



VILLAGE OF SAGAPONACK

PO Box 600
3175 Montauk Highway
Sagaponack, NY 11962
www.sagaponackvillage.org
631-537-0017 631-537-0612 (FAX)

APPLICATION FOR USE OF GIBSON BEACH FOR A CATERED EVENT

Approval : Board of Trustees
Date: _____

Permit No: _____
Permit Fee: _____
Date Issued: _____

Instructions

- * All forms must be completed in ink or typed.
- * If there are more than 50 people attending, please fill out a Special Event Permit Application
- * This application will be deemed incomplete and will not be processed unless fully and clearly completed.
- * Liability Insurance from Catering Company
- * If applicable, proof of permitted 4x4 access
- * If applicable, a drawing or site plan of layout
- * Bonfire Permit will be issued separately
- * Application fee of \$200.00 made out to the Village of Sagaponack

Name of Applicant: _____ Date: _____

Event Name: _____

Nature of Event: _____

Date of Event: _____ Time of Event: _____

Contact Person: _____ Phone Number: _____

Email Address: _____

Number of People Attending: _____

Catering Company: _____

Contact Person: _____

Address of Catering Company: _____

Phone Number: _____ Email Address: _____

4x4 Permit Issued to: _____ Permit #: _____

Please answer the following questions:

- | | |
|---|---------|
| 1. Is this event open or advertised to the public? | Y__ N__ |
| 2. Is this a fundraising/revenue producing event? | Y__ N__ |
| 3. Will there be soliciting or selling of any kind? | Y__ N__ |
| 4. Will this event be having some type of music? | Y__ N__ |
| 5. Will there be a tent? (Separate application required) | Y__ N__ |
| 6. Will there be a bonfire? (Separate application required) | Y__ N__ |
| 7. Will there be tables and chairs? | Y__ N__ |
| 8. Do the caterers plan on cooking on the beach and/or
serve alcohol? If so, please provide proof of insurance | Y__ N__ |

Where will the attendees park? _____

I hereby agree to abide by the conditions provided by the Village of Sagaponack. I understand that any violation of the aforesaid conditions may result in the revocation of my access privileges and/or disciplinary action may be taken.

Signature of Applicant **Printed Name** **Date**