



TOWN OF RIVERHEAD SPECIAL EVENTS APPLICATION

****Incomplete Applications will not be processed****

Riverhead Town Code Chapter 255 Special Events requires specific material to be submitted as indicated on the application checklist provided. Chapter 255 may be accessed on the Town website at www.townofriverheadny.gov under the link for Town Code. As each event has a different impact on the community and town resources, you will be notified if additional materials are necessary. If a section is not applicable, indicate N/A. It is the applicant's responsibility to ensure that the application package is complete and accurate.

NO BLANKS. If the property proposed for a special event is covered by any easement or covenant of any kind, please provide a copy of all relative documents so they can be reviewed for compliance with your proposed event.

NAME of EVENT _____	DATE(S) of EVENT _____	APPLICATION FEE (see pg.4) \$ _____	LATE FEE (see pg.4) \$ _____
	RAIN DATE(S) of EVENT _____		

SUFFOLK COUNTY TAX MAP NUMBER(S) 0600 - _____ - _____ - _____ 0600 - _____ - _____ - _____ 0600 - _____ - _____ - _____ Section Block Lot Total Acres: _____	EVENT LOCATION (Note: Street number(s) must be posted. Town Code (§217-93) _____ Street Hamlet
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APPLICANT Charity ____ 501(c) () ____ Other _____

Legal Entity Name Mailing Address City/Hamlet/Village State Zip

Applicant Name (Corporate Officer or Member) Title

(_____) _____ Email address: _____
Telephone

CONTACT PERSON - If different from Applicant or Legal Entity for all correspondence, including permit ____ Same as applicant

Name Mailing Address City/Hamlet/Village State Zip

(_____) _____ Email Address: _____
Telephone

OWNER of the PROPERTY ____ Same as applicant and/or legal entity

Name Address - Residence City/Hamlet/Village State Zip Code

PERSON RESIDING IN SUFFOLK COUNTY, authorized to Accept Notices, Summonses or Other Violations with Respect to the Event.

____ Same as applicant **DOB** **Note: Notarized affidavit for consent of service must be submitted.**

Name Address - Residence City/Hamlet/Village State Zip Code

PERSON RESPONSIBLE FOR ON SITE MANAGEMENT OF THE EVENT ____ Same as applicant

Name Mailing Address City/Hamlet/Village State Zip Code

(_____) _____ Email address

ATTORNEY If applicable ____ N/A

Name Email Address

EVENT INFORMATION

TOTAL PEOPLE Per Day _____ **TOTAL EXPECTED PER HOUR** _____

Spectators _____	Caterers _____	Sound _____	Music _____
Employees _____	Chefs _____	Entertainment _____	Vendors _____
Organizers _____	Wait Staff _____	Electrical _____	Exhibitors _____
Planners _____	Animal Care _____	Bartenders _____	Other _____

DURATION: _____ day(s)

DATE(S) of Event: _____/_____/20__ to _____/_____/20__ Hours of Event: _____ am / pm to _____ am / pm

For events of more than one day in duration, please include additional information with regard to dates and hours of operation

DATE(S) for SET UP _____ **DATE(S) for SITE TO BE CLEANED UP** _____

Please note insurance certificate must include coverage for set-up and clean-up dates.

ADMISSION FEE: \$ _____ (General Admission)

SPECIAL ADMISSION FEES (tables, groups, children, seniors, etc.) _____

EVENT DESCRIPTION: Provide website: _____
AND please provide a description including a detailed explanation of the purpose of the proposed event, the nature of the activities to be carried on, the objective and how the event is in compliance with the Town Code. Additional sheets may be added if necessary.

SIGNAGE

All signs should be removed within 5 days of the termination of the event, Town Code §301-251 G. 1.(h)
Flashing or moving signs are prohibited, Town Code §301-253.

Freestanding Signs ONSITE

Number _____
Size _____
Location _____

Freestanding Signs OFFSITE

Number _____
Size _____
Location _____

(List all locations within the Town of Riverhead; include dates.)

FIREWORKS

(Separate Fireworks
Application required – Fire
Marshal's Office)

Date: _____

Time: _____

Location: Attach site
plan

PUBLIC SAFETY PLAN

NYS Fire Code requires an emergency plan. The public safety plan **must be** submitted with this application (See pages 12 – 15). Please contact the Fire Marshal at (631) 727-3200 ext. 601 should you require further information.

