



# TOWN OF SOUTHAMPTON

## 20 \_\_\_\_\_ SPECIAL EVENTS APPLICATION

**\*\*COVID-19 Safety Plan required with all Applications\*\***

Southampton Town Code Chapter 283 Special Events requires specific material to be submitted as indicated on the application checklist provided. Chapter 283 may be accessed on the Town website at [www.southamptontownny.gov](http://www.southamptontownny.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.**

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

**Complete Applications MUST be submitted at least 90 DAYS prior to the 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)  0900 - _____ - _____ - _____  0900 - _____ - _____ - _____  0900 - _____ - _____ - _____  section                block                lot	EVENT LOCATION (Note: Street number(s) must be posted. Town Code §286) _____ Street _____ Hamlet _____  PARKING LOCATION (if parking will take place offsite) _____ Street _____ Hamlet _____
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**APPLICANT or RESPONSIBLE OFFICER** Charity \_\_\_ 501(c)(3) \_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_ City/Hamlet/Village \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 (\_\_\_\_\_) Telephone \_\_\_\_\_ Email address: \_\_\_\_\_

Note: If the applicant does not own the property, or if the owner is a Corp. or Partnership, the endorsement on page 9 must be submitted.

**CONTACT PERSON - If different from Applicant for all correspondence, including permit** \_\_\_ Same as applicant

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_ City/Hamlet/Village \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 (\_\_\_\_\_) Telephone \_\_\_\_\_ Email Address: \_\_\_\_\_

**OWNER of the PROPERTY** \_\_\_ Same as applicant

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 on page 11 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 \_\_\_\_\_  
 (\_\_\_\_\_) Telephone \_\_\_\_\_ Email address \_\_\_\_\_

**ATTORNEY If applicable** \_\_\_ N/A

Name \_\_\_\_\_ Email Address \_\_\_\_\_



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### EVENT INFORMATION

**TOTAL PEOPLE Per Day** \_\_\_\_\_

Attendees _____	Caterers _____	Sound _____	Music _____
Spectators _____	Chefs _____	Entertainment _____	Vendors _____
Employees _____	Wait Staff _____	Electrical _____	Exhibitors _____
Organizers _____	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.

**LOCAL GROUPS, ORGANIZATIONS, CHARITIES OR INDIVIDUALS** who will benefit from the proceeds of the event and who are designated to receive proceeds. As defined in NYS Executive Law 171, a **local charity** is one that has offices within the Town of Southampton or an organization that provides services or funds that **directly** benefit Southampton Town residents.

Name	Mailing Address	City/Hamlet/Village	State	Zip Code	\$Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

As defined in Town Code §283, an applicant that is not a charitable organization shall have 90 days after the event to submit proof in writing including copies of cancelled checks to the **FIRE PREVENTION OFFICE** that pledges listed above were received by the Designated Charity.

**If your organization is not a charitable organization, as defined in CH 283-1 of Southampton Town Code, please describe and note how the event will directly benefit a local charitable organization.**

**SIGNAGE**

All signs should be removed within 3 days of the termination of the event. Flashing or moving signs are prohibited, Town Code §330-203B(8).

**Freestanding Signs ONSITE**

Number \_\_\_\_\_  
 Size \_\_\_\_\_  
 Location \_\_\_\_\_

**Freestanding Signs OFFSITE**

Number \_\_\_\_\_  
 Size \_\_\_\_\_  
 Location \_\_\_\_\_

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

**FIREWORKS**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: Attach site plan

**INCIDENT ACTION PLAN**

NYS fire code requires an emergency plan. The incident action plan with the application **must be** submitted and approved by Chief Fire Marshal prior to the event. Plan attached: yes \_\_\_\_\_ no \_\_\_\_\_



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# TOWN OF SOUTHAMPTON SPECIAL EVENTS APPLICATION

## SERVICE PROVIDER INFORMATION

**SECURITY COMPANY**    \_\_\_ N/A

A copy of a NY State License must be submitted, along with a valid workers comp certificate, listing Town of Southampton as certificate holder and a copy of the Certificate of Liability Insurance. A signed contract must be attached if 250+ attendees are expected along with a security plan.

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Name of Firm                      Email                      Telephone  
 Total number of personnel to be provided    Onsite \_\_\_\_\_    Offsite \_\_\_\_\_

**PARKING**    \_\_\_ N/A

Attach valid workers comp certificate and certificate of insurance naming the Town of Southampton as the additional insured. A signed contract must be attached if 500+ attendees are expected. Attach a plan showing layout, ingress and egress.

