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## Village of Montour Falls

408 W Main St Montour Falls, New York 14865  
RM Spallone; Building Inspector 111  
Cell: 607-738-4323 Fax: 607-535-7076

### **Event Permit Application Form**

*Applicant's Name:*

*Applicant's Address:*

*Contact Person:*

*Telephone:*

*Event Location:*

*[ ] same as above*

*Event dates:*

*Insurance documentation: NYS Compensation, Business Liability.*

*Note: The Village is to be listed as additional insured during event*

*Alcohol: if being served must be in a designated fenced location with supervision, and the proper documentation is to be included with application.*

*Types of beverage to be served:*

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*Description of event:* \_\_\_\_\_

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### **Signature of Applicant**

*I hereby certify that the foregoing information (and all information in attached sheets, if any) is true and complete.*

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*Signature of Applicant or Authorized Representatives Signature*

*DATE*

.....  
**To be completed by Village of Montour Falls Building Inspector**

Inspection Required [ ] YES [ ] NO

Inspection Performed [ ] YES Date of Inspection: \_\_\_\_\_  
[ ] NO

Tests or Reports required to verify compliance? [ ] YES [ ] NO

If YES, have Tests or Reports been received? [ ] YES [ ] NO

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

Application(s) Approved: [ ] YES [ ] NO

Event Permit Issued By \_\_\_\_\_

Date Operating Permit Issued: \_\_\_\_\_ Date Operating Permit Expires: \_\_\_\_\_

Type/Description of Event Permit: \_\_\_\_\_

Conditions of Event Permit (list conditions here AND in the space provided in the Operating Permit) : \_\_\_\_\_

\_\_\_\_\_  
Additional Comments: \_\_\_\_\_