*Mass Gathering permits are required for all Large and Massive events

SECURITY COMPANY _____ N/A

Name of Firm _____ Email _____ Telephone _____

Total number of personnel to be provided Onsite _____ Offsite _____

SPECIAL EVENT CHECK LIST

PLEASE INDICATE BY CHECK MARK THE FOLLOWING INFORMATION WHICH HAS BEEN INCLUDED IN PLANS SUBMITTED. INSERT "N/A" IF NOT APPLICABLE. NO BLANKS.

1. ___ Filing Fee: *Number of Set Up days* _____ *Number of Event days* _____

- (1) Special Event Small Gathering Application - for an event with 100 to 1000 people: **\$350 per event**
Shall be filed at least **90 calendar days** prior to commencement date of special event
- (2) Special Event Large Gathering Application - for an event with 1001 to 4,000 people: **\$650 per event**
Shall be filed at least **120 calendar days** prior to commencement date of special event
- (3) Special Event Massive Gathering Application - for an event with 4,001 or more people: **\$2,500 per event**
Shall be filed at least **180 calendar days** prior to commencement date of special event

Not-For-Profit Organizations

- *Special Event Small Gathering Application - for an event with 100 to 1000 people: **\$150 per event**
- *Special Event Large/Massive Gathering Application - for an event with 1001 to 4,000 people: **\$350 per event**

Late Application Fee: **\$20/per day** beyond the submission deadline in §255-12 C.

Any Small Gathering Applications submitted within 45 days of the proposed commencement date of the event will be **DENIED.**

Any Large Gathering Applications submitted within 60 days of the proposed commencement date of the event will be **DENIED.**

Any Massive Gathering Applications submitted within 90 days of the proposed commencement date of the event will be **DENIED.**

*Approved applications will be charged A fee of **\$150.00** for amendments to the application

A nonrefundable administrative fee of **\$50 shall be charged for any applications that are not accompanied by an acceptable certificate of public liability insurance, in a form approved by the Town Attorney, upon submission of the application to the Town Clerk.

Summonses may be issued to events that exceed the number of attendees on the permit

2. ___ Comprehensive Liability Insurance Policy naming the Town of Riverhead, as an additional insured in the amount of \$1,000,000 per occurrence and \$2,000,000 general aggregate. If serving alcohol, Liquor Liability Insurance naming the Town of Riverhead as an additional insured in the amount of \$2,000,000 per occurrence and \$2,000,000 general aggregate will also be required. Insurance coverage must include set-up and break-down time and must list the name, date & location of the event under description of operations. *If certificate of insurance is not received 30 days prior to the commencement of the event, the application shall be deemed incomplete and will be DENIED. (Town Code (§255-10 B.(1))*

3. ___ Disclosure Affidavit, Owner's Endorsement, Authorization for Inspection, Indemnification & Hold Harmless, Consent of Agent for Service, and EAF

4. ___ Not for Profit Letter

5. ___ Detailed Map, Plan or Sketch, Drawn to Scale, showing the following, on 8½ x 11 paper and in .pdf format to townclerk@townofriverheadny.gov:

Location, Size and Number of the Following:

- a. ___ Existing Building(s) or Structure(s)
- b. ___ Proposed Temporary Building(s), Structures(s) Trailer(s) and Parking Areas
- c. ___ All Access Roads Including Internal Circulation
- d. ___ Tent(s), including size, number and location. **Permit required from Fire Marshal for all tents greater than 400 square ft.** Contact 631-727-3200 ext. 601 for more information.
- e. ___ Stages, Decks, Bleachers, Platforms (**If applicable certification and/or inspection**)
- f. ___ Areas of Assembly for Spectators, Vendors, Exhibitors, Employees, Organizers, Animals
- g. ___ Exits, Width(s) Specified
- h. ___ Restrooms, Including Handicap Accessibility
- i. ___ All Temporary Utilities
___ Generator(s) ___ Fuel Storage ___ Cooking Facilities ___ Water (Supply, Storage, Distribution)
- j. ___ All Audio Equipment (Loudspeakers, Horns, Music, etc.)
- k. ___ Location of Fire Extinguishers, Location of Fire Lanes, Location of Water Supply
- l. ___ Dumpsters, Trash Barrels
- m. ___ Any other temporary structure used for event

6. ___ Public Safety and EMS Plan. Any questions regarding this document, call the Fire Marshal's Office at 631-727-3200 ext. 601 or zitek@townofriverheadny.gov

7. ___ If A Security Company is retained: A copy of a NY State License must be submitted and a copy of the Certificate of Liability Insurance. A Crowd Manager Certificate for Large or Massive Gatherings must be submitted.