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Name of Firm                      Email                      Telephone  
 Total number of parking spaces provided on-site \_\_\_\_\_ . Total number of parking spaces provided off-site \_\_\_\_\_  
 Maximum number of vehicles expected to be parked at any given time at the event each day (if more than one day) \_\_\_\_\_  
 (include Spectators/Participants, employees, organizers, vendors, wait staff, caterers, exhibitors, parking attendants)  
 Total Number of Handicap Parking Spaces provided \_\_\_\_\_ .

**Parking after 1:00 am is prohibited on all Town roads in residential districts.**

**CATERER/FOOD and BEVERAGE**    \_\_\_ N/A    Attach valid workers comp certificate and Suffolk County Health application

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Name of Firm                      Email                      Telephone  
 Will alcohol be served?    yes \_\_\_ no \_\_\_    NY State Liquor Permit required if alcohol is served. Attach permit.

*If serving alcohol, additional insurance for Liquor Liability is required. New York State Liquor Authority ([www.abc.state.ny.us](http://www.abc.state.ny.us)) (212) 961-8385*

**MECHANICAL RIDES**    \_\_\_ N/A    Attach valid workers comp certificate, listing Town of Southampton as cert holder.

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Name of Firm                      Email                      Telephone

**GARBAGE / TRASH / RUBBISH REMOVAL**    \_\_\_ N/A

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Name of Firm                      Email                      Telephone

**SANITARY WASTE / SEWAGE REMOVAL**    \_\_\_ N/A

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Name of Firm                      Email                      Telephone

**LICENSED ELECTRICIAN (copy of Suffolk County License required)**    \_\_\_ N/A

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Name of Firm                      Email                      Telephone

**WILL THERE BE AN AED ON SITE?**    \_\_\_\_\_ YES    \_\_\_\_\_ NO



# TOWN OF SOUTHAMPTON

## 20 SPECIAL EVENTS APPLICATION

**SUBMIT PLANS, DRAWINGS, INCLUDING HANDICAP ACCESSIBILITY, AND COMPLETE THE FOLLOWING REQUESTS FOR INFORMATION**

### INTENT FOR USE OF UNMANNED AIRCRAFT AT SPECIAL EVENT/PARADE

Pilot's Name \_\_\_\_\_ Email \_\_\_\_\_ Telephone \_\_\_\_\_  
License #: \_\_\_\_\_ (Copy of the license must be included with the application.)  
Date/Times of Planned Flight: \_\_\_\_\_  
Any Special Provisions Requested: \_\_\_\_\_

**NOTE: This Permission, when issued, will be subject to all applicable regulations of the Federal Aviation Administration. THE FOLLOWING INFORMATION MUST BE SUBMITTED: A DETAILED MAP OR PLAN, DRAWN TO SCALE, SHOWING ALL OF THE REQUIRED ELEMENTS LISTED BELOW WITH A SUMMARY OF ITEMS INCLUDED ON MAP, AS WELL AS ALL OTHER APPLICABLE INFORMATION AND MATERIAL REQUIRED. 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) for 1 day event with less than 250 people: **\$50 per event day; \$25 per set up day**  
(2) for events occurring over more than one day and/or events with 250 - 500 people: **\$150 per event day; \$75 per set up day**  
(3) for events occurring over more than one day and/or events with 500 - 1000 people: **\$300 per event day; \$150 per set up day**  
(4) for events occurring over more than one day and/or events with 1000 - 3000 people: **\$650 per event day; \$250 per set up day**  
(5) for events occurring over more than one day and/or events with more than 3000 people: **\$1,350 per event day; \$600 per set up day**
- Filing Fee, Parcels with PDD designation: (1) for 1 day event with less than 250 people: **\$50 per event day; \$25 per set up day**  
(2) for events occurring over more than one day and/or events with 250 - 500 people: **\$100 per event day; \$50 per set up day**  
(3) for events occurring over more than one day and/or events with more than 500 people: **\$200 per event day; \$100 per set up day**
- Late Application Fee: \$10/per day beyond the submission deadline in §283-2B, 31 -75 days late: \$30/per day, if accepted between 76 - 90 days late a flat fee of \$2,500.**

#### APPLICATION WILL CONTINUE TO ACCRUE LATE FEES UNTIL DEEMED COMPLETE

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

Any **amendment** to the application for a Special Event permit will be subject to an amendment fee of **25%** of the applicable application fee. Amendments may include changes to the location, route, parking plan, number of people expected, etc. Amendments to Incident Action Plans or Parking Plans at the request of the Town are not considered amendments to the application.

