



VILLAGE OF WAPPINGERS FALLS

BUILDING DEPARTMENT

OFFICE OF CODE ENFORCEMENT

OFFICE OF THE FIRE INSPECTOR

2582 SOUTH AVENUE

WAPPINGERS FALLS, NY 12590

PHONE: (845) 297-5277 FAX: (845)296-0379

E-mail: bmurphy@wappingersfallsny.gov

www.wappingersfallsny.gov

TENT SALE PERMIT

Date: _____

Name: _____

Address: _____

Phone / Contact: _____

Date of Sale: _____

Time of Sale: _____

Address of Sale: _____

Location of Tent: _____

Purpose: _____

GENERAL LIABILITY INSURANCE.- Proof of insurance MUST be submitted from the applicant and/or property owner at the time of the application.

- Each occurrence must be a minimum of 1 million dollars
- Your insurance producer/broker must provide their business name, location and an office phone number.

Accepted Forms:

- Acord 25 (2009/01) - Certificate of Liability Insurance
- Acord 25 (2009/09) - Certificate of Liability Insurance
- Acord 25 (2010/05) - Certificate of Liability Insurance

Owner's Signature

Date

----- Zoning Department Use: -----

Date Received : ___/___/___ Received By: _____ Fee _____ Feed Paid

[] Zoning Administrator

Date