

# TOWN OF EAST BLOOMFIELD

## APPLICATION/PERMIT FOR USE OF VETERANS PARK

Application No. \_\_\_\_\_ Date Received \_\_\_\_\_

Name of Organization, if applicable \_\_\_\_\_

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

Address \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Requested Date for Park Use: \_\_\_\_\_

### USE REQUIREMENTS

Park Areas/Facilities to be used \_\_\_\_\_

Full Room (150 People) \_\_\_\_\_ Large Room (99 People) \_\_\_\_\_

Small Room Kitchen Side (50 People) \_\_\_\_\_

\_\_\_\_ Veterans Park Building

\_\_\_\_ Kitchen Facilities - Specify use of refrigerator, stove/oven, sink for clean-up, etc.

\_\_\_\_ Playing Fields - Used by Groups or Organizations - Specify which fields \_\_\_\_\_

Anticipated attendance \_\_\_\_\_

Arrival Time \_\_\_\_\_ Departure Time\* \_\_\_\_\_

*\*(Please NOTE: Leave enough time to clean up prior to your departure.  
Leaving after the scheduled departure time will trigger the alarm to the Sheriff's Department.)*

Will Alcoholic beverages be consumed? YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes: 1. Type (Ex. "Beer Only", Wine, Liquor) \_\_\_\_\_

2. Estimated Number of Guests \_\_\_\_\_

3. Regulations of the Veterans Park Local Law #5 of 2018 must be followed.

4. Any applicable NYS Alcoholic Beverage Control Law provisions and State Liquor Authority is applicable.

5. **No Minors may be served.**

6. The Town reserves the right to limit the size of gatherings serving alcoholic beverages.

7. The Town reserves the right to reject any future permits based upon experiences with any applicant.

8. Fees are not refundable if applicant cancels event.

9. Bounce Houses are not allowed in Veterans Park. This is due to Insurance Regulations.

I have received, and understand, a copy of the Local Law for the Regulations of Veterans Park of the Town of East Bloomfield.

Purpose of Use \_\_\_\_\_

Name of Contact/Individual who will be present during the entire scheduled time of use:

\_\_\_\_\_ Contact's Telephone \_\_\_\_\_

Contact's Mailing Address \_\_\_\_\_

### FEES FOR USE OF VETERANS PARK

Deposit: All users must pay a \$50.00 deposit, due at the time the application is accepted. Refer to the Rules included with this application for exempt organizations. Once the facility/fields have been inspected after use and found to be satisfactory, the deposit will be returned. Should the facility/fields be left in poor condition after use, the deposit is forfeited and the user will also be charged for any additional cleaning or repair costs. **If the alarm is tripped due to your late departure, the \$50.00 will be forfeited.**

Building and Indoor Facilities: See attached Fee Schedule

Playing Fields - Used by Groups or Organizations: See attached Fee Schedule

*Questions concerning the use of Veterans Park may be directed to the  
East Bloomfield Town Clerk's Office, 585 657 6515.*

*Permission to use the Veterans Park property may be  
revoked by the Town of East Bloomfield at any time.*

As applicant or on behalf of the applying organization, I agree that all attendees during our use/event will observe the rules as stated above. I agree to pay any costs, including but not limited to fees, damages, loss and/or cleaning services, which arise out of our use of the property. I acknowledge and assume any risks associated with the use of the Veterans Park property and I agree to indemnify the Town of East Bloomfield against any property damage, bodily injury or lawsuits.

Applicant's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

***Mail this completed, signed form to the Town Clerk, PO Box 85, East Bloomfield, NY 14443  
or bring it in person to the East Bloomfield Town Hall, Town Clerk's Office, 99 Main Street, East Bloomfield, NY.***

I, Building Use Coordinator for the Town of East Bloomfield, have received from the applicant both the payment(s) on the reverse side and the insurance Certificate described and, therefore, on behalf of the Town, grant permission for the use of Veterans Park as per this application request.

Application Date \_\_\_\_\_ Fees paid Date \_\_\_\_\_ Cash \_\_\_\_\_ Check No. \_\_\_\_\_

\_\_\_\_\_  
Building Use Coordinator - Signature      Building Use Coordinator - Print Name      Date

REFUND OF DEPOSIT

\_\_\_\_\_  
Approved by Building Use Coordinator - Signature      Building & Grounds Manager Signature      Date

Office Use Only:      Deposit Date:      Cash:      Check No.