



# CITY OF BUFFALO

65 Niagara Sq. 226 City Hall Buffalo, NY 14202

## SPECIAL EVENT

### 2018 Application

Byron W. Brown  
Mayor

**Contact Information**  
**Director** 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

1. Executive Director \_\_\_\_\_ phone \_\_\_\_\_
2. Financial Contact \_\_\_\_\_ phone \_\_\_\_\_
3. Event Chairperson \_\_\_\_\_ phone \_\_\_\_\_

Email (required ) \_\_\_\_\_

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.

1. Insurance Provider of Insured \_\_\_\_\_
2. Insurance Agency \_\_\_\_\_ Phone #: \_\_\_\_\_
3. Amt of Insurance Coverage \$ \_\_\_\_\_ Alcohol Insurance Coverage \$ \_\_\_\_\_

**Application Processing Fee: \$200 payable to the 'City of Buffalo', plus additional labor 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 insurance policies of General Liability and/or Special Event Liability and Liquor Liability insurance (applicable whenever alcohol is served or sold as part of the permitted event) and agrees to maintain said policies of insurance in force during the course of the permitted event, including the opening date, closing date, set-up date and breakdown date. Said policies of insurance shall 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 policies of General Liability and/or Special Event Liability and Liquor Liability insurance coverage shall each be maintained in the sum of not less than \$1,000,000 per occurrence (or higher amount at the sole discretion of the City).

The City of Buffalo shall be named as an additional insured and certificate holder under the General Liability, including any Excess/Umbrella Liability policy, and/or Special Event Liability and Liquor Liability insurance policies (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 Buffalo Olmsted Park Conservancy must also added as an additional insured under said policies and as an indemnitee. In the event the permitted event is to be held in an area or areas under the management of Buffalo Place, then Buffalo Place, Inc. must also added as an additional insured under said policies and as an indemnitee.

At its own expense, the PERMIT HOLDER shall indemnify, defend and hold harmless in any and all causes of action, lawsuits or claims brought against the CITY OF BUFFALO, its officers or employees, and also, where applicable, the Buffalo Olmsted Park Conservancy or Buffalo Place, Inc.

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Name of Permit Holder

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Name of Signer

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Title (If Holder is not an individual)

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Mailing address (city, state, zip)

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Telephone number

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Signature

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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.**

| If YES, submit required permit application and/or fees. |   |  |   |
|---|---|--|---|
| 1   | <b>Fireworks</b>  | <input type="checkbox"/> yes <input type="checkbox"/> no   | Need permit: Bureau of Fire Prevention    Room 321  |
| 2   | <b>Tent permit</b>  | <input type="checkbox"/> yes <input type="checkbox"/> no   | Need permit: Bureau of Fire Prevention    Room 321  |
| 3   | <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>Alcohol insurance also required.</b>   |
| 4   | <b>Temporary food stands</b><br>selling food - # of vendors #_____<br>distribution only - # of vendors #_____   | <input type="checkbox"/> yes <input type="checkbox"/> no   | <b>All food vendors need Erie Co Dept of Health Permit.</b> Includes mobile units, food trucks, push carts. If selling food, need Temporary Stand license. Room 301   |
| 5   | <b>Non-food items for sale</b>  | <input type="checkbox"/> yes <input type="checkbox"/> no   | Exhibitor Stand if merchandise for sale.    Room 301  |
| 6   | <b>Legalized gambling</b>   | <input type="checkbox"/> yes <input type="checkbox"/> no   | Need permit. Charitable gaming.    Room 301   |
| 7   | <b>Amusement rides</b>  | <input type="checkbox"/> yes <input type="checkbox"/> no   | Need permit: Office of Licenses    Room 301   |
| 8   | <b>Garbage totes</b>  | <input type="checkbox"/> yes <input type="checkbox"/> no   | Need permit: Dept of Public Works    Room 113   |
| 9   | <b>Recycling totes</b>  | <input type="checkbox"/> yes <input type="checkbox"/> no   | Need permit: Dept of Public Works    Room 113   |
| 10  | <b>Dumpsters</b>  | <input type="checkbox"/> yes <input type="checkbox"/> no   | Event producer must rent from service provider.   |
| 11  | <b>Portable lavatories</b><br>handicap accessible <input type="checkbox"/> yes <input type="checkbox"/> no<br>number provided    # _____  | <input type="checkbox"/> yes <input type="checkbox"/> no   | Name of service provider: _____<br>Attach map of lavatory locations.  |
| 12  | <b>Barricades</b>   | <input type="checkbox"/> yes <input type="checkbox"/> no   | <b>Event producer must rent from service provider. If renting from City of Buffalo. Organizer is responsible for pick up and delivery.</b>  |
| 13  | <b>Snow fencing</b>   | <input type="checkbox"/> yes <input type="checkbox"/> no   | Event producer must rent from service provider.   |
| 14  | <b>Park Permit</b><br><b>Playing field</b><br><b>Band wagon</b> (mobile stage)  | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no   | Need permit. City of Buffalo Parks Dept    Room 505<br>Contact Arlene 851-9670/amustafa@city-buffalo.com  |
| 15  | <b>Security</b><br>Private <input type="checkbox"/> yes <input type="checkbox"/> no<br>Volunteers <input type="checkbox"/> yes <input type="checkbox"/> no<br>City <input type="checkbox"/> yes <input type="checkbox"/> no<br>Other <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <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. <b>Within contract include a detailed security plan reflecting number of personnel, hours and locations. Organizer is responsible for BPD manpower hours if required.-See Fee Schedule</b> |
| 16  | <b>Parking Provisions</b><br>‘No Standing Signs’<br>Parking enforcement/Towing<br>Valet services provided   | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no | Need permit for ‘no standing signs’. Parking arrangements: Use attachment to describe use of ramps/lots for other designated parking.   |

