

**TOWN OF LAKE GEORGE**

**TOWN CENTER**

**20 OLD POST ROAD**

**LAKE GEORGE, NY 12845**

**518-668-5131 (Phone)**

**518-668-0269 (Fax)**

**APPLICATION FOR FESTIVAL/EVENT PERMIT**

**APPLICATION NO:** \_\_\_\_\_

**DATE:**

**Include two (2) copies of a plot plan on an 8-1/2 X 11" paper (if larger, folded to 8-1/2 X 11"), drawn to scale showing the location MUST BE SUBMITTED WITH THIS APPLICATION. The plot plan shall include location of parking, vendors,**

**Applicant's Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Location of Property:** \_\_\_\_\_

**Zoning**

**District:** \_\_\_\_\_ **Tax Map No:** \_\_\_\_\_

**Lot size/Area:** \_\_\_\_\_ **Existing use of Property:** \_\_\_\_\_

**Nature of Proposed Festival/Event:** \_\_\_\_\_

**If the festival/event involves individual vendors, the name, business address, sales tax number, and description of merchandise for each vendor. The applicant may supplement its filing, but in no event is any vendor allowed to participate unless the vendor's name, business address, sales tax number, and description of merchandise has been provided to the Town Clerk.**

**A statement that the festival/event organizer acknowledges that he/she/it is responsible for any and all federal or state permits and/or licenses necessary for the festival/event.**

**Proof by certificates of insurance that the landowner and festival/event organizer, if different from the landowner, has general liability insurance in an amount satisfactory to the Town of Lake George, with the Town named as an additional insured thereon. If said certificates of insurance are not provided with the application, they will be provided at least seven days prior to commencement of the festival/event.**

**AUTHORIZATION FORM**

**Date Application received:** \_\_\_\_\_ **Application Fee paid:** \_\_\_\_\_  
(If paying by check make payable to: Town of Lake George)

**Receipt Number:** \_\_\_\_\_

**I AFFIRM THAT I AM FAMILIAR WITH THE INFORMATION ON THIS FORM AND ALL ATTACHMENTS SUBMITTED WITH IT AND THAT, TO THE BEST OF MY KNOWLEDGE, ALL OF THE INFORMATION PRESENTED IS TRUE AND NO INFORMATION RELEVANT TO THIS APPLICATION HAS BEEN OMITTED OR MISREPRESENTED.**

***SIGNATURE OF APPLICANT:*** \_\_\_\_\_

**(Print Name):** \_\_\_\_\_

***SIGNATURE OF OWNER:*** \_\_\_\_\_

**(Print Name):** \_\_\_\_\_

**IF THIS AUTHORIZATION FORM IS NOT APPLICABLE, AND YOU WILL REPRESENT YOURSELF, PLEASE SIGN AND DATE:**

**SIGNATURE :** \_\_\_\_\_

**DATE:** \_\_\_\_\_