

**APPLICATION
FOR
SPECIAL EVENTS PERMIT
PURSUANT TO THE TOWN OF COLONIE
OPEN CONTAINER LAW**

1. Date of Application _____
2. Name of Applicant _____
3. Address of Applicant _____
4. Telephone Nos. Home _____ Business _____
5. Date of Birth _____ Proof Submitted _____
6. If Applicant is Organization: Name _____
Address _____
Officers: Names, Titles & Telephone Nos.

7. Purpose of Special Event _____
8. Date of Special Event _____ From _____ a.m. To _____ p.m.
9. Approximate Number of Persons to Assemble at the Event _____
10. Names of Streets/Areas Where Special Event is to be Held:

TO BE COMPLETED BY THE TOWN CLERK

1. Date Application Received _____
2. Town of Colonie Police Department Review & Recommendations:
Date Contacted _____
Officer Contacted _____
Response _____
3. Date Application Granted/Denied _____ Permit # _____
4. Date Applicant Notified of Denial _____
5. Reason(s) for Denial _____
