

VILLAGE OF BAXTER ESTATES
315 MAIN STREET
PORT WASHINGTON, NY 11050
Telephone (516) 767-0096
Facsimile (516) 767-0058
Email: clerk@baxterestates.org

VILLAGE OF BAXTER ESTATES
APPLICATION FOR THE PURPOSE OF CONDUCTING A BLOCK PARTY
Application must be filed no less than 20 days prior to the date of the event.

Applicant's Name: _____ Email: _____

Applicant's Address: _____ Phone: _____

Name of Street to be Closed: _____

between _____ and _____

Date of Event: _____ Rain Day and Date: _____

Time of Event From: _____ To: _____

At no time may any vehicle block access to the street. Safety-scene tape, construction cones, or removable barricades may only be used to block end of streets. The roadway must have a lane free of obstruction to allow emergency vehicles access to the entire block. Block Party must end by 10PM. The person in charge listed on this application is responsible for ensuring that the above conditions are met.

Please note: Chapter 136 Noise of the Village Code prohibits loud noise after 10PM.

- **Will you be erecting any type of tent?** Yes No
If "Yes", you must submit a Tent Permit Application through the Nassau County Fire Commission, Office of the Fire Marshal, 1194 Prospect Avenue, Westbury, N.Y. 11590, (516) 573-9900. *You must enclose proof of approval with this application.*
- **Chapter 66 Alcoholic Beverages of the Village Code - Consumption of Alcohol in public place permission requested?** Yes No
- **Will there be alcoholic being sold?** Yes No
If "Yes", please contact the NYS Liquor Authority, 80 South Swan Street, Albany, NY 12210 (518) 474-3114 to determine if you need a 24-hour **Special Events Permit**. *If so, please allow at least 15 days prior to the event for mailing the permit. You must enclose proof of approval.*
- **ADDITIONAL REQUIREMENT** - Notify end of block residents who live on corner streets since their side yards face block party streets where they often park.

I, _____, hereby state that I have read and understand Village of Baxter Estates Code Chapter 66, "Alcoholic Beverages" and understand that if the sale of alcoholic beverages is to take place a NYS Liquor Authority Special Event Permit is required. I further certify that I have read all the provisions located in Chapter 136 and understand that the event we intend to hold will be required to comply with the same.

I certify that I have all of the necessary permits required to hold such an event, a Nassau County Fire Marshall Permit for any tents erected within County limits and a NYS Liquor Authority Special Event Permit for the sale of alcoholic beverages. I understand that any false statements within this application will result in the denial of this application and all future applications.

Applicant's Signature

Date

For Clerk Use Only

Date Application Received: _____ PWPD Approval PWFD Approval

Village Clerk: _____ Date: _____ Approved Disapproved

VILLAGE OF BAXTER ESTATES
APPLICATION FOR THE PURPOSE OF CONDUCTING A BLOCK PARTY

Name of Street to be Closed: _____
between _____ and _____

Signature of every resident on the street to be closed must be obtained whether in favor or opposed.

- | | | | | |
|-----|--------------|-----------|---------|------------|
| 1. | _____ | _____ | _____ | □ Yes □ No |
| | Printed Name | Signature | Address | |
| 2. | _____ | _____ | _____ | □ Yes □ No |
| | Printed Name | Signature | Address | |
| 3. | _____ | _____ | _____ | □ Yes □ No |
| | Printed Name | Signature | Address | |
| 4. | _____ | _____ | _____ | □ Yes □ No |
| | Printed Name | Signature | Address | |
| 5. | _____ | _____ | _____ | □ Yes □ No |
| | Printed Name | Signature | Address | |
| 6. | _____ | _____ | _____ | □ Yes □ No |
| | Printed Name | Signature | Address | |
| 7. | _____ | _____ | _____ | □ Yes □ No |
| | Printed Name | Signature | Address | |
| 8. | _____ | _____ | _____ | □ Yes □ No |
| | Printed Name | Signature | Address | |
| 9. | _____ | _____ | _____ | □ Yes □ No |
| | Printed Name | Signature | Address | |
| 10. | _____ | _____ | _____ | □ Yes □ No |
| | Printed Name | Signature | Address | |
| 11. | _____ | _____ | _____ | □ Yes □ No |
| | Printed Name | Signature | Address | |
| 12. | _____ | _____ | _____ | □ Yes □ No |
| | Printed Name | Signature | Address | |
| 13. | _____ | _____ | _____ | □ Yes □ No |
| | Printed Name | Signature | Address | |
| 14. | _____ | _____ | _____ | □ Yes □ No |
| | Printed Name | Signature | Address | |
| 15. | _____ | _____ | _____ | □ Yes □ No |
| | Printed Name | Signature | Address | |

Attach additional signature pages if necessary.

I hereby certify that the above signatures are those of every resident on the street(s) to be closed. If a resident is known to be out of town, please indicate on signature line above.

ALL RESIDENTS MUST BE NOTIFIED OF THE BLOCK PARTY.

Total Number of Homes On Street to Be Closed _____

Total In Favor _____ **Opposed** _____ **Other (specify)** _____

Applicant's Signature _____