



Office Use Only

APP. #	_____
FEE PAID	_____
DATE	_____ 20____
LICENSE #	_____
ISSUED	_____

OFFICE OF THE TOWN CLERK  
KATE MURRAY

Town Clerk

One Washington Street Hempstead, NY 11550  
Tel: (516) 812-3025 email: licensing@tohmail.org

**SPECIAL EVENTS**

Name of sponsor organization:	Email:
Address:	Phone #
Person in charge of event:	
Address:	Phone #
Location where event will be conducted:	
Type of special event:	
Hours of operation:	Dates of operation: / / Through / /

**THE FOLLOWING MUST BE PRESENTED WITH THIS APPLICATION**

- Certificate of Insurance - **naming the Town of Hempstead additional insured**
  - Bodily Injury - \$ 400,000 - One person
  - Bodily Injury - \$ 1,000,000 - One accident
  - Property Damage - \$ 100,000 - One accident
- Written approval from Nassau County Department of Health
- Town building permit *(When required)*
- Cash bond of \$ 500.00 *(When required)*
- Written permission of property owner
- Board of Zoning Appeals *(When required)*
- Are tents being used for Public Assembly ?  \*YES  NO
- Will Mechanical rides be operated ?  \*YES  NO  
*( \* If yes to 7 or 7A, a Building Department permit is required )*

Office Use Only

**Received**

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Sworn to before me this \_\_\_\_\_  
Day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
TOWN CLERK