8. ___ Parking Company: If retained: A copy of the Certificate of Liability Insurance naming the Town of Riverhead as certificate holder.

9. ___ Copy of Electrician's Suffolk County Electrician's License if applicable

PLEASE SUBMIT ORIGINAL APPLICATION, PLANS & ALL DOCUMENTATION

I hereby depose and certify that all the above statements and information and all statements and information contained in the supporting documents and drawings attached hereto are true and correct. I hereby agree to provide notice in writing to the Town Clerk's Office immediately, should there be any material changes regarding the information submitted in this application. I hereby authorize officials and employees of the Town of Riverhead to enter the property to make any and all inspections necessary in connection with this Special Event.

Sworn to before me this

_____ day of _____, 20__.

Name of Applicant

Notary Public

Applicant Signature

A false statement made herein is punishable as a class A misdemeanor pursuant to section 210.45 of the penal law of the State of New York.

5. During the preceding 24 months before the filing of this application, have any of the following individuals employed any Town officer or employee or a relative thereof involving compensation in an amount of \$500 or more? Said compensation may be directly made, or indirectly made through a corporation or business interest held by any Town officer or employee or their relative.

	Yes	No
a. Owner	_____	_____
b. Applicant	_____	_____
c. Agent for owner or applicant	_____	_____
d. Attorney	_____	_____
e. Other	_____	_____

If the answer to Question 5 is yes, Town Code Chapter 255 requires that the information be provided below:

<u>Name</u>	<u>Position (Owner, Agent, Attorney, Other)</u>	<u>Corporation</u>

Applicant Signature

Sworn to before me this _____ day of _____, 20__.

Notary Public

A FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK

For the purposes of this disclosure, an official of the State of New York or an elected or appointed official or employee of the Town of Riverhead shall be deemed to have an interest in the applicant and/or owner when that official or employee, their spouse, brothers, sisters, parents, children, grandchildren or the spouse of any of them is:

- a. the applicant or owner; or
- b. an officer, director, partner, or employee of the applicant or owner; or
- c. Legally or beneficially owns or controls stock of a corporate applicant or owner, or is a member of a partnership or association applicant or owner; or
- d. Is a party to an agreement with the applicant or owner, express or implied, whereby said official or employee may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such application. Ownership of less than five percent of the stock of a corporation whose stock is listed on the New York Stock or American Stock Exchange shall not constitute an interest for the purposes of this disclosure.

**TOWN OF RIVERHEAD
INSPECTION AUTHORIZATION AFFIDAVIT**

**IF MORE THAN ONE OWNER, A SEPARATE PAGE MUST BE SIGNED AND SUBMITTED
BY EACH PROPERTY OWNER**

STATE OF NEW YORK }

}ss:

COUNTY OF SUFFOLK }

I, _____, being by me duly sworn,
please print name

deposes and says: I am the Owner of the Property located at:

_____,
described in the foregoing Application, and that I have authorized Officials and Employees of the Town of Riverhead to enter my property to make all inspections necessary in connection with this Special Event.

Furthermore, in consideration of issuance by the Town of a Special Event Permit on the Property, the Owner voluntarily agrees to indemnify and hold the Town of Riverhead and its officers, employees, and agents harmless from and against any and all losses, liabilities, damages, or costs sustained by any person for personal injury, death, or property damage arising out of, or as a consequence to the Special Event.

The undersigned further agrees to indemnify and hold harmless the Town and its officers, employees, and agents from and against any and all losses, liabilities, damages, or costs which may be imposed upon, incurred by or asserted against the Town by reason of any act of omission of the undersigned, which result in damage or injury of any kind to any person or any property and which arises out of or is any way connected with the event permitted by this permit.

