

**APPLICATION AND PERMIT FOR PUBLIC ASSEMBLY ON
COUNTY ROADWAY**

Date: _____

Organization: _____

Address: _____

Contact Name: _____

Telephone: _____

1. It is respectfully requested that a public assembly permit be issued to the above named organization.
2. The following items of information and conditions are submitted and agreed to:
 - a. Purpose of the public assembly is: _____.
 - b. Type, nature & charter: _____.
 - c. Date of assembly: _____.
 - d. Time of the assembly will be from _____, 20_____, _____m. until _____, 20_____, _____m.
 - e. There will be an estimated _____ persons participating or engaging in the public assembly.
 - f. Route plan is required. The necessary warning signs to be located and identified on said plan. Signs and detours will be in accordance with NYS Manual of Traffic Control Devices. Place, area, route or location, as applicable to the assembly: (map to be attached)
 - g. The County of Madison has been named as an additional insured with legal liability insurance protection for at least Five Million Dollars each occurrence under the applicant's insurance coverage. A copy of said certificate of insurance is

attached herewith. Said permit will not be granted without a copy of the certificate of insurance.

h. The applicant by signing this Application agrees that the Organization above-named, will regarding the event above outlined, the operations and responsibilities concerning this Application and Permit, covenant and agree to indemnify, defend and hold harmless the County of Madison, its officers, agents and employees from and against any and all loss or expense that may arise by reason of liability or damage, injury or death, or for invasion of personal or property rights, of every name and nature, and whether casual or continuing trespass or nuisance, and any other claim for damages arising at law and equity alleged to have been caused or sustained in whole or in part by or because of any omission of duty, negligence or wrongful act on the part of the Organization, its employees or agents, or because of any joint omission of duty, negligence or wrongful act on the part of the Organization and the County, their officers, agents or employees in connection with this Agreement.

i. The privilege granted by this Permit does not authorize any infringement of Federal, State or local laws or regulations, and is limited to the extent of the authority of this department in the premises. Such permit shall not be assigned or transferred without the written consent of the Sheriff of Madison County, or his representative.

j. The Sheriff of the County of Madison, or his duly authorized representative, reserves the right to revoke or annul this permit at any time without the necessity of a hearing or showing cause.

k. It is understood and provided that this permit shall not be effective as regards any highway, street, avenue or bridge over which the County of Madison or the Sheriff of the County of Madison has no jurisdiction.

l. I certify that I am an authorized representative of _____ and have the power to execute this application on behalf of the above named organization **. All of the above statements are true to the best of my knowledge, information and belief. All questions have been answered, and if any change in fact or method occurs subsequent to the date of this application, or the issuance of a permit, the applicant will notify the Sheriff of Madison County in writing within twenty-four (24) hours after such change.

** If the public assembly is to be held by, on behalf of or for any other person or organization than the applicant, attach a copy of written authorization to apply for the permit on behalf of such person or organization.

DATED: Wampsville, New York, this _____ day of _____, 20

**Sheriff/Undersheriff of
Madison County**

In consideration of the granting of the within permit, the Undersigned hereby accepts the same subject to the restrictions and regulations therein described.

Dated: AT _____, _____, this _____ day of _____, 20

Signature of Applicant

By Title, if signed by representative

Sworn to this _____ day of _____, 20

Notary Public—State of _____
Appointed in _____ County
My commission expires: _____

Also approved by Madison County Highway Superintendent:

**Highway Superintendent of Madison
County**