

TOWN OF FARMINGTON



Special Event Operating Permit Application

- This Application must be filled out completely and submitted to the building department.
Incomplete applications will not be accepted

Address of Event _____

Event Start Date _____ Time _____ AM / PM

Event End Date _____ Time _____ AM / PM

Estimated Number of people attending: _____

Applicant's Name _____ Best phone # _____

Company Name (if applicable) _____

Applicant's Address _____

Applicant's Email _____

Owner's Name _____ Best phone # _____

Owner's Address _____

Owner's Email _____

PLEASE DOUBLE CHECK EMAIL ADDRESSES.

Describe the event and/or any activity that this permit is being requested for: _____

Town of Farmington
1000 County Road 8
Farmington, NY 14425
www.townoffarmingtonny.org

Special Event Operating Permit Application Owner Authorization

The undersigned, who is the owner of the premises Located at:

_____, _____, _____
(Street address) (Town) (State/Zip)

hereby authorizes _____ to bring an application for a Special Event
Operating Permit

The undersigned further permits the Town or its authorized representative(s) access to the property to review
existing site conditions during the review process.

Owner (print) Date

Owner (signature)

STATE OF NEW YORK)
SS
COUNTY OF ONTARIO)

On this _____ day of _____, 20____, before me, the undersigned, a notary public in and for said
state, personally appeared _____, personally known to me on the basis of satisfactory
evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and
acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by
his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the
individual(s) acted, executed the instrument.

Notary Public