

Application # \_\_\_\_\_

	Fee	Paid	Refund
Application	\$25	_____	
Permit	\$15	_____	
Security Deposit	\$200	_____	_____
Per Day Event	\$200	_____	
Additional Services	TBD	_____	

## Application For Temporary Use Permit

### Neil and Barb Chur Equestrian Park, Soccer Field and/or Polo Field At Knox Farm State Park

Submit applications to:  
Town of Aurora Parks and Recreation  
300 Gleed Ave  
East Aurora, NY 14052  
Telephone (716) 652-8866 Fax: (716) 652-5646

***ALL REQUESTS MUST BE MADE NO LESS THAN 60 DAYS IN ADVANCE OF EVENT/USE.***

1. Name of organization: \_\_\_\_\_

2. Individual responsible for this request: \_\_\_\_\_

3. Address: \_\_\_\_\_  
\_\_\_\_\_

4. Telephone number: \_\_\_\_\_

5. Fax: \_\_\_\_\_

6. Email: \_\_\_\_\_

7. Date(s) of event: \_\_\_\_\_

8. Hours of use including set up/take down: Start \_\_\_\_\_ End \_\_\_\_\_

9. Description of the event or use:  
\_\_\_\_\_  
\_\_\_\_\_

10. Specific area(s) request. Please attach a map of the area.

a. Soccer fields \_\_\_\_\_

b. Polo Field \_\_\_\_\_

c. Equestrian Park \_\_\_\_\_

d. Other \_\_\_\_\_

i. Describe \_\_\_\_\_

11. Specific equipment to be brought into the park (porta-johns, tents, etc.)

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12. Needs:           Water \_\_\_\_\_           Electric \_\_\_\_\_

13. Estimated attendance: \_\_\_\_\_  
a. Will participants be crossing Knox Road? \_\_\_\_\_  
b. Will participants be attending via bus? \_\_\_\_\_

PLEASE NOTE: Based on the estimated attendance of the event, a meeting with the Town Supervisor, Dir. of Recreation and Aquatics, the Highway Supervisor, and Chief of Police may be scheduled at the discretion of the Aurora Town Board to discuss a plan for proper traffic control and parking.

14. Will food or drinks be served? \_\_\_\_\_  
a. If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

15. Will there be sound amplification, music, or a band(s)? \_\_\_\_\_  
a. If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

16. Other services requested, please describe: \_\_\_\_\_  
a. NYS Park Police\* \_\_\_\_\_  
i. \*Applicant is responsible for contacting the East Aurora Police Department if the event involves the Village or Town streets.  
b. Parks Department: \_\_\_\_\_

17. Do you intend to use the main part of Knox Farm State Park between Buffalo Rd, Willardshire Rd., and Knox Rd.? \_\_\_\_\_  
a. If yes, you must request a permit from NYS Parks and Recreation. Contact their office at 716-549-1802.

Provide drawings that describe location, size and text of all proposed signs for this event to the Town of Aurora Building Department, 300 Gleed Ave. Approved signs may be erected 30 days prior to the event and must be removed immediately after.

I make this application and agree to abide by the **Guidelines for Use of Barb and Neil Chur Equestrian Park, Soccer Fields, and/or Polo Field**

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Signature of Applicant

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Date

**Official Use Only**

Event: \_\_\_\_\_

Attachments Submitted

- \_\_\_\_\_ Indemnification Agreement
- \_\_\_\_\_ Certificate of Insurance
- \_\_\_\_\_ Map with area(s) requested to be used indicated
- \_\_\_\_\_ Parking and Traffic plan
- \_\_\_\_\_ Copy of application for sign permit, if applicable. (Upon application approval copy of approved sign permit must be filed with the Town Clerk NO LATER THAN 5 days prior to scheduled event.)
- \_\_\_\_\_ Copy of this application to NYS Parks and Recreation c/o Evangola State Park

Application \_\_\_\_\_ **Recommended** or \_\_\_\_\_ **Not recommended**  
by the Recreation Department.

**Action by Aurora Town Board**

**The Aurora Town Board, upon review of the application request # \_\_\_\_\_ submitted by \_\_\_\_\_ (organization or individual) took the following action with or without conditions (as applicable) noted below:**

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Supervisor's Signature

**Denied:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Supervisor's Signature

**Conditions:**

- \_\_\_\_\_ Police Department Approval
- \_\_\_\_\_ Highway Department Approval
- \_\_\_\_\_ Building Department Approval
- \_\_\_\_\_ Requesting organization shall attach a completed **Certificate of Insurance** with minimum limits to include public liability coverage with limits of \$1,000,000 each occurrence; property damage insurance with limits of \$1,000,000 each occurrence. Policy shall be endorsed to include the Town of Aurora as an additional name insured
- \_\_\_\_\_ Requesting organization or individual shall submit an **Indemnification Agreement** signed by authorized applicant or officer of company and duly notarized.
- \_\_\_\_\_ Approval of parking and traffic plan
- \_\_\_\_\_ Other

\_\_\_\_\_  
\_\_\_\_\_