Signature of Property Owner

(If Owner is a corporation, please indicate name of corporation and title of corporate officer whose signature appears above)

Sworn before me this

_____ day of _____, 20__.

Notary Public

**TOWN OF RIVERHEAD
CONSENT OF AGENT FOR SERVICE AFFIDAVIT**

STATE OF NEW YORK }

}ss:

COUNTY OF SUFFOLK }

I, _____, by me being duly sworn, deposes and says, I reside at
please print name

No. _____, _____, State of New York,
Street Town/City

and do hereby consent and accept service by mail to the above address, of any and all papers and instruments of any kind, including, but not limited to orders, civil summonses and complaints, motions for preliminary injunction, appearance tickets and/or criminal summonses for any matters arising out of or relating to the

_____Special Event occurring
on or about _____, 20__.

My date of birth is _____, my telephone number is _____, and my mailing
address, if different than my street address, is _____,

Town/City

I understand that by executing this document I am affirmatively waiving the requisite personal service requirements of the New York State Criminal Procedure Law and the New York State Civil Practice Laws and Rules. Furthermore, by executing this document, I hereby consent to the personal jurisdiction of the Riverhead Town Justice Court and the Supreme Court for the State of New York in connection with any and all legal action that the Town of Riverhead commences arising out of or relating to the aforementioned Special Event. In addition, I hereby waive any and all jurisdictional defects and/or defenses as to any matter arising out of or relating to the subject Special Event.

Applicant Signature

Sworn to before me this

____ day of _____, 20__.

Notary Public

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information				
Name of Action or Project:				
Project Location (describe, and attach a location map):				
Brief Description of Proposed Action:				
Name of Applicant or Sponsor:		Telephone:		
		E-Mail:		
Address:				
City/PO:		State:	Zip Code:	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO	YES
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			NO	YES
3.a. Total acreage of the site of the proposed action? _____ acres				
b. Total acreage to be physically disturbed? _____ acres				
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres				
4. Check all land uses that occur on, adjoining and near the proposed action.				
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)				
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____				
<input type="checkbox"/> Parkland				

<p>18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)?</p> <p>If Yes, explain purpose and size: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p>	<p>YES</p>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p>	<p>YES</p>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p>	<p>YES</p>
<p>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor name: _____ Date: _____</p> <p>Signature: _____</p>		



TOWN OF RIVERHEAD
Office of the Fire Marshal
201 Howell Avenue, Riverhead, NY 11901
(631) 727-3200 Ext. 601
Fax (631) 727-3370



Craig W. Zitek
Chief Fire Marshal

David Andruszkiewicz
Fire Marshal

Andrew Smith
Fire Marshal

Outdoor Public Safety Plan

An Outdoor Public Safety Plan is required for your event. Below are the requirements for this plan. Please complete and return to the Fire Marshal's office for review and approval prior to your event. Failure to provide an approved Outdoor Public Safety Plan may jeopardize your event.

Please submit plan to the Fire Marshal's office at least one month prior to the event.

NYS Fire Code 403.12 2 Public safety plan for gatherings:

The public safety plan shall address such items as emergency vehicle ingress and egress, fire protection, emergency medical services, public assembly areas and the directing of both attendees and vehicles (including the parking of vehicles), vendor and food concession distribution, and the need for the presence of law enforcement, and fire and emergency medical services personnel at the event. The public safety plan shall be submitted to the code enforcement official for approval.

Emergency Vehicle Access:

- The plan needs to address access for Police, Fire and EMS vehicles into and throughout the event site:
- Emergency access to the event must be provided so that Police, Fire, and EMS may access the event quickly & easily;
 - Emergency access roads shall be capable of supporting fire and EMS apparatus;
 - Emergency access roads shall not be overgrown or have low hanging branches;
 - Emergency access roads shall not be blocked or clogged with vehicles, equipment, etc;

Need to Address:

- How will Emergency Responders be directed into the event? To the scene?
- Will they have access to the entire event?
- How will onsite traffic be controlled to prevent interference with responding units?

Notifications:

The plan needs to address how emergencies are reported and to whom:

- Attendees need to know to whom and how to report a problem;
- Event personnel need to know who to inform in the event of an emergency;
- One person should be responsible for clear and concise reporting of emergencies to 911 (multiple callers giving differing information only confuse and slow response);
- How will on site EMS providers be notified of an emergency and its location?