|    |  |  |
|----|--|--|
| 17 | <b>Street Closing</b> <input type="checkbox"/> yes <input type="checkbox"/> no   | See application for Police Department approval. Attach detailed map of proposed closings. Requires a <b>minimum</b> of 30 days to process.   |
| 18 | <b>Traffic Control</b> <input type="checkbox"/> yes <input type="checkbox"/> no<br>Road race/run/walk <input type="checkbox"/> yes <input type="checkbox"/> no<br>Parade or march <input type="checkbox"/> yes <input type="checkbox"/> no<br>Motorcade <input type="checkbox"/> yes <input type="checkbox"/> no   | See Motorcade/Parade Application. Attach map of proposed race route. – <b>Manpower hours are 60.00 hour at a minimum of 4 hours-See fee schedule</b><br>Waterfront routes subject to pre-approval (Erie St, Erie Basin Marina, Marine Dr, Lakefront Blvd) Usage - contact special events @851-6508. <b>Written Notification to area business and residences required after route approval 60-90</b> days before event execution. |
| 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) <input type="checkbox"/> yes <input type="checkbox"/> no<br><b>Flags installed on lampposts</b> <input type="checkbox"/> yes <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> <input type="checkbox"/> yes <input type="checkbox"/> no<br>electric <input type="checkbox"/> yes <input type="checkbox"/> no<br>water/hydrants <input type="checkbox"/> yes <input type="checkbox"/> no<br>lighting in parks <input type="checkbox"/> yes <input type="checkbox"/> no<br>other (specify) <input type="checkbox"/> yes <input type="checkbox"/> no | Contact Dept of Public Works Room 502  |
| 22 | <b>Emergency Services Plan:</b><br><b>Call 911</b> <input type="checkbox"/> yes <input type="checkbox"/> no<br><b>EMT's licensed by City/Buffalo</b> <input type="checkbox"/> yes <input type="checkbox"/> no<br><b>Vehicles licensed by City/Buffalo</b> <input type="checkbox"/> yes <input type="checkbox"/> no   | Events over 1500 attendance require a contract with licensed emergency services provider. Also, alert fire department (716.851.5333x 319) for recommendation of emergency protocols. Attach a 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. (*City of Buffalo does not provide barricades*)

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): \_\_\_\_\_



Byron W. Brown  
Mayor

**CITY OF BUFFALO**  
65 Niagara Sq, Room 226 Buffalo, NY 14202

## Special Events 2018

### Contact Information

**Director** Nicole Drye

**Location** Room 226

**Phone** (716) 851-6508

**Fax** (716) 851-5052

**Email:** [ndrye@city-buffalo.com](mailto:ndrye@city-buffalo.com)

## Sponsor Pre- Event Accounting

This form must be submitted along with the Special Event application.

