



# Showmobile / Portable Stage / Equipment Permit Application

## Parks and Recreation Department

6 Newtown Road • Hampton Bays, NY 11946

Tel (631) 728-8585 Fax (631) 728-8525

[www.southamptontownny.gov/parksrec](http://www.southamptontownny.gov/parksrec)

Kristen M. Doulos  
Town Parks Director

Jon Erwin  
Maintenance Director

Receipt of the application is not a guarantee of approval. Application will not be finalized until approved and executed by the Parks and Recreation Town Parks Director or designee. **Submit application form to: Town of Southampton Parks & Recreation Department, 6 Newtown Rd., Hampton Bays, NY 11946**  
**Fax: (631) 728-8525 or via Email: [ParksAndRec@southamptontownny.gov](mailto:ParksAndRec@southamptontownny.gov).**

Today's Date \_\_\_\_\_

**Type of Equipment Requested**    Showmobile    Portable Stage    12.5KW Generator  
 Light Tower    Other (Specify) \_\_\_\_\_

Location of Use \_\_\_\_\_

**NOTE: IT IS THE RESPONSIBILITY OF THE APPLICANT TO CONTACT THE PARKS & RECREATION DEPT. (1) ONE-WEEK PRIOR TO THE EVENT TO CONFIRM THE LOCATION & SPECIAL EQUIPMENT REQUESTED.**

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

Organization (if applicable) \_\_\_\_\_

All paperwork, including any refunds, will be made out in the organization's name.

Is your Organization: 501 (C), Not for Profit, or Non-Profit?    Yes    No   If yes, please attach a copy.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone numbers:   Home \_\_\_\_\_ Cell \_\_\_\_\_  
Work \_\_\_\_\_ Fax \_\_\_\_\_

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

Secondary Contact \_\_\_\_\_ Phone \_\_\_\_\_

### Details

Activity Planned \_\_\_\_\_ Expected Attendance \_\_\_\_\_

### Event Dates and Times

| Day(s) of Week | Date(s) (mm/dd/yy) Please include all setup & takedown time | Start Time | End Time |
|----------------|---|------------|----------|
|                |   |            |          |
|                |   |            |          |
|                |   |            |          |
|                |   |            |          |
|                |   |            |          |
|                |   |            |          |

Further details regarding times  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information**

Please answer all questions correctly. Unanswered questions may delay your request.

- 1. Is this event open or advertised to the public? \* Yes  No
- 2. Is this a fundraising/revenue producing event? \* Yes  No
- 3. Will there be soliciting or selling of any kind? \* Yes  No
- 4. Will there be power at the site? If yes, how much? \_\_\_\_\_ Yes  No
- 5. Please make a diagram below showing the unit at the site

If use of equipment requires any special setup, traffic control, etc., please complete Special Requests Section below.

**Special Requests**

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**\*IF YOU ANSWERED YES ON QUESTIONS 1, 2 OR 3, PLEASE CONTACT THE SOUTHAMPTON TOWN CLERK FOR A SPECIAL EVENT APPLICATION (631-287-5740)**

**IMPORTANT CONSIDERATIONS:**

- 1. List time that stage **NEEDS TO BE READY FOR USE**. Set-Up time and take down time (Approx. 1 hour total) will not be included in the rental fee.
- 2. Request for a road closure or parking restrictions requires approval from Southampton Town Police Department.
- 3. Should any assistance be provided by the Town, the applicant is required to pay these costs.

**REQUIREMENTS:**

- 1. Applications **MUST** be completed by a Town of Southampton resident/taxpayer for a local not-for-profit group and returned to the Parks & Recreation Department, 6 Newtown Road, Hampton Bays, NY 11946 at least 4-weeks prior to the scheduled event.
- 2. Applicant is required to provide proof of insurance (**Comprehensive General Liability \$1,000,000 including liability, bodily injury & property damage**) w/ Town as Add'l Insured prior to the event indemnifying the Town of Southampton of any liability OR applicant is required to purchase a user group insurance policy through the Town, if applicable. **NOTE:** Certificate Holder **MUST** be addressed to: **Town of Southampton, 116 Hampton Road, Southampton, NY 11968.**
- 3. Additionally, a duly signed and notarized **Hold Harmless Statement** must be submitted (See page 3).
- 4. Rental locations are confined to Town boundaries.
- 5. Applications are accepted on the first business day of January of each year.
- 6. The complete fee must be paid with the application at the time of the reservation (unless otherwise directed). Payments may be in the form of **exact cash, check or credit card (We Accept All Major Credit Cards)**. Checks must be payable to the "Town of Southampton".
- 7. No costs are to be incurred by the Town. All costs, direct or indirect, associated with the rental are the responsibility of the applicant.
- 8. Applicant is required to ensure all Town regulations and applicable bylaws are followed.

