

Village of Fishkill – Taylor Park Facility Request

rev21015

Facility Information

Facility Requested:	
Dates of Event:	Time of event:

Applicant Information

Name of Person or Sponsoring Organization:			
Address:		Email:	
Phone:			
Circle One:	Non- profit	501(c)3	For Profit
			Private Event
Designated contact:			
Address:		Email:	
Phone:		Cell:	

Event Information

Event Name:		Type of event:	
Estimated Attendance:			
Activities Planned:			
Amplified Sound?	Yes	No	Time:
Will there be a stage?	Yes	No	Where:
Will food be served?	Yes	No	
Will grills be used?	Yes	No	
Water & Electric needed?	Yes	No	
Will food be sold?	Yes	No	<i>If YES, separate Health Dept. permit required</i>
Will any goods be sold?	Yes	No	Describe:
Will there be a tent or canopy Yes No Size: _____ Square Feet: Location:			

Fee Paid