

City of New York/Parks & Recreation  
Special Event Permit Application



Michael R. Bloomberg, Mayor  
Adrian Benepe, Commissioner

USA  
10/13/07

PERMIT NUMBER 07-9047472

APPLICANT INFORMATION

Applicant Jeff Thomas  
 NAME  
 ADDRESS JACKSON HEIGHTS NY  
 ZIP CODE 11372  
 E-MAIL ADDRESS  
 Telephone Number  
 Date of Application 2/5/07 Borough: Bx Bk  Qs SI (circle one) Sponsor  
 Organization (if applicable)

TELEPHONE NUMBER  
 Names, Addresses, and Daytime Telephone Numbers of Two Organization Officers Besides Applicant (if applicable)  
 1.  
 2.  
 List any previous Park events organized by applicant/organization (include locations and dates)

EVENT INFORMATION

Type of Event MUSICAL PERFORMANCE Date of Event 10/13/07 Raindate 10/14/07  
 Name of Park UNION SQUARE Location in Park SOUTH END, AROUND 19th ST.  
 (If appropriate) Start Location Finish Location  
 Route through Park  
 Number of Participants 1 Number of Spectators 50-100 (REGULAR PARK TRAFFIC)  
 Set-Up Begins 11 AM Clean-Up Ends 9 PM  
 Time Event Begins 2 PM Time Event Ends 3:30 PM

- \* Will participants or spectators be charged? YES  NO If so, how much?
  - \* Will there be vendors at the event? YES  NO If so, what is the vendor permit fee?
  - \* Will there be merchandise available for sale YES  NO If so, provide a list of items and prices.
- If the answer to any of the above questions is yes, please see section 2-08 (l) on reverse and contact Parks' revenue division at 212-360-1397 to apply for a Temporary Use Authorization vending permit.

Describe in detail activities planned. List all items to be distributed. (Sale or distribution of food, products, promotional material, celebrities, speeches, ceremonies, etc.) MUSICAL PERFORMANCE BY 4-PIECE FOLK-ROCK GROUP

- Will the event be advertised? YES  NO If so, describe advertising plan including dates and media outlets.
- Will any pamphlets, handbills, or advertising matter of any kind be distributed at the event? NO
- Do you plan to drive vehicles onto Parkland (vehicle permits are required as per section 2-08 (n) on reverse) YES  NO
- Will you need water or electrical connections? (See section 2-08 (o) on reverse) YES  NO (ELECTRICAL ON)
- Have you made any provision for on-site medical services? YES  NO
- Have you made any provision for on-site security? YES  NO
- Do you have insurance? YES  NO  
 If so, with whom? MUSIC-PRO (See section 2-08 (q) on reverse)
- Do you plan to have amplified sound at your event? (See section 1-05 (d) on reverse) YES  NO  
 A permit from the local police precinct is required for all amplified sound.

As the applicant, I hereby certify that the information I have provided on the form is complete and accurate to the best of my knowledge. I agree to abide by the terms set forth in this application, and the Rules & Regulations of the City of New York/Parks & Recreation. I understand that failure to do so may lead to the cancellation of the event, the denial of future permit applications, or other legal action by Parks.

SIGNATURE OF APPLICANT

THIS FORM IS NOT A PERMIT  
THERE IS A \$25 NON-REFUNDABLE ADMINISTRATIVE PROCESSING FEE  
CHECKS OR MONEY ORDERS SHALL BE PAYABLE TO:  
CITY OF NEW YORK/PARKS & RECREATION

10/13/07