



CITY OF STAMFORD
Cashiering & Permitting Div.
888 Washington Boulevard Stamford, CT. 06901
(203)977-4692 * (203)977-4979

APPLICATION FOR SPECIAL EVENTS

Initial application should be submitted 60 days prior to Special Event.
Completed application -with payment- should be submitted to Cashiering & Permitting
AT LEAST 30 days prior to said Event

Date of Application: _____

Date of Event: _____

Event Category:

Concert/Performance Festival/Celebration Parade/Procession

Circus/Carnival Exhibit/Special Attraction Athletic/Recreational

Wedding

Walk-a-thon

Flag Raising

Other

Organization: _____

Contact Person: _____

Address: _____ City _____ State _____ Zip Code _____

Telephone (s): _____

E-mail Address: _____

Application for Use of: _____

Event Title: _____

Describe in detail activities planned: _____

Describe all City services needed for this event (electricity, dumpsters, parking, etc.)

Attendance: Total _____ Adults _____ Children _____

Set-up starts @ _____ Clean-Up ends @ _____

Event Start Time: _____ Event End Time: _____

Yes No

- | | | |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Has this event been held before? If yes, please provide significant details: _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the event be advertised? Explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the applicant a non profit entity? If yes, provide current tax exemption certificate. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you charging admission? How much: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you erecting a tent? <i>Additional permit from Building Dept. is required</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you serving food? <i>Additional permit from Health Dept. is required</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you serving beer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you having food and/or merchandise for sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will any roads need to be closed or any traffic devices needed? <i>Street Use Permit is required</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you made any provision for on-site security? <i>Police may be required</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you made any provision for on-site medical services? If yes, explain: _____
_____ |



- 1. If the Special Event is to be held in a City Park, the approval of the PARKS & RECREATION COMMISSION is required before any additional steps are completed.**
- 2. If food is going to be served and/or sold, a HEALTH DEPARTMENT signature is required.**
- 3. If Showmobile/Stage is required, additional labor and rental fees are required.**
- 4. If Special Event is at Cove Island Park and the Pavilion is required, a separate COVE PICNIC RESERVATION is essential. Additional fees must be paid.**

5. Certificate of insurance may be required. See attached.

Signatures required before permit is approved:

To hold a Special Event in a City Park, the approval of the PARKS & RECREATION COMMISSION is required first. To get on the agenda for the next Committee meeting, a request letter outlining the event and the Special event application are required to be submitted to the Cashiering & Permitting Division.

You will have to attend the Commission meeting and present the event plan to the members. If approved, you need to collect all the remaining signatures on the Special Event application and return it to the Cashiering & Permitting Division at least two weeks before the event. Payment of all permit fees is required when the application is submitted to the office.

PARKS & RECREATION COMMISSION: _____ **Date:** _____

RECREATION SERVICES: _____ **Date:** _____
Laurie Albano (1st. floor) 203-977-4690

TRAFFIC ENGINEER: _____ **Date:** _____
Manni Poola (7th. floor) 203-977-4237

POLICE DEPT. /AUXILIARY SVCS: _____ **Date:** _____
Sergeant Paul Vaccaro @ Police Dept. 203-977-4425

FIRE MARSHALL: _____ **Date:** _____
Barry Callahan (7th. floor) 203-977-4786

BUILDING DEPT.: _____ **Date:** _____
Robert Demarco (7th. floor) 203-977-5700

RISK MANAGER: _____ **Date:** _____
Ann Marie Mones (10th. floor) 203-977-4083

PARK FACILITIES: _____ **Date:** _____
Billy Di Stefano (185 Magee Ave.) 203-977-4724

HEALTH DEPT.: _____
Zamedin Riyasat/aka: Kahn (8th. floor) 203-977-4381

Date: _____

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SPECIAL EVENT
HOLD HARMLESS AGREEMENT

This Hold Harmless Agreement must be completed and signed by the applicant seeking to utilize City streets, parks, or equipment.

_____ agrees to indemnify and hold harmless the City of Stamford and its officers, employees, agents and assigns from any and all claims, actions, losses, injuries and damages of every kind and description which may accrue to or be suffered by any person or property thereof by reason of, or related to this Special Event.

Signature

Title

Date

Sworn and subscribed before me this _____ day of _____, 20_____

Notary Public

My commission expires _____

- Permit does NOT include guaranteed use of any ball fields in parks nor does it waive unauthorized vehicles from restricted areas.
- City Parking Permits (Beach stickers) are required from Memorial Day through Labor Day.
- Area MUST be left clean, and garbage disposed off by group using the facility.
- Services provided by the City MUST BE PAID IN ADVANCE by the applicant to the individual Departments.
- Approved permit MUST be posted at event.
- Special Event application fee is \$25.00

Must be signed by responsible officer of organization/company, if other than an individual applicant. Signature represents that the group will adhere to all Federal, State and Local Laws, Rules, and Policies.

As the applicant, I hereby certify that the information I have provided on the form is complete and accurate to the best of my knowledge. I agree to abide by the terms set forth in this application, and the rules and regulations of the City of Stamford. I understand that failure to do so may result in the cancellation of the event, the denial of future permit applications plus any other legal action deemed appropriate.

APPLICANT: _____ **DATE:** _____

APPROVED: _____ **DATE:** _____
Cashiering & Permitting Supervisor

