



# VILLAGE OF WAPPINGERS FALLS

BUILDING DEPARTMENT

OFFICE OF CODE ENFORCEMENT

OFFICE OF THE FIRE INSPECTOR

7 SPRING STREET

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