***My signature below signifies my agreement to the rules, regulations, policies and Town Indemnification.***

Signature of Applicant: \_\_\_\_\_

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



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Parks and Recreation Department**

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**HOLD HARMLESS STATEMENT**

The undersigned agrees to release, indemnify and hold the Town of Southampton harmless from and against any claims for damages, losses or injuries of any kind arising out of its/my/our use of the Showmobile or Portable Stage.

Name of Organization/Applicant \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

STATE OF NEW YORK)  
                                  ) ss.:  
COUNTY OF SUFFOLK)

On the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_ before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_

Personally known to me, or proved to me on the basis of satisfactory evidence, to the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

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

**RENTAL FEES (ADD'L FEES MAY APPLY FOR WEEKEND USE):**

|                              |                                    |  |
|------------------------------|------------------------------------|--|
| <b><u>SHOWMOBILE</u></b>     | <b><u>PORTABLE STAGE</u></b>       | <b><u>GENERATOR</u></b>  |
| \$ 450.00 (first 4-hours)    | \$ 200.00 (first 4-hours)          | \$ 150.00 (first 4-hours)  |
| \$ 50.00 (each addt'l hour)  | \$ 50.00 (each addt'l hour)        | \$ 25.00 (each addt'l hour)                                      |
| \$ 50.00 (overtime per hour) | \$ 125.00 (set-up & breakdown fee) |  |
| <b><u>LIGHT TOWER</u></b>    | <b><u>BLEACHERS</u></b>            | <b><u>SOUND</u></b>  |
| \$ 150.00 (first 4-hours)    | \$ 150.00 (per day)                | \$ 100.00 (per day) portable PA system and up to 5 wireless mics |
| \$ 25.00 (each addt'l hour)  |                                    |  |

**SHOWMOBILE SPECIFICATIONS:** Equipped with 16 folding chairs. (A generator is available, but optional)

|                      |                                    |
|----------------------|------------------------------------|
| Travel Mode (closed) | Full Stage Floor (open) – 32' Long |
| Length: 28'          | - 14.6' Wide                       |
| Wide: 8.5'           | Electric System 30 amp.            |
| Height: 13.2'        | Generator 12.5 kw                  |

**PORTABLE STAGE SPECIFICATIONS:** 16 X 16 when open, one set of stairs, railings on 3-side and no power.

**REFUNDS:** If either unit has been delivered to the site or the event is cancelled due to inclement weather then a credit will be issued, less the cost of staff overtime for the initial set-up. If the unit has not been delivered to the site, a full-refund will be issued if the event is cancelled due to inclement weather.

***NO REFUNDS!!!***

***FOR OFFICE USE ONLY***

***PERMIT NO.*** \_\_\_\_\_

APPROVED     DENIED (If so, REASON): \_\_\_\_\_  
\_\_\_\_\_

**PAYMENT TYPE:**  
CHECK NO. \_\_\_\_\_  
CREDIT CARD \_\_\_\_\_  
CASH \_\_\_\_\_

FEE REQUIRED: \_\_\_\_\_ FEE PAID: \_\_\_\_\_

INSURANCE REQUIRED     YES     NO    AMOUNT (\$1,000,000 LIABILITY W/TOWN AS ADD'L INSURED)     CERT. RECEIVED

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INVOICE ATTACHED

\_\_\_\_\_  
STAFF SIGNATURE / DATE

CC:             MAINTENANCE  
               BEACH MANAGER  
               OTHER \_\_\_\_\_

PUBLIC SAFETY  
 POLICE

PARK SUPERVISOR  
 TOWN CLERK

MAINT. INSTRUCTIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_