



**TOWN CLERK, DIANE WILHELM**

200 Howell Avenue  
Riverhead, NY 11901  
631-727-3200 Ext. 260

**SPECIAL EVENTS INSTRUCTIONS SHEET – LONG FORM**

Information and material that must be submitted with the completed application pursuant to:  
Town Code Chapter 90 Shows & Exhibitions

1. Application **MUST** be submitted 120 calendar days in advance of the event. (for events with less than 5,000 people), 180 calendar days in advance of the event. (for events with than 5,000 people or more), Notarization completed where applicable.
2. Letter of non-for-profit for waive of fee. If applicable, appropriate filing fee.
3. Comprehensive liability insurance policy naming Town of Riverhead as additional insured in the amount set by Town Attorney.
4. Plans or drawings showing event location/layout.
5. No blanks – if not applicable indicate N/A.

**OTHER PERMITS REQUIRED**

Beverage and/or food service connected with event, a separate application is to be filed with Suffolk County Department of Health Services at the Riverhead County Center, 631-852-2067.

Department of Labor; (carnivals; tents; outdoor sales; bleachers, etc.) (516-228-3929)

Suffolk County Emergency Medical Services – Mass gathering for events with expectancy attendance of 5,000 or more (631-853-5800)

New York State Liquor Authority for temporary beer/wine license.

**§ 90-3. Licensing.**

A. Written permit required.

- (1) Special event short form application, small gathering. Where 100 to 1,000 spectators are expected at any one time during the duration of the event and the event duration is 12 hours or less per calendar day, no person shall use, allow, let or permit property to be used for a special event unless a special event permit has been issued by the Town Board of the Town of Riverhead.
- (2) Special event long form, large gathering. Where more than 1,000 spectators are expected at any one time during the duration of the event or the event duration is more than 12 hours per calendar day, no person shall use, allow, let or permit property to be used for a special event unless a special event permit has been issued by the Town Board of the Town of Riverhead.

B. Required filing date. Application for such permit shall be on the form provided by the Town Clerk, addressed to the Town Board and filed with the office of the Town Clerk in accordance with the below filing dates based on the type of special event. The Town Board, in its discretion, may provide for an expedited review for a special events permit under this chapter.

- (1) Special event short form applications shall be filed at least 40 calendar days prior to commencement dates of special events.
- (2) For an event where more than 1,000 spectators but less than 5,000 spectators are expected at any one time during the duration of the event, a special event long form application shall be filed at least 120 days prior to the commencement date of the special event.
- (3) For an event where more than 5,000 spectators are expected at any one time during the duration of the event, a special event long form application shall be filed at least 180 days prior to commencement date of the special event.



**TOWN CLERK, DIANE WILHELM**

200 Howell Avenue  
Riverhead, NY 11901  
631-727-3200 Ext. 260

**CHAPTER 90-3A-2 APPLICATION**

**SPECIAL EVENTS- LARGE GATHERING – (Part A)**

Pursuant to Chapter 90 ~ Code of the Town of Riverhead

Date of Application: \_\_\_\_\_

1. Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Fax No: \_\_\_\_\_

2. State individual, partnership, corporation, or not-for-profit: \_\_\_\_\_  
*If not-for-profit, attach IRS letter or ID number.*

3. If partnership, names of all persons having an interest in the partnership: \_\_\_\_\_

\_\_\_\_\_

4. If corporation, names & addresses of officers and directors, attach additional page if necessary: \_\_\_\_\_

\_\_\_\_\_

5. If corporation, names of each stockholder together with the number of shares of capital stock held by each: \_\_\_\_\_

\_\_\_\_\_

6. Special event information  
Proposed location of event (street address and town): \_\_\_\_\_

Property owner (name, mailing address and phone #): \_\_\_\_\_

\_\_\_\_\_

*If applicant is not property owner, attach a copy of lease agreement or notarized letter of authorization for the event from the legal property owner*

