



TOWN CLERK, DIANE WILHELM

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

SPECIAL EVENTS INSTRUCTIONS SHEET – SHORT 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 40 calendar days in advance of the event. 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.

CHECKLIST OF ATTACHMENTS

- | | | | |
|----|---|------------------------------|-----------------------------|
| 1. | If Not-for-Profit: IRS Letter | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | Site Diagram | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | Certificate of Insurance naming the Town of Riverhead as additional insured | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | List of food vendors, if applicable | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. | Lease of Owner permission, if applicable | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

§ 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 OF RIVERHEAD
Fire Protection and Code Enforcement Division
200 Howell Avenue, Riverhead, NY 11901
(631) 727-3200 Fax (631) 727-3370



Bruce E. Johnson
Fire Marshal
Ext. 209

David J. Andruszkiewicz
Fire Marshal
Ext. 208

Richard W. Downs
Code Enforcement Officer
Ext. 277

Matthew C. White
Code Enforcement Officer
Ext. 230

Certificate of Insurance – Guidelines:

The certificates should show evidence of Comprehensive General Liability limits of not less than \$1,000,000, Worker's Compensation with statutory limits and Auto Liability limits of \$1,000,000, (if use of vehicles is applicable).

The carriers providing coverage must be approved by the Town (this is better than saying "admitted in NYS of have a A.M. Best rating of at least A-7").

Certificates should indicate the Town of Riverhead, et. al. is added as additional insured with regard to tent sale or special event, including date event is scheduled.

For any questions, contact the Town Attorney at (631)727-3200 ext. 215.



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CHAPTER 90-3A-1 APPLICATION

SPECIAL EVENTS- SHORT FORM

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: _____

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 ANY 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 MAY 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 WILL NOT result in any significant adverse environmental impacts AND 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)