

**TOWN OF BOSTON
APPLICATION FOR USE OF FACILITY**

This Application is subject to Approval by the Town Board

*****Application, deposit, plans, layouts and any additional proof from other agencies must be completed and submitted at time of application.**

Name/Organization _____ Date ____/____/____

Name of person responsible for facilities _____

Title _____

Applicant Address _____

Applicant Daytime Phone # _____ # Of Attendees: _____

Date(s) Requested* _____ Time _____ Type of Event _____

Sporting Leagues — Please attach Schedule

****Certificate of Insurance from your organization must be submitted 30 days before your 1st sporting event****

*****Please confirm that your dates do not conflict with any Sporting Leagues*****

Baseball—Ron Carr 648-0080

Football—Dave Knoll 646-5638

Softball—Mitch Friend 941-3775

Soccer— Jim Roistracher 649-4536

I, THE UNDERSIGNED, REQUEST PERMISSION TO USE THE FOLLOWING: (check all that apply)

_____ South Boston Park

_____ Boston Town Park/Lions Shelter

_____ Bathroom Facilities

_____ Town Hall Community Room w/ Kitchen

_____ Town Fields

_____ Other _____

_____ Other _____

WILL YOUR EVENT HAVE ANY OF THE FOLLOWING: (Check all that apply)

_____ Parade - Who will provide traffic control? _____
(Submit proof in writing from that agency at time of application)

_____ Parking - Please submit parking Plan: (This must be approved by Park's Superintendent
(over 50) before submittal to Town Clerk with application)

_____ Rides (Certificate of Insurance from your insurance company must be submitted 30 days before use begins)

_____ Fireworks (Certificate of Insurance from Firework Vendor must be submitted 30 days before your event)

-Who will provide Fire Stand By? _____
(Submit proof in writing from that agency at time of application)

_____ Vendors - Please submit Layout (This must be approved by Park's Superintendent before submittal to
(over 5) Town Clerk with application)

_____ Other - Please indicate on your plan (This must be approved by Park's Superintendent
before submittal to Town Clerk with application)

Alcoholic Beverages:
(IF SERVING ALCOHOL, CHECK ALL
THAT APPLY)

Are you serving alcohol? Yes No
Are you having a Private Party? Yes No
Are you having a Public Special Event? Yes No

(Private and Public parties must submit a Certificate of Insurance 30 days before your event.
Public Special Events must also submit a copy of your NYS Liquor License 30 days before your event.)

Certificates of Insurance: You must list the Town of Boston as additionally insured and the dates of the event must be on the Certificate of Insurance. Your insurance agent can help you with this. The following is a list of Liability amounts needed:

Private Party (Host Liquor)	\$ 500,000
Public Special Event (Liquor Legal)	\$1,000,000
Ride Vendor	\$1,000,000
Fireworks	\$1,000,000
Sporting Leagues	\$1,000,000

DEPOSIT: A \$50.00 deposit must be included with this application. Deposit will be returned when facilities are cleaned to the satisfaction of the inspecting authority and return of keys.

KEYS: Keys may be picked up on the business day before the scheduled event and should be returned the first business day immediately following.

COMMUNITY EVENTS SIGN: If your organization needs to use the Community Announcement sign near the Emergency Squad Bldg, the "Request to use Coming Events Sign" application must be completed and submitted to the Highway/Parks Dept. This form can be obtained from the Town Clerk's Office or at www.townofboston.com.

Requests may be submitted after September 1st the year before your event.

I agree that all facilities used will be properly cleaned to the best of my ability upon completion of the event. I will submit to the Town Clerk all Certificates of Insurance and NYS Liquor License if necessary at least 30 days prior to my event. I have contacted the above mentioned sporting leagues and there are no conflicts with dates.

SIGNATURE OF APPLICANT: _____

Upon Completion, please submit to Town Clerk

DEPOSIT RECEIVED _____ **APPROVED/DENIED :** _____
(date) (date)

INSPECTION: _____ **DEPOSIT RETURNED:** _____
(date) (date)