Outdoor Public Safety Plan: (cont'd)

Communications:

Communications are very important. Your plan needs to consider communications amongst event personnel, with on site security, with standby EMS, with emergency responders, etc;

- How will communications be handled:
- among event staff;
 - with on site security;
 - with parking attendants;
 - with on site EMS crews (what if they are walking around)
 - with responding Police, Fire, EMS;
 - how will Police, Fire, EMS communicate with event staff;

Coordination:

The plan needs to consider how you are going to coordinate with on site and responding agencies;

Consider:

- the need for spectators to evacuate an area;
- directing spectators to an assembly point for accountability:
 - Accountability ensures that all spectators, staff, & participants are safe and their whereabouts are known; so that no one was left behind;
 - An Assembly Point is a specified area(s) that all participants, spectators, etc. are directed to, away from the danger area, so they may be accounted for, have injuries/needs addressed;
 - UnAccounted persons or persons requiring assistance or medical care need to be reported to responding agencies;

Security:

- Does your event require site security? How will you deal with:
- parking
 - traffic control
 - crowd control
 - alcohol/ drugs/ underage drinking
 - etc.

Site Plan:

The site plan shall show the following details:

- Site access from street
- Emergency access roads
- EMS/Fire staging areas
- Parking areas, tents, buildings, stages, concession areas, vendor areas, race area, etc.
- Assembly points
- Closest hydrants
- Hazards (fuels, electrical, chemical, compressed gases, LPG, etc.)

Outdoor Public Safety Plan: (cont'd)

Crowd Managers:

Where events involve a gathering of more than 1000 people, crowd managers shall be provided in accordance with NYS Fire Code 403.12.3

Required number of Crowd Managers:

The minimum number of crowd managers shall be 1 for every 250 people

Training:

- Training for Crowd Managers shall be approved
- On-line training is available at <https://www.crowdmanagers.com/training>

Duties of Crowd Managers:

- Conduct inspection of area of responsibility and identify and address any egress issues
- Conduct inspection of area of responsibility to identify and address any fire hazards
- Verify compliance with all permit requirements/conditions
- Direct and assist event attendees in evacuation during an emergency
- Assist emergency response personnel where requested
- Other duties as specified in fire safety plan
- Other duties as required by Fire Marshal

On Site EMS: EMS services & providers must be credentialed by Suffolk County EMS.

The requirement for On Site EMS coverage is based upon the type of event, size of the event, and past history with similar events. The number of On Site ambulances/health care facilities required by the Riverhead Fire Marshal's office is a minimum number. On Site EMS is responsible for treating and transporting patients. The Outdoor Events Public Safety Plan shall include the number of On Site ambulances and/or health care facility(s) (formerly known as a first aid station) and an EMS plan detailing treatment, transport, and when the 911 system is to be activated. The 911 system is not to be used as a stop gap for insufficient coverage. However, in the event that the On Site EMS is overwhelmed due to unforeseen events or a mass casualty incident, the 911 system should be utilized.

EMS coverage for the Town of Riverhead is provided by Riverhead Volunteer Ambulance, Wading River Fire Dept. and Jamesport Fire Dept. All three agencies are very busy. If you are required to have EMS on site at your event you will need to make arrangements with the appropriate agency or provide coverage via a paid ambulance service.

Local EMS Coverage:

You will need to contact the local EMS agency covering your event at least three (3) months in advance to make arrangements for coverage at your event. I will need a letter from the Chief stating that they will provide coverage at your event at least one month prior to the event.

If they decline, you will need to make arrangements with a paid ambulance service (see below).

Paid EMS Coverage:

You will need to make arrangements with a paid ambulance service for coverage at your event. This might mean a single ambulance, multiple ambulances and/or an onsite health care facility (formerly known as a first aid station). It depends on the size and nature of the event. The Fire Marshal's office will advise you on the requirements. The contract needs to specify that the paid service is there to treat and to transport any sick or injured persons. The local 911 EMS system shall only be used in the event that the paid ambulance service is overwhelmed, such as a mass casualty incident.

A copy of the contract must be forwarded to the Fire Marshal's office at least one month prior to the event for review and sign off by the local ambulance service having jurisdiction.