2. \_\_\_ Comprehensive Liability Insurance Policy naming the Town of Southampton, 116 Hampton Road, Southampton, NY 11968 as an additional insured in the amount of \$1,000,000. If serving alcohol, Liquor Liability Insurance naming the Town of Southampton as an additional insured 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.*
3. \_\_\_ Disclosure Affidavit, Owner's Endorsement, Authorization for Inspection & Indemnity, Consent of Agent for Service on pages 7 - 11, of application. **GARDEN TOURS ONLY:** separate form to replace 8&9.
4. \_\_\_ Copy of current contract or agreement with property owner.
5. \_\_\_ Detailed Map, Plan or Sketch, Drawn to Scale, showing the following, on 8½ x 11 paper:  
Location, Size and Number of the Following:  
a. \_\_\_ Existing Building(s) or Structure(s)  
b. \_\_\_ Proposed Temporary Building(s), Structures(s) or Trailer(s)  
c. \_\_\_ All Access Roads Including Internal Circulation  
d. \_\_\_ Tent(s), including size, number and location. **Permit required from Chief Fire Marshal for all tents greater than 200 square ft.** Contact 702-2919 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
6. \_\_\_ Letter from Participating Charity, confirming the anticipated donation. Non-profit organizations must show proof of prior year's donation in the form of a cancelled check 90 days after the event date.
7. \_\_\_ Incident Action Plan. Any questions regarding this document, Contact Chief Fire Marshal's Office: 702-2919

[JJRankin@southamptontownny.gov](mailto:JJRankin@southamptontownny.gov)



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8. \_\_\_ Use of Town Facilities. If the Event is to be held at a Town Park, Beach or other Town-owned Property a "Facility Use Permit" is required pursuant to Town Code §111-3D. If and when both a facility use permit and a special event permit are required, the validity of the facility use permit is contingent upon issuance of the special event permit (Southampton Town Code 283-7). Please contact Parks & Recreation (728-8585) for information regarding a facility use permit. In addition all vendors hired by host shall provide proof of general liability, workers compensation, disability insurance and licenses required by New York State, Suffolk County or the Town of Southampton
9. \_\_\_ Plan for Disposal of Garbage, Trash, Rubbish and Sanitary Waste and Sewage including dumpster location. Attach Town of Southampton Solid Waste Collection Permit (Southampton Town Code 205-5)
10. \_\_\_ Parking Plan both onsite and offsite (if applicable) including method of transport, layout, ingress and egress, loading and delivery, passenger pick-up/dischage.
11. \_\_\_ Plan, drawings and locations for All Signs.
12. \_\_\_ Lighting Plan. Include Type(s) of lighting, overhead, ground etc. and number of fixtures by type (search lights, strobe lights, laser lights or revolving lights are prohibited, Town Code 283).
13. \_\_\_ Copy of Any Applicable Legal Protective Measures (Covenants, Easements, Indentures or Other Restrictions, Including Approvals/ by the Southampton Town Board, Planning Board, Zoning Board of Appeals or Conservation Board.)
14. \_\_\_ Additional Town permits may be required: (1) Events with Animals (Southampton Town Code §150-9). Contact Department of Animal Control, 702-2915 (2) Events with Fireworks (Southampton Town Code §164-5). Contact Fire Prevention, 702-2919.
15. \_\_\_ Copy of Sanitary, Food Service or other Health related permits issued by the Suffolk County Department of Health Service along with a valid Workers Comp Certificate listing the Town of Southampton as certificate holder. If alcohol is being served, additional insurance for Liquor License and NY State Liquor Permit is required. (See page 3)
16. \_\_\_ Security Company: A copy of a NY State License must be submitted, along with a valid Workers Comp Certificate listing the Town of Southampton as certificate holder and a copy of the Certificate of Liability Insurance. A signed contract must be attached if 250+ attendees are expected along with a security plan (See page 3).
17. \_\_\_ Parking Company: A copy of a valid Workers Comp Certificate and listing the Town of Southampton as certificate holder. A signed contract must be attached if 500+ attendees are expected (See page 3).
18. \_\_\_ Residential Zoning Requirement, CH 283-3H.
19. \_\_\_ Copy of Electrician's Suffolk County Electrician's License (See page 3).

**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 FIRE PREVENTION 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 Southampton 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\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
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.**

**\*NOTICE: A violation of any of these provisions of chapter 283 pertaining to special events permits shall be a misdemeanor and shall be punishable as the chapter provides.**



# Town of Southampton 20\_\_ Special Events Disclosure Affidavit

STATE OF NEW YORK }

} ss:

COUNTY OF SUFFOLK }

\_\_\_\_\_ being duly sworn, deposes and says:  
Print Name

I am an applicant for a Special Event permit. I make this affidavit under penalty and swear to the truth herein. I am aware that this affidavit is required by General Municipal Law §809 and Southampton Town Code Chapter 23 and that I shall be guilty of a misdemeanor should I knowingly or intentionally fail to make all disclosures herein. I am also aware that I may be subject to the penalties in Southampton Town Code §23-14 should I knowingly or intentionally fail to make all disclosures herein.

