

Fee \$150
Receipt # _____
Date _____

VILLAGE OF GREAT NECK ESTATES

4 Gateway Drive Great Neck, NY 11021 516-482-8283 Fax: 516-482-5572

TENT PERMIT APPLICATION

Owner's Name _____

Address _____

Owners Home Phone # _____ Cell # _____

Applicant's Name _____

Address _____

Business Phone # _____ Cell # _____

Scheduled Date of Placement _____ Date of Removal _____

Size/Area of Tent _____

Name of Vendor for Tent: _____
Company Name

Address: _____

Business Phone#: _____ Cell# _____

Submit the following:

1. Survey or site plan indicating the location of the tent
2. **Approved** Fire Marshall Tent Permit Application
3. **Vendor Liability Insurance** – Must indicate the following:

**"The Incorporated Village of Great Neck Estates, It's Officers, Agents & Employees
4 Gateway Drive Great Neck, NY 11021"** named as **Certificate Holder** and as
Additionally Insured

AFFIDAVIT OF PROPERTY OWNER/AUTHORIZATION

All Owners must sign either as owner or applicant

State of New York)

ss:

County of Nassau)

(I)(We), _____ being duly sworn, state:
Print Name(s)

Complete Items #1, 2 as applicable

(1) (I am) (We are) the owner(s) of the property described in this application known as _____, and described on the Nassau County
Address
Land and Tax Map as Section _____, Block _____, Lot(s) _____.

(2) (I am) (We) hereby authorize _____ to submit
this application.

Signature of Owner

Signature of Owner

Sworn to before me this ____ day
of _____ 20 ____.

Notary Public

Signature of Applicant

Sworn to before me this ____ day
of _____ 20 ____.

Notary Public

