



Town of Halfmoon
2 Halfmoon Town Plaza
Halfmoon, NY 12065
371-7410 ext. 2260
Fax: 371-0304
Building Department

SPECIAL EVENT PERMIT
Application

Permit #: _____

Application Date: _____

Fee: _____

Permit Type: OUTSIDE SALES ☐ NOT FOR PROFIT ☐ OTHER _____ ☐

Address/Location: _____ **SBL#** _____

Property Owner:

Name (PRINT): _____

Address: _____

Telephone #: _____ Email: _____ **D.O.B.:** _____

(Property Owner)

EVENT CONTACT/EVENT CORDINATOR:

Name (Print): _____ **Dates of Event** _____

***Permit May Be Issued for a Maximum of 3 Consecutive Calendar Days and no More than 4 Times per Calendar Year (12days/year aggregate Max.)

Name of Company or Event _____

Address: _____

Telephone #: _____ Fax #: _____ Email: _____

Liability(Accord 25 Form):Date: _____ ******* Site Plan Submitted:** _____

*******Site Plan Must Contain-** Parking Layout, Approx Number of Attendants, Restroom Provisions, Ingress and Egress, Location of Tables, Tents, Booths, etc... *********

Applicant Signature: _____ **Date:** _____

(For Department Use Only)

Supervisor Signature: Approved ☐ Disapproved ☐

_____ **Date:** _____

Planning Department Signature: Approved ☐ Disapproved ☐

_____ **Date** _____

Code Office Signature: Approved ☐ Disapproved ☐

_____ **Date** _____

Action: Approved ☐ Disapproved ☐ Reason for Disapproval: _____

☐ _____ --If Not For Profit, Proof Must Be Submitted In Writing on Not For Profit Organization Letterhead

☐ _____ --Narrative Describing the Event

☐ _____ --Site Plan Submitted

