (15) days prior notice of cancellation to the Town Clerk.

Public liability insurance is required in limits of not less than one million dollars (\$1,000,000) combined single limit for both bodily injury to or death of any one (1) or more persons and for damage to or destruction of property. Additional insurance coverage may be requested if deemed necessary.
 - B. A sketch and or map drawn to scale indicating the premises and location of proposed outdoor assemblage and the location of the sanitary facilities.
 - C. Notarized letter from the applicant stating that they will be responsible for the clean up of the site after assemblage.
 - D. Letter of permission from property owner – if the applicant owns assemblage site, please state so in above letter.
 - E. Waiver/Liability Release and Hold Harmless Agreement – A copy of this agreement must be signed and notarized by the applicant AND by any person, entity or organization coordinating, managing or operating the event.

Please feel free to contact the Licensing Division at 451-7093 if you need any assistance in completing this application.



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Name of applicant requesting permit: _____

Set forth purpose for which permit is sought: _____

Address of premises: _____

Name and address of owner of premises: _____

If owner is not applicant, attach notarized statement from true property owner stating nature, extent and duration of event and granting permission to operate event on premises.

Set forth name, address, and phone number of person in control of assemblage:

Name: _____ Phone #: _____

Address: _____

Exact dates and times of said permit:

Dates: _____ Time: _____ Estimated # of attendees at assemblage: _____

Set forth detailed description of the activities of such event for which permit is sought:

I hereby declare to the best of my knowledge that the information contained in this application is true.

Date:	Signature of person in charge of assemblage:
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OFFICIAL USE ONLY

This permit is approved subject to the Provisions of Chapter 4 of the Brookhaven Town Code, entitled "Assemblage", and any other conditions so noted in the enclosed letter.

Date:	Signature, Brookhaven Town Clerk:
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WAIVER/LIABILITY RELEASE AND HOLD HARMLESS

(Name) _____, (address) _____, New York,

hereby assumes all liability and all risks in the performance of the (Name of Event)

_____ at (Location) _____ and

undertakes complete responsibility for all acts undertaken by the undersigned in connection with the event

on the Town of Brookhaven premises/property located at (Location) _____

New York, during the period, commencing on or about (Date) _____

through _____.

The undersigned, its agents, servants, employees, invitees, volunteers and successors and assigns further agree to save harmless and forever indemnify the Town of Brookhaven, its officers, agents, servants, and employees, enumerated volunteers, from any and all liabilities, damages, claims, expenses, suits, arbitrations, judgments and/or executions plus attorney's fees and the costs of investigation for any bodily injury, personal injury, wrongful death and property damage arising out of or in any way connected to the event herein.

The undersigned, its agents, servants, employees, invitees, volunteers and successors and assigns further agree that it will indemnify and hold harmless the Town of Brookhaven, it's officers, employees, agents and non-remunerated volunteers from any claims made by any person for any loss, damage or injury resulting from or arising out of any acts or omissions of the undersigned or any other persons acting on



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behalf of the undersigned, with regard to or in connection with the event. The undersigned's responsibility under this section shall not be limited to the required or available insurance coverage.

Dated: _____ Signed: _____

Print Name: _____

Acknowledgement of Corporation

STATE OF NEW YORK)
SS.:
COUNTY OF SUFFOLK)

On the _____ day of _____ in the year 20__ before me personally came _____ to me known, who, being by me duly sworn, did depose and say that he/she/they reside(s) in _____ (if the place of residence is in a city, include the street and street number, if any, thereof); that he/she/they is (are) the _____ (president or other officer or director or attorney in fact duly appointed) of the (name of corporation), the corporation described in and which executed the above instrument; and that he/she/they signed his/her/their name(s) thereto by authority of the board of directors of said corporation.

Notary Public

Acknowledgement of Individual

STATE OF NEW YORK)
SS.:
COUNTY OF SUFFOLK)

On the _____ day of _____ in the year 20__ before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public