

- THIS APPLICATION MUST BE RECEIVED BY THE DEPARTMENT NO LATER THAN THE EARLIER OF FIVE (5) DAYS BEFORE THE FIRST DAY OF ADVERTISING OR FIFTEEN (15) DAYS BEFORE THE FIRST DAY OF THE EVENT.
- THE ADVERTISING, PROMOTION OR OPERATION OF A PUBLIC FUNCTION WITHOUT THE APPLICABLE PERMIT(S) IS A VIOLATION OF THE NEW YORK STATE SANITARY CODE AND IS A VIOLATION OF STATE LAW.
- Before completing this application be sure you are familiar with the provisions of Part 18 of the New York State Sanitary Code; Part 800, the State EMS Code; and all other N.Y.S. and local laws or regulations which may apply to the event.

Name of Event (as appearing in advertising)

Type of Event (fair, race, concert, etc.)

### Specific Location of Event

(attach a local highway map and describe using name and address of a facility, property, roads, landmarks, etc.)

Name of Facility/Property \_\_\_\_\_

Facility Owned by \_\_\_\_\_ Facility Operated by \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

County \_\_\_\_\_ County \_\_\_\_\_

Representative \_\_\_\_\_ Representative \_\_\_\_\_

Telephone No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

Event Opens		Event Closes		Usual Hours of Event Operation		Anticipated Peak Attendance On Site at Any One Time	
Date		Date				Date(s)	
Time	AM PM	Time	AM PM	_____ AM PM	TO _____ AM PM	Time(s)	AM PM

### Promoter/Operator of Event

Promoter: \_\_\_\_\_ Operator: \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Permanent Address \_\_\_\_\_ Permanent Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name of Representative \_\_\_\_\_ Name of Representative \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

### Insurance Coverage for Event

Carrier \_\_\_\_\_

Agent \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Limits of Coverage of Liability Insurance \_\_\_\_\_

### EMS Provider (Agency or individual who will provide, schedule and/or arrange for emergency medical services)

Name \_\_\_\_\_

EMS Supervisor \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

**Emergency Health Care (EHC) Facilities to be Provided at Event Site**

TYPE	REFERENCE	NUMBER PROVIDED	DESCRIPTION OF OWNER	NOTE: All EHC units will be staffed to the provisions of 18.4. Other medical personnel may be included.
Sheltered Facility	18.1.b	_____	_____	
Ambulance Vehicle(s)	18.2.f	_____	_____	

**Describe How EMS Services May Be Accessed During the Event.**

(Identify all requirements on site map and attach additional sheet if necessary):

- By security or EMS Patrol Teams (specify and describe below and identify zone(s) or station(s) on site map).
- Emergency telephone system on site, describe below and identify locations on site map.
- Other; describe below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will EHC's and their locations be identified or announced to the public: \_\_\_\_\_

**Describe EMS Response to a Patient (Attach additional sheet if necessary):**

(Describe how EMS gets to the patient and the patient to an EHC facility)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Event Site Communicatons Capabilities**

Telephone number(s) on site: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
A/C A/C

	EMERGENCY ACCESS PHONE NUMBERS	AGENCY NAME	CONTACT PERSON
Police	_____	_____	_____
Fire	_____	_____	_____
Ambulance	_____	_____	_____
Other	_____	_____	_____

2-way Radio On-site Frequency \_\_\_\_\_ MHz: FCC License Number \_\_\_\_\_

Base Unit: frequencies available \_\_\_\_\_ MHz \_\_\_\_\_ MHz Tx Power \_\_\_\_\_ Watts

# \_\_\_\_\_ Mobile(s): frequencies available \_\_\_\_\_ MHz \_\_\_\_\_ MHz \_\_\_\_\_ MHz \_\_\_\_\_ MHz

# \_\_\_\_\_ Portable(s): frequencies available \_\_\_\_\_ MHz \_\_\_\_\_ MHz Tx Power \_\_\_\_\_ Watts

## Advanced Life Support Services

Will Be Provided on Site

YES

NO

If Yes →

Agency Providing \_\_\_\_\_

ALS Level:

Intermediate

Critical Care

Paramedic

Medical Control Facility \_\_\_\_\_

Physician Medical Director \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_

On line Medical Control:  On site

UHF radio

VHF radio

Phone

Telemetry available

YES

NO

## Ambulance Vehicles for Off Site Transportation

Owner/Operator

Phone No.

Numer of Vehicles

Location During Event

Owner/Operator	Phone No.	Numer of Vehicles	Location During Event
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Hospitals

Name of Hospital

ER Phone No.

Location

Distance from Event Site

Name of Hospital	ER Phone No.	Location	Distance from Event Site
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Attachments (application will not be accepted without all of the following)

### This Application Must Include the Following

#### 1. Site Map

Prepare and attach a detailed map of the site showing all prominent physical features of the event site including but not limited to:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> a) Location of emergency health care facilities | <input type="checkbox"/> e) Site and security perimeters                   | <input type="checkbox"/> i) Helicopter landing sites |
| <input type="checkbox"/> b) Location of any on site ambulance(s)         | <input type="checkbox"/> f) Spectator and participant areas                | <input type="checkbox"/> j) Extraordinary hazards    |
| <input type="checkbox"/> c) Emergency telephones                         | <input type="checkbox"/> g) Access and exit routes (normal and emergency)  |  |
| <input type="checkbox"/> d) EMS patrol team zones or stations            | <input type="checkbox"/> h) Major buildings, structures, physical features |  |

- A list of any special equipment or vehicles to be provided in addition to that required by Part-18.
- Any emergency medical standard operating procedures, operational plans, protocols and/or disaster plans to be used during the event.
- A schedule of medical personnel (EMT's, nurses, M.D.'s) who will staff the EHC's and the event or the agency(s) which will supply staff.
- Copies of municipal and public safety agency statements of notice: (Reference 18.4).

By submitting this application, the undersigned agrees on behalf of the 'promoter or operator' to operate the public function herein described in compliance with Part 18 of the Sanitary Code, Part 800 of the State EMS Code and any other laws, regulations or stipulations imposed by state or local authorities. The applicant testifies to the accuracy of this application.

Name of Applicant \_\_\_\_\_

Date of Application \_\_\_\_\_

Title of Applicant \_\_\_\_\_

Notary Public Endorsement

Applicant's relationship to promoter or operator \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

NOTE: Applicant must be an officer or other representative of the promoter or operator.

**Additional Information to Support Application:**

FOR OFFICE USE ONLY

**Application Review and Recommendations**

Date Application Received: \_\_\_\_\_

Permit Expiration Date: \_\_\_\_\_

Recommendations/Permit Conditions: \_\_\_\_\_

Permit Issued:

DATE: \_\_\_\_\_

NUMBER: \_\_\_\_\_

ISSUING  
OFFICE: \_\_\_\_\_

Variations/Modifications to Equipment or Staffing Recommended:

It is recommended that a permit be issued to the event described in this application.

Recommended by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_