



Town of Sweden
18 State Street, Brockport, NY 14420

Outdoor Public Assembly Permit Application

*A permit is required when such outdoor assembly exceeds 200 persons at any place within the Town of Sweden as required by Chapter 55 of the Sweden Town Code.

APPLICATION must be filed with the Sweden Town Clerk at least 90 days prior to the date upon which such use and assembly shall commence. The Town Board shall act upon the application within 30 days after its submission as stated in Chapter 55-5-E of the Sweden Town Code.

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|----------------------------------------------------------------|--------|----------------------------------------------------|
| Applicant/Business Name: | | |
| Type of Business: | | Copies of corporate documents (see Section 55-6-A) |
| Street Address: | | |
| City: | State: | Zip Code: |
| Primary Contact: | | |
| Valid Driver's License: | | Misdemeanor/Felony Convictions: |
| Telephone: | Email: | |
| Assembly Location: | | Any Prior Approved Assembly(s): |
| Purpose of Assembly: (include any admission fee) | | |
| Dates: | Hours: | No. of Persons/Vehicles: / |
| Owner of Assembly Location Property (refer to Section 55-6-B): | | |

Application MUST include plans for the proposed public assembly detailing the requirements set forth in Section 55-6-D. (*Checklist attached for your convenience.)

Applicant MUST comply with all "Miscellaneous Requirements" set forth in Section 55-7. (*Checklist attached for your convenience.)

NOTE: No permit shall be issued unless it is clearly shown, provided for, and approved that said requirements as stated in Chapter 55 are met.

I, _____, the applicant, hereby confirm that I have read in its entirety Chapter 55 of the Sweden Town Code pertaining to outdoor public assemblies and that I understand and have provided all necessary information to the Sweden Town Board for consideration.

_____ Dated _____

Applicant Signature

Date Received: _____ By: _____

\$200 Fee Received: _____ Receipt No. _____

\$500 Deposit Received: _____ Certificate of Insurance Received: _____

Board Reviewed: _____ Approved/Denied: _____