



# CITY OF BUFFALO

65 Niagara Sq. 226 City Hall Buffalo, NY 14202

## SPECIAL EVENT

### 2017 Application

Byron W. Brown  
Mayor

Contact Information	
Special Events Coordinator Nicole Drye	
Location	Room 226
Phone	(716) 851-6508
Fax	(716) 851-5052
Email: ndrye@city-buffalo.com	

Name of Event \_\_\_\_\_ Today's Date \_\_\_\_\_

Nature of Activity \_\_\_\_\_ Year event began \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Organization Address \_\_\_\_\_  
street city zip

Date(s) of Event \_\_\_\_\_

Opening date	_____	from	_____	to	_____	Day of week	_____
Closing date	_____	from	_____	to	_____	Day of week	_____
Set-up date	_____	from	_____	to	_____	Day of week	_____
Breakdown	_____	from	_____	to	_____	Day of week	_____

#### Contacts

- Executive Director \_\_\_\_\_ phone \_\_\_\_\_
  - Financial Contact \_\_\_\_\_ phone \_\_\_\_\_
  - Event Chairperson \_\_\_\_\_ phone \_\_\_\_\_
- Email/website \_\_\_\_\_ fax \_\_\_\_\_  
Phone # during event \_\_\_\_\_

Location of Event **A detailed site-map describing name & address of facility, property, streets or areas that are part of event venue must be attached to application.**

Name of Facility/Property \_\_\_\_\_  
Address \_\_\_\_\_  
street city zip

Handicapped Accessibility  yes  no

#### Last Year's Event

Actual attendance	# _____	Average daily attendance	# _____	Approx. peak attendance	# _____
Total expenses	\$ _____	Total revenues	\$ _____		

#### This Year's Event

Estimate attendance	# _____	Estimate daily attendance	# _____	Estimate. peak attendance	# _____
Estimate expenses	\$ _____	Estimate revenues	\$ _____		
Volunteers/workers	# _____	Entry fee for event	<input type="checkbox"/> yes <input type="checkbox"/> no		

#### Insurance

All events must obtain liability insurance policy in the amount of one million dollars (\$1,000,000.00), or a larger amount in the discretion of the City, with the City of Buffalo named as an additional insured.

- Insurance Provider of Insured \_\_\_\_\_
- Insurance Agency \_\_\_\_\_ Phone #: \_\_\_\_\_
- Amt of Insurance Coverage \$ \_\_\_\_\_ Alcohol Insurance Coverage \$ \_\_\_\_\_

**Application Fee: \$200 per day payable to the 'City of Buffalo', plus additional fees if applicable.**

**HOLD HARMLESS AGREEMENT  
FOR CITY OF BUFFALO, BUFFALO CITY PARKS,  
SPECIAL EVENTS AND PARADE PERMITS**

By accepting a CITY OF BUFFALO, BUFFALO CITY PARKS, SPECIAL EVENTS AND OR PARADE PERMIT, the undersigned PERMIT HOLDER hereby agrees to defend, indemnify and hold harmless the CITY OF BUFFALO, its officers, and employees, against any and all claims, lawsuits, causes of action, judgments, or other liability, arising from injury to person or property, sustained by any person, association, partnership, corporation, or other entity, arising directly or indirectly from the acts or neglect of the PERMIT HOLDER, its officers, agents, employees, or members, participants, guests, invitees, or persons under the control of the PERMIT HOLDER.

In furtherance of the foregoing indemnification, the PERMIT HOLDER also hereby agrees to provide evidence (in the form of an ACORD certificate of liability insurance) of an insurance policy of general liability insurance and agrees to maintain said general liability insurance policy in force during the life of the permitted event. Said policy of insurance will protect against liability arising from all matters in connection with the permitted event and or in any way relating to PERMIT HOLDER'S activities in connection therewith. Said policy of general liability insurance coverage will be in the sum of at least \$1,000,000 per occurrence (or higher amount at the discretion of the City permitting office).

The City of Buffalo shall be named as certificate holder and shall also be named as an additional insured under the general liability insurance coverage (with the permitted event being set forth or described in the description of operations box of the certificate of insurance). In the event the permitted event is to be held in a City Olmsted Park, the City may require that Buffalo Olmsted Park Conservancy be also added as an additional insured and as an indemnitee.

At its own expense, the PERMIT HOLDER shall defend any and all causes of action, lawsuits or claims brought against the CITY OF BUFFALO, its officers or employees.

Your electronic signature below certifies that the information you provided in this form is complete and accurate to the best of your knowledge and constitutes your signature as if actually signed by you in writing.

