



SPECIAL EVENT LICENSE

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*Town of Lysander*

*8220 Loop Rd*

*Baldwinsville, NY 13027*

*Phone: (315) 857 - 0281*

[www.townoflysander.org](http://www.townoflysander.org)

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Subject to all conditions and terms contained herein, Town of Lysander hereby grants the following:

SPECIAL EVENT NAME: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_ START TIME: \_\_\_\_\_ AM/PM END TIME: \_\_\_\_\_ AM/PM

LICENSEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EVENING #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SECONDARY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FACILITY / LOCATION OF SPECIAL EVENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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Town of Lysander reserves the right to terminate this license and cancel the event if any of the provisions contained herein are not adhered to by Licensee.



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EVENT SET-UP

Describe specific arrangements below (location, # of units, set-up/removal dates and times) and identify responsible party. All deliveries must be met/signed by licensee.

Responsibility	Licensee	Town	Description
Alcohol	Yes / No	_____	_____
Emergency Services	Yes / No	_____	_____
Fencing Barricades	Yes / No	_____	_____
Food Vendors	Yes / No	_____	_____
Generators	Yes / No	_____	_____
Light Towers	Yes / No	_____	_____
Maintenance / Janitorial	Yes / No	_____	_____
Miscellaneous Supplies	Yes / No	_____	_____
PA System	Yes / No	_____	_____
Parking Attendance	Yes / No	_____	_____
Picnic Tables	Yes / No	_____	_____
Portable Restrooms	Yes / No	_____	_____
Security Personal	Yes / No	_____	_____
Signs	Yes / No	_____	_____
Staging	Yes / No	_____	_____
Tents	Yes / No	_____	_____
Ticket Booth	Yes / No	_____	_____
Ticket Takers	Yes / No	_____	_____
Trash / Recycling Barrels	Yes / No	_____	_____
Utility Vehicles / Trucks	Yes / No	_____	_____
Waste Dumpster	Yes / No	_____	_____



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EVENT DETAILS & SPECIFIC AGREEMENTS

On-site person in charge of Special Event: \_\_\_\_\_

Town contact person for Special Event: \_\_\_\_\_ Contact #: \_\_\_\_\_

Projected Attendance: Spectators: \_\_\_\_\_ Participants: \_\_\_\_\_

Maximum # Tickets to be Sold: \_\_\_\_\_ Admission Fee: \_\_\_\_\_ Parking Fee: \_\_\_\_\_

Will there be Alcohol: \_\_\_\_\_ Yes \_\_\_\_\_ No

Event Description: \_\_\_\_\_

\_\_\_\_\_

Other Details: \_\_\_\_\_

\_\_\_\_\_

Band(s): \_\_\_\_\_ Yes \_\_\_\_\_ No Amplified Music: \_\_\_\_\_ Yes \_\_\_\_\_ No

Radio/TV Onsite: \_\_\_\_\_ Yes \_\_\_\_\_ No Give-a-ways: \_\_\_\_\_ Yes \_\_\_\_\_ No

Concessions / Vendor (Types of items to be sold)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Other Activities: \_\_\_\_\_

\_\_\_\_\_

Parking Control Description (Include Areas & Personnel): \_\_\_\_\_

\_\_\_\_\_

Traffic Control Description (Include number of individuals, who they are and who directs the operation): # \_\_\_\_\_

\_\_\_\_\_

Vehicle Permits: \_\_\_\_\_ Yes \_\_\_\_\_ No

- If Yes who / where: \_\_\_\_\_

Security Description (On ground, at gates, etc.) \_\_\_\_\_

\_\_\_\_\_

Are you impacting any other Parties; Businesses; Home Owners; etc.? \_\_\_\_\_ Yes \_\_\_\_\_ No

- If Yes who / where: \_\_\_\_\_

\_\_\_\_\_



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PERFORMANCE OBLIGATIONS

Licensee: \_\_\_\_\_ SPECIAL EVENT: \_\_\_\_\_

Due By:

- Town Board Approval \_\_\_\_\_ (30 Days Before Event)
- Certificate of Insurance \_\_\_\_\_ (30 Days Before Event)
- Alcohol Permit \_\_\_\_\_
- Approval Plans \_\_\_\_\_ HWY Dept. Codes Dept.  
(Security, Layout, Parking, Traffic, etc.) \_\_\_\_\_ (APPROVAL)
- EMS Plan Approval \_\_\_\_\_
- Fireworks Permit \_\_\_\_\_
- Post Event Payments \_\_\_\_\_

FINANCIALS

Payable to: Town of Lysander Mail to: Town of Lysander, 8220 Loop Road, Baldwinsville, NY 13027

Site Location (To hold date) \_\_\_\_\_

Date of Payment Due: \_\_\_\_\_

POST EVENT PAYMENTS

Services / Fee:

Attendance \_\_\_\_\_ Seasonal Staff \_\_\_\_\_

Electric \_\_\_\_\_ Equipment Use \_\_\_\_\_

Post Event Payment Total: \_\_\_\_\_ (Post event fees are estimated. Invoice for actual fees will be billed post event)

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(Check Box)

- I hereby acknowledge that I have read, understand and agree to comply with the above terms and conditions.

\_\_\_\_\_  
Licensee

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date