1. I reside at \_\_\_\_\_

2. The officers of the applicant corporation are as follows:

a. Pres. \_\_\_\_\_ Sec. \_\_\_\_\_  
b. Vice Pres. \_\_\_\_\_ Treas. \_\_\_\_\_

3. Do any of the following individuals have an interest in the applicant or owner (as defined on page 2, note "A")?

	Yes	No
1. Any official of New York State	_____	_____
2. Any elected or appointed official or employee of Southampton Town	_____	_____

If the answer to Question 3 is yes, General Municipal Law §809 and Town Code Chapter 23 require that you disclose the name and the nature and event of the interest of said individual(s) in the applicant or owner.

<u>Name</u>	<u>Residence</u>	<u>Nature of Interest</u>
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4. During the 24 months before the filing of this application, have any of the following individuals made campaign contributions exceeding \$500 in total, in cash or in kind, to the campaign for public office of any Town officer or employee, to any individual campaign committee, or to any political party committee designated to accept donations on such Town official's or employee's behalf as a candidate for public office?

	Yes	No
1. Owner	_____	_____
2. Applicant	_____	_____
3. Agent for owner or applicant	_____	_____
4. Attorney	_____	_____
5. Other	_____	_____

If the question to Question 4 is yes, Town Code Chapter 23 requires that the information be provided below:

<u>Name/Address</u>	<u>Amount/Date</u>	<u>Name of Campaign Committee</u>
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# TOWN OF SOUTHAMPTON

## 20\_\_ SPECIAL EVENTS DISCLOSURE AFFIDAVIT

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 23 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 Southampton 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 SOUTHAMPTON

## 20\_\_ RECORD OWNER'S ENDORSEMENT Page 1 of 1

**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: (check one)

\_\_\_ a part owner in fee

\_\_\_ the sole owner in fee

\_\_\_ an officer of the corporation which is the owner in fee

of the premises described in the foregoing Application.

I reside at \_\_\_\_\_  
*Street*

\_\_\_\_\_ *Town/City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

I have authorized \_\_\_\_\_ to make the foregoing Application to the Chief Fire Marshal for a Special Event Permit as described, herein. I have provided and attached all required documentation regarding applicable protective legal measures, including, but not limited to, covenants, easements, indentures or other restrictions placed on said property, including actions by the Southampton Town Board, Planning Board, Zoning Board of Appeals, or Conservation Board.

\_\_\_\_\_  
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 SOUTHAMPTON 20 AUTHORIZATION FOR INSPECTION AND INDEMNITY AGREEMENT

Property Owner Page 1 of 1

**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 Southampton 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 Southampton 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 SOUTHAMPTON

## 20\_\_ Affidavit-Consent of Agent for Service Page 1 of 1

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 Southampton 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 Southampton 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



# TOWN OF SOUTHAMPTON

## 20\_\_ INDEMNITY AGREEMENT

Applicant Page 1 of 1

STATE OF NEW YORK}
} ss:
COUNTY OF SUFFOLK}

Pursuant to Town Code §283-11, this Agreement is made this \_\_\_ day of \_\_\_, 20\_\_ by and between the Town of Southampton (hereinafter "Town") and \_\_\_ (hereinafter "Applicant"):

Applicant hereby agrees it shall protect, indemnify and hold harmless the Town, Town's consultant (if any), its officers, officials, members, agents, invitees and employees, from and against all liabilities, fines, penalties, actions, damages, claims, demands, judgments, losses, costs, expenses, suits or actions including reimbursement of attorney's fees, and shall defend the Town in any suit including appeals, or at the Town's option, pay reasonable attorney's fees for defense of such suit arising out of the acts or omissions or negligence of the Applicant, its officers, officials, lessees, licensees, agents, employees, invitees or subcontractors in connection with the activities referred to in this Special Event Permit.

The Applicant, in addition to any terms contained herein, assumes all risks in the operation of the Special Event and shall be solely responsible and answerable in damages for all injuries and accidents in person or property and thereby covenants and agrees to defend, indemnify and save harmless the Town of Southampton and its officials, employees and agents from all claims, suits actions, losses, damages or injuries to person or property, whether direct or indirect arising out of the operation of the Special Event. The risk of loss, damage or destruction from any peril to the furniture, fixtures, equipment or other personal property of the Applicant or its invitees, employees or its subcontractors shall be borne by the Applicant. The Applicant waives any right to subrogation against the Town for loss, damage or destruction from any peril to the furniture, fixtures, equipment or other personal property of the Applicant.

\_\_\_\_\_  
Applicant Signature

Sworn to before me this  
\_\_\_ day of \_\_\_, 20\_\_  
\_\_\_\_\_  
Notary Public