Name of event \_\_\_\_\_

Date(s) of the event \_\_\_\_\_

Number of persons expected \_\_\_\_\_

Actual Attendance last year \_\_\_\_\_

Did you charge a fee? (yes or no) \_\_\_\_\_ Website address \_\_\_\_\_

If yes, how much? Per individual \_\_\_\_\_ Per Group \_\_\_\_\_

Per Vendor \_\_\_\_\_

Per Motorcade/March Participant \_\_\_\_\_

Income from sponsors last year? \$ \_\_\_\_\_

Gross income received from last year's event \$ \_\_\_\_\_

Total expenses for event last year \$ \_\_\_\_\_

Net income (surplus/deficit) \$ \_\_\_\_\_

**Please describe the anticipated use of any surplus funds. Please list names and percentage to any past beneficiary.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you anticipate any issues before or during event.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list names of anticipated beneficiaries this year.**

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



**CITY OF BUFFALO**  
**2018**  
**SPECIAL EVENTS**  
**WEBSITE CALENDAR**

Byron W. Brown  
 Mayor

**Contact Information**  
 Department Director Nicole Drye  
 Location Room 226  
 Phone (716) 851-6508  
 Fax (716) 851-5052  
 Email: [ndrye@city-buffalo.com](mailto:ndrye@city-buffalo.com)

**Please complete and return this form along with your application. Completion of this form will publicize your event that has been submitted to the Special Events Advisory Committee and assist others to avoid your date and/or site. Your event will be posted after approved by the S.E.A.C.**

**E-mail, mail or fax to:**  
 Office of Special Events  
 65 Niagara Square Room 226  
 Buffalo, NY 14202  
 Fax: 716-851-5052  
 ndrye@city-buffalo.com

1. Name of Event \_\_\_\_\_
2. Purpose of Event \_\_\_\_\_
3. Sponsoring Organization \_\_\_\_\_
4. Location of Event \_\_\_\_\_
5. Participants expected # \_\_\_\_\_
6. Date(s) of Event \_\_\_\_\_  
 Date \_\_\_\_\_ start time \_\_\_\_\_ close time \_\_\_\_\_  
 Date \_\_\_\_\_ start time \_\_\_\_\_ close time \_\_\_\_\_  
 Date \_\_\_\_\_ start time \_\_\_\_\_ close time \_\_\_\_\_  
 Date \_\_\_\_\_ start time \_\_\_\_\_ close time \_\_\_\_\_
7. Contact Person \_\_\_\_\_
8. Phone \_\_\_\_\_
9. Fax \_\_\_\_\_
10. Email \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

I understand and agree completion of this application gives permission to the City of Buffalo to publicize the above event information on the City of Buffalo website.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**CITY OF BUFFALO**  
 5 Niagara Sq. 226 City Hall Buffalo, NY 14202  
**SPECIAL EVENTS**

**Contact Information**  
**Director** Nicole Drye  
**Location** Room 226  
**Email** ndrye@city-buffalo.com  
**Fax** (716) 851-5052  
**Email:** [ndrye@city-buffalo.com](mailto:ndrye@city-buffalo.com)

**Mayor Byron W. Brown 2018 Fee Schedule**

|                          |                                |   |
|--------------------------|--------------------------------|---|
| <b>APPLICATION FEE</b>   | <b>\$200 per day</b>           | includes runs, walks, races, festivals, any like event series.  |
| Seasonal events          | \$500                          | per event series  |
| Amusement rides          |                                | as determined in Office of Licenses room 301  |
| Bell jar ticket license  | \$25                           | Room 301-Department of Licensing  |
| Exhibitor vendor         | \$26.25-                       | only when selling merchandise   |
| Food vendor              | \$31.50                        | only when selling food (plus Erie Co Health permit)-  |
| Fireworks                |                                | Department of Licensing - 851-4078, then Fire Prevention 851.5707   |
| Garbage totes            | \$10                           | per tote, includes delivery & pick up   |
| Hydrant fee              | \$126.50<br>\$100<br>\$126.50  | daily fee; \$294 weekly; \$843 monthly<br>'back flow preventer' use fee for civic groups only<br>pump out fee between Nov 1 & April 1 only                      |
| City Hall                | \$50                           | per day   |
| Lafayette Square         | \$200.00                       | per day   |
| Niagara Square           | \$50.00                        | per day   |
| Liquefied petroleum gas  | \$25.00                        | per vendor, tank, location (Fire Prevention)  |
| Motorcade police permit  | \$50.00/application processing | for race, run, walk, parade, etc.-\$60.00 hourly fee per officer ( <b>Any events requiring more than 16 donated hours from the city will incur labor fees</b> ) |
| BPD Labor                | \$60.00/hour/officer           | <b>Staffing requirements will be determined by the Buffalo Police Department –See above</b>   |
| 'NO parking signs'       | 30¢                            | per placard   |
| Street closing (per day) | \$50<br>\$30<br>\$24           | first block<br>each successive block  |
| Neighborhood block party |                                |   |
| Tent permit              | \$25<br>\$250                  | per tent<br>blanket permit rate for 11 or more tents  |
| Utilities                |                                | payment directly to affected department or utility provider   |
| Barricade Labor Fees     | \$960.00                       | Barricade Drop off and Pick up  |