

WARREN COUNTY FAIRS & FESTIVALS SAFETY APPLICATION & AFFIRMATION

INSTRUCTIONS: This form applies to in-person events in non-residential settings that are attended by more than 250 (if indoors) or 500 (if outdoors) attendees, exclusive of event staff, employees, and vendors and includes "any publicly/privately operated fairs or festivals, held indoors or outdoors, including but not limited to community fairs and festivals, craft fairs, food and beverage festivals, harvest/crop/agricultural festivals, community garage sales, swap meets and community parades. The owner/operator of the event venue and/or the event organizer ("Responsible Party") must fill out this form in its entirety. The Responsible Party must affirm that the event will abide by the New York State Guidelines that are in place on the event date by signing the Attestation at the end of this document.

The completed form and an accompanying Safety Plan for the fair/festival must be submitted to the Warren County Public Health Department no later than 7 days prior for approval at festivals@warrencountyny.gov or fax 518-761-6422.

Name of Responsible Party:	
Contact Information (phone/em	ail):
Name of the Event:	
Event Date & Time:	
Estimated Event Duration (inclu	ding loading/unloading times:
Address of Where Event Taking	Place:
○ Indoor Event	Outdoor Event
Anticipated Number of Attendee	28
Anticipated Number of employe	es/staff (inclusive of vendors and contractors):
Ticketed event: YES	○ NO
Detailed List of Event Activities	& Measure in Place to Meet the Safety Standards Listed in the Advisory (see below**)
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*** This event must abide by all the guidelines promulgated by the State of New York, "Advisory for County Fairs and Local Festivals During the COVID19 Public Health Emergency" and "Interim Public Health Guidance for Fully Vaccinated People:"

** (https://www.governor.ny.gov/sites/default/files/2021-05/FairsAndFestivalsAdvisory.pdf - Advisory

NYS BusinessReopeningSafetyPlanTemplate.pdf – Safety Plan Template

https://www.governor.ny.gov/sites/default/files/2021-05/NYS CDCGuidance Summary.pdf)

ATTESTATION

I hereby affirm under penalty of perjury that the above information is true and cor	mplete to the best of my knowledge, and that the event listed above		
will abide by the Guidance referenced above. I understand that all such attestati	ons are subject to investigation and verification and that a material		
misstatement or fraud may result in penalties including the closure of the event facility by Warren County.			
Signature of Responsible Party	Date		