Date(s) of event: \_\_\_\_\_ Rain date(s): \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Fully describe type of special event: (*attach a site diagram*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expected total daily attendance: \_\_\_\_\_ Maximum at any one time: \_\_\_\_\_

Explain method used to determine the expected attendance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Maximum number of visitor vehicles expected to be parked at event: \_\_\_\_\_

\_\_\_\_\_

Other activities planned during event: (check all that apply) food concession  fireworks   
crafts/sales  carnival rides  live entertainment  animal rides/petting zoo

7. Name and address of liability insurance company: \_\_\_\_\_

8. Permit Application Fee: \$ \_\_\_\_\_

9. Attach vendor list for food and/or merchandise vendors. (may be provided 2 weeks prior to event date)

10. Name of Security Company if applicable: \_\_\_\_\_





**TOWN CLERK, DIANE WILHELM**

200 Howell Avenue  
Riverhead, NY 11901  
631-727-3200 Ext. 260

**CHAPTER 90-3A-2 APPLICATION**

**SPECIAL EVENTS– LARGE GATHERING – (Part B)**

\*\*SUBMIT PLANS, DRAWINGS & COMPLETE THE FOLLOWING APPLICATION:

\*\* attach additional page if necessary

Size of property: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Abutting Streets: \_\_\_\_\_

Existing and Proposed Buildings: \_\_\_\_\_

Signs or structures (including stages or tents): \_\_\_\_\_

Access roads: \_\_\_\_\_

Areas if assembly for spectators, vendors, exhibitions, employees, organizers: \_\_\_\_\_

---

Exits: \_\_\_\_\_

Fire extinguishers, fire safety equipment: \_\_\_\_\_

Location of fire lanes: \_\_\_\_\_

Location of water supply for fire control: \_\_\_\_\_

Location of temporary utilities: \_\_\_\_\_

Location of supply, storage, distribution of water: \_\_\_\_\_

Parking layout, including automobiles, trailers, other vehicles and ingress and egress from parking areas:

Lighting (including type & location): \_\_\_\_\_

Loudspeakers, horns, music, other audio equipment: \_\_\_\_\_

Name & Address of security service & proposed duties: \_\_\_\_\_

Emergency medical facilities: \_\_\_\_\_

Temporary housing facilities: \_\_\_\_\_

Name & address of caterers, food, beverage supplies: \_\_\_\_\_

---

Method to dispose of garbage and sanitary waste: \_\_\_\_\_

Method to dispose of animal waste, if animals included: \_\_\_\_\_

If applicant is a corporation, names and addresses of directors and officers: \_\_\_\_\_

---

*SUBMIT DOCUMENTATION (as applicable)*

1. Copies of any covenant, easements or other restrictions on the property.
2. Original owner's endorsement, if applicable, disclosure affidavit.
3. Authorization for Town personnel to enter property.



---

7. During the 12 months before the following of this application, have any of the following individuals made campaign contributions exceeding \$100 in total, in cash or in-kind to members of the Town Board or political committees designated to accept donations on their behalf.

- |                                 |                              |                             |
|---------------------------------|------------------------------|-----------------------------|
| 1. Owner                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Applicant                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Agent for owner or applicant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Attorney                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Other                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to Question 7 is yes, Town Code Chapter 90 require that the information be provided below:

Name:                      Title:                      Owner, Agent, Attorney, other:                      Amount:

---

Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_

Notary Public \_\_\_\_\_

- A. For the purpose of this disclosure, an official of the State of New York or an official or employee of either the Town of Riverhead of the County of Suffolk shall be deemed to have an interest in the applicant and/or owner when that official or employee, their spouse, brothers, sisters, parents, children, grandchildren or the spouse of any of them
- Is the applicant the owner,
  - Is an officer, director, partner or employee of the applicant or owner;
  - Legally or beneficially owns or controls stock of a corporate applicant or owner, or is a member of a partnership or association applicant or owner; or
  - Is a party to an agreement with the applicant or owner, express or implied, whereby said official or employee may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such stock is listed on the New York or American Stock Exchange shall not constitute an interested for the purpose of this disclosure.
-



---

**INSPECTION AUTHORIZATION**  
**(TO BE SIGNED BY PROPERTY OWNER)**

\_\_\_\_\_ owner of property  
located at \_\_\_\_\_ authorized Town  
employees and officials to enter my property to make inspections necessary in connection with this  
application for a special events permit.