Name of Permit Holder

Name of Signer

Title (If Holder is not an individual)

Mailing address (city, state, zip)

Telephone number

Signature

Date

**INFORMATION ABOUT THE PROPERTY FOR THE SPECIAL EVENT.**

1. Property owner \_\_\_\_\_
2. Event on public property     yes     no
3. Event on private property     yes     no
4. Event will be held indoors     yes     no    **Certificate of Inspection (COI) license #** \_\_\_\_\_  
     **If indoors, give full address of building** \_\_\_\_\_

**YOUR EVENT MAY REQUIRE LICENSES, PERMITS, OR OTHER SUPPORT SERVICES.**

<b>If YES, submit required permit application and/or fees.</b>				
<b>1</b>	<b>Fireworks</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	Need permit: Bureau of Fire Prevention    Room 321
<b>2</b>	<b>Tent permit</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	Need permit: Bureau of Fire Prevention    Room 321
<b>3</b>	<b>Alcohol served/sold</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	Need Erie Co Dept of Health Permit if alcohol is served or sold. Need SLA approved license.
<b>4</b>	<b>Temporary food stands</b> selling food - # of venders #_____ distribution only - # of venders #_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>All food vendors need Erie Co Dept of Health Permit in addition to City of Buffalo Temporary Stand license</b> Includes mobile units, food trucks, push carts. If selling food, need Temporary Stand license. Room 301
<b>5</b>	<b>Non-food items for sale</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	Exhibitor Stand if merchandise for sale.    Room 301
<b>6</b>	<b>Legalized gambling</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	Need permit. Charitable gaming.    Room 301
<b>7</b>	<b>Amusement rides</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	Need permit: Office of Licenses    Room 301
<b>8</b>	<b>Garbage totes</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	Need permit: Dept of Public Works    Room 113
<b>9</b>	<b>Recycling totes</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	Need permit: Dept of Public Works    Room 113
<b>10</b>	<b>Dumpsters</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	Event producer must rent from service provider.
<b>11</b>	<b>Portable lavatories</b> handicap accessible <input type="checkbox"/> yes number provided    #_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	Name of service provider: _____ Attach map of lavatory locations.
<b>12</b>	<b>Barricades</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	Event producer must rent from service provider.
<b>13</b>	<b>Snow fencing</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	Event producer must rent from service provider.
<b>14</b>	<b>Park Permit</b> <b>Playing field</b> <b>Band wagon</b> (mobile stage)	<input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> no <input type="checkbox"/> no	Need permit. City of Buffalo Parks Dept    Room 505 Contact Arlene 851-9670
<b>15</b>	<b>Security</b>  Private <input type="checkbox"/> yes Volunteers <input type="checkbox"/> yes City <input type="checkbox"/> yes Other <input type="checkbox"/> yes	<input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> no <input type="checkbox"/> no <input type="checkbox"/> no	For any YES: Notify Police district(s) near event. Attach correspondence. Attach copy of event security arrangements including vendor contact information. Within contract include a detailed security plan reflecting number of personnel, hours and locations.
<b>16</b>	<b>Parking Provisions</b> ‘No Standing Signs’ Parking enforcement/Towing Valet services provided	<input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> no <input type="checkbox"/> no <input type="checkbox"/> no	Need permit for ‘no standing signs’. Parking arrangements: Include attachment to describe use of ramps/lots for other designated parking. Signs must be removed after event.
<b>17</b>	<b>Street Closing</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	See Street Closing application for Police Department approval. Attach detailed map of proposed closings. Requires minimum of 30 days to process.

18	<b>Traffic Control</b> Road race/run/walk Parade or march Motorcade	<input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> no <input type="checkbox"/> no <input type="checkbox"/> no	See Motorcade/Parade permit application form. Attach map of proposed race route. Waterfront routes subject to pre-approval (Erie St, Erie Basin Marina, Marine Dr, Lakefront Blvd) Usage - contact special events @851-6508.
19	<b>NFTA notice</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	Attach copy of correspondence to NFTA
20	<b>Banner Signage</b> (over street) <b>Flags installed on lampposts</b>	<input type="checkbox"/> yes <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> no	Need permit (includes hanging banners overhead). Prior to installation, anything attached to a lamppost needs approval by the City of Buffalo Street Lighting Dept. Call 851-5362.
21	<b>City Furnished Utilities</b> electric water/hydrants lighting in parks other (specify)	<input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> no <input type="checkbox"/> no <input type="checkbox"/> no <input type="checkbox"/> no	Contact Dept of Public Works Room 502
22	<b>Emergency Services Plan:</b> Call 911 EMT's licensed by City/Buffalo Vehicles licensed by City/Buffalo	<input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> no <input type="checkbox"/> no	Events over 1500 attendance require a contract with licensed emergency services provider. Attach copy of event emergency arrangements. Include vendor contact information & copy of contract outlining detailed transport plan reflecting number of personnel, hours and locations.
23	<b>NYS Health Dept Public Gathering Permit Part 18</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	Provide application & permit when received. For gatherings of 5,000+ persons at any one time.
24	<b>Other</b> ex. skydiving, balloon rides, etc.	<input type="checkbox"/> yes	<input type="checkbox"/> no	Specify need

## Fire Department Data

List names and addresses of event committee members.

List names, addresses and contacts of all corporate and other sponsors.

1. **Closed streets and location of barricades.** Provide map.

Streets closed between \_\_\_\_\_  
\_\_\_\_\_

2. **Hydrants** They may not be blocked by any vehicle or concession.

Location: \_\_\_\_\_  
Location: \_\_\_\_\_

3. **Concessions using cooking facilities.** Fuel containers must be approved of type.

Location \_\_\_\_\_ type of fuel \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Request for Fire Apparatus:** In case of emergency, fire apparatus may respond within the barricade area.

Apparatus \_\_\_\_\_ location \_\_\_\_\_ time \_\_\_\_\_  
Tent date(s): \_\_\_\_\_ location(s): \_\_\_\_\_