

**INCORPORATED VILLAGE OF SAG HARBOR**55 Main St., P.O. Box 660, Sag Harbor, N.Y. 11963
(631) 725-0222 (631) 725-0316 FAX**APPLICATION FOR PHOTOGRAPHIC ACTIVITY**

Name of Applicant:		Date of Application:
<i>First</i>	<i>Middle</i>	<i>Last</i>
Name of Business/Persons Performing Activity:		Applicant Street Address:
Name of Supervisor:		Applicant City/State/Zip:
Phone and Fax Numbers: () ()	Date(s) and time(s) of activity:	Signature of Applicant:

NOTE: ACTIVITY MAY ONLY TAKE PLACE BETWEEN 7am and 7pm. ACTIVITY IS NOT ALLOWED ON WEEKENDS BETWEEN MAY 15 AND LABOR DAY**DESCRIPTION OF LOCATION(S) TO BE USED:**

DESCRIPTION OF EQUIPMENT TO BE USED (BE SPECIFIC REGARDING CAMERAS AND LIGHTING):

DESCRIPTION, INCLUDING SIZE, OF ALL VEHICLES INVOLVED IN THE COMPLETE OPERATION:

Will any parking or roadways be obstructed? No YesWill the Police Department be required for traffic control? No Yes**(APPLICANT IS RESPONSIBLE FOR MAKING ARRANGEMENTS WITH POLICE DEPARTMENT)**Will any other agency be needed for the activity? No Yes, _____

Number of personnel attending the activity, including crew: _____

YOU MUST INCLUDE WITH THIS APPLICATION:

- A diagram or sketch of the location of the activity
- A Certificate of Liability Insurance with policy limits of \$500,000/\$1,000,000 naming the Village of Sag Harbor as Additional Insured
- \$1,000.00 in Cash or Certified Check to be held at the Village office, returned upon conclusion of the activity.
- The permit fee, calculated as ____ days of activity multiplied by \$500.00 per day = \$_____.

FOR OFFICE USE ONLY **APPROVED** **DENIED** **DATE:** _____ **SIGNED:** _____