SPECIAL EVENT ACTIVITY APPLICATION VILLAGE OF ATTICA, NY

Application No	Date Received			
Name of Organization:		_ Circle one:	Nonprofit	Profit
Name of Applicant:			_	
Telephone No: Home:				
Type of Event:				
Date(s) of event:	Alternate date(s):			
Time of event:	Set up time:	Tear down time:		
Will alcoholic beverages be provided?	Will event be ticketed or free?	Expected attendance:		
Requested location (s) (Be very specific):				
Banners (indicate size, shape and materials (If your planning a parade, submit a detailed)				
	INDEMINFICATION AGREEMEN	NT		
The undersigned agrees and promises, as a confidential indemnify and save harmless the Village of of action or demands of any kind and characteristics.	Attica, its agents, officials and employ	yees, from all su	iits, claims, dama	iges, causes
Signature of Applicant		Date		
Signature of Witness	<u> </u>	Date		
	Application not valid until appr	oved		
	For official use only			
Approval of Village Board	Date			
Approval of Police Chief				