

CITY OF LITTLE FALLS

Official Event Request Form

Questions: Contact Kira Miller 315.574.5246 or
kmiller@cityoflittlefalls.net

659 East Main Street, Little Falls NY 13365

Date Received: _____

Event Title: _____

Organization Name: _____

Contact Name: _____

Contact Phone No: _____

Contact Email Address: _____

Requested Date(s) of Event: _____

Time Event Starts and Ends: _____

Time Set-up begins: _____

Time Clean – up ends: _____

Event Description: _____

Number of Participants: _____

Will Participants be charged and how much is the charge: _____

Number of Vendors and Permits: _____

Permit Fees: _____

Insurance Policy Holder: (Please provide copy to the City)

City services your event is requesting:

DPW Services

Road Barriers (please note location): _____

Garbage bins (please note # needed): _____

Recycle Bins (please note # needed): _____

Picnic Tables (please note # needed): _____

Other (please note): _____

Little Falls Police and Fire Department

Road Closures (please note location): _____

Traffic Control (please describe): _____

Fireworks permits needed: _____

EMT Services: _____

Other (please list): _____

City Clerk

Vender permits needed: _____

Food truck permits needed: _____

Fireworks Permits needed: _____

Park Access Request: _____

Other (please list): _____

Mayor of Little Falls Approval _____

Date: _____

Disclaimer: The City of Little Falls looks forward to working with you on your event to ensure the success and safety of the event. This application is to be submitted to Kira Miller, Little Falls City Clerk. Events and festivals are asked to provide this event form every year by January 1st of each year. Other events throughout the year please have handed in at least 60 days prior to the event.