\_\_\_\_\_  
Signature

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 200\_\_

Notary Public \_\_\_\_\_

---

## Chapter 90 Application – Long Form

### Site & Event Plan Checklist

- |       |  |                          |     |                                       |
|-------|--|--------------------------|-----|---------------------------------------|
| 1.    | Event Description and summary  | <input type="checkbox"/> | Yes | <input type="checkbox"/> No (explain) |
| 2.    | Sanitary waste and sewage disposal plan  | <input type="checkbox"/> | Yes | <input type="checkbox"/> No           |
| 3.    | Supply, storage and distribution of drinking water plan  | <input type="checkbox"/> | Yes | <input type="checkbox"/> No           |
| 4.    | Parking and traffic plan   | <input type="checkbox"/> | Yes | <input type="checkbox"/> No           |
| 5.    | Signage plan   | <input type="checkbox"/> | Yes | <input type="checkbox"/> No           |
| 6.    | Trash, garbage rubbish or refuse removal plan  | <input type="checkbox"/> | Yes | <input type="checkbox"/> No           |
| 7.    | List showing name, address and phone of all food vendors and location made for same  | <input type="checkbox"/> | Yes | <input type="checkbox"/> No           |
| 8.    | List of all music, loud speakers, audio equipment and location on site plan  | <input type="checkbox"/> | Yes | <input type="checkbox"/> No           |
| 9.    | A security plan. (approval by Police Chief required)   | <input type="checkbox"/> | Yes | <input type="checkbox"/> No           |
| 10.   | A fire protection plan (approval by Fire Marshall required)  | <input type="checkbox"/> | Yes | <input type="checkbox"/> No           |
| 11.   | A communication plan (approval of Police Chief and Fire Marshal required)  | <input type="checkbox"/> | Yes | <input type="checkbox"/> No           |
| 12.   | An EMS/Ambulance treatment/transportation plan   | <input type="checkbox"/> | Yes | <input type="checkbox"/> No           |
| 13.a. | A description of all tents and temporary structures and location of site plan. (flammability certificate and compliance with NFPA 101, NFPA 102 & NYS Fire Code required | <input type="checkbox"/> | Yes | <input type="checkbox"/> No           |
| b.    | Engineer's certification, signed and sealed for tents in excess of 1,500 sq. ft.   | <input type="checkbox"/> | Yes | <input type="checkbox"/> No           |
| 14.   | A handicapped accessibility plan-including parking and bathroom facilities   | <input type="checkbox"/> | Yes | <input type="checkbox"/> No           |
| 15.   | Site restoration plan.   | <input type="checkbox"/> | Yes | <input type="checkbox"/> No           |

#### Other permits required:

Suffolk County Health Department – Food Vendors

Suffolk County Health Department – Waste and Sanitary

Suffolk County Health Department – Emergency Medical Services

New York State Department of Labor

New York State Liquor Authority

---

**Appendix C**  
**State Environmental Quality Review**  
**SHORT ENVIRONMENTAL ASSESSMENT FORM**  
**For UNLISTED ACTIONS Only**

**PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)**

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres      Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No      If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

**If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment**

**PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)**

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF. <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. COULD ACTION RESULT IN <b>ANY</b> ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible) C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:  C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:  C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:  C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:  C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:  C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:  C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:	
D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	

**PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)**

**INSTRUCTIONS:** For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

<input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which <b>MAY</b> occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.	
<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action <b>WILL NOT</b> result in any significant adverse environmental impacts <b>AND</b> provide, on attachments as necessary, the reasons supporting this determination.	
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (If different from responsible officer)