NEW YORK STATE DEPARTMENT OF HEALTH
Emergency Medical Services

Application for a Permit for a Public Gathering

- **THIS APPLICATION MUST BE RECEIVED BY THE DEPARTMENT NO LATER THAN THE EARLIER OF FIVE (5) DAYS BEFORE THE FIRST DAY OF ADVERTISING OR FIFTEEN (15) DAYS BEFORE THE FIRST DAY OF THE EVENT.**
- **THE ADVERTISING, PROMOTION OR OPERATION OF A PUBLIC FUNCTION WITHOUT THE APPLICABLE PERMIT(S) IS A VIOLATION OF THE NEW YORK STATE SANITARY CODE AND IS A VIOLATION OF STATE LAW.**
- **Before completing this application be sure you are familiar with the provisions of Part 18 of the New York State Sanitary Code; Part 800, the State EMS Code; and all other N.Y.S. and local laws or regulations which may apply to the event.**

Name of Event (as appearing in advertising) **Type of Event** (fair, race, concert, etc.)

Specific Location of Event
(attach a local highway map and describe using name and address of a facility, property, roads, landmarks, etc.)

Name of Facility/Property _____

Facility Owned by _____ Facility Operated by _____
Address _____ Address _____
City, State, Zip _____ City, State, Zip _____
County _____ County _____
Representative _____ Representative _____
Telephone No. _____ Telephone No. _____

Event Opens	Event Closes	Usual Hours of Event Operation	Anticipated Peak Attendance On Site at Any One Time
Date	Date		Date(s)
Time AM PM	Time AM PM	_____ AM PM TO _____ AM PM	Time(s) AM PM

Promoter/Operator of Event

Promoter: _____ Operator: _____
Name _____ Name _____
Permanent Address _____ Permanent Address _____
City, State, Zip _____ City, State, Zip _____
Name of Representative _____ Name of Representative _____
Title _____ Title _____
Mailing Address _____ Mailing Address _____
City, State, Zip _____ City, State, Zip _____
Telephone No. (____) _____ Telephone No. (____) _____

Insurance Coverage for Event

Carrier _____
Agent _____ Telephone No. (____) _____
Limits of Coverage of Liability Insurance _____

EMS Provider (Agency or individual who will provide, schedule and/or arrange for emergency medical services)

Name _____
EMS Supervisor _____
Mailing Address _____ Telephone No. (____) _____

Emergency Health Care (EHC) Facilities to be Provided at Event Site

TYPE	REFERENCE	NUMBER PROVIDED	DESCRIPTION OF OWNER
Sheltered Facility	18.1.b	_____	_____
Ambulance Vehicle(s)	18.2.f	_____	_____

NOTE: All EHC units will be staffed to the provisions of 18.4. Other medical personnel may be included.

Describe How EMS Services May Be Accessed During the Event.

(Identify all requirements on site map and attach additional sheet if necessary):

☐ By security or EMS Patrol Teams (specify and describe below and identify zone(s) or station(s) on site map).

☐ Emergency telephone system on site, describe below and identify locations on site map.

☐ Other; describe below:

_____

_____

_____

_____

How will EHC's and their locations be identified or announced to the public: _____

_____

Describe EMS Response to a Patient (Attach additional sheet if necessary):

(Describe how EMS gets to the patient and the patient to an EHC facility)

_____

_____

_____

_____

_____

_____

Event Site Communicatons Capabilities

Telephone number(s) on site: (____) _____ A/C (____) _____ A/C

	EMERGENCY ACCESS PHONE NUMBERS	AGENCY NAME	CONTACT PERSON
Police	_____	_____	_____
Fire	_____	_____	_____
Ambulance	_____	_____	_____
Other	_____	_____	_____

2-way Radio On-site Frequency _____ MHz: FCC License Number _____

Base Unit: frequencies available _____ MHz _____ MHz Tx Power _____ Watts

#_____ Mobile(s): frequencies available _____ MHz _____ MHz _____ MHz _____ MHz

#_____ Portable(s): frequencies available _____ MHz _____ MHz Tx Power _____ Watts

Advanced Life Support Services

Will Be Provided on Site YES NO

If Yes →
Agency Providing _____

ALS Level: ☐ Intermediate ☐ Critical Care ☐ Paramedic

Medical Control Facility _____

Physician Medical Director _____ Telephone No. (____) _____

On line Medical Control: ☐ On site ☐ UHF radio ☐ VHF radio ☐ Phone Telemetry available YES NO

Ambulance Vehicles for Off Site Transportation

Owner/Operator	Phone No.	Numer of Vehicles	Location During Event

Hospitals

Name of Hospital	ER Phone No.	Location	Distance from Event Site

Attachments (application will not be accepted without all of the following)

This Application Must Include the Following

1. Site Map

Prepare and attach a detailed map of the site showing all promiment physical features of the event site including but not limited to:

☐ a) Location of emergency health care facilities
☐ b) Location of any on site ambulance(s)
☐ c) Emergency telephones
☐ d) EMS patrol team zones or stations
☐ e) Site and security perimeters
☐ f) Spectator and participant areas
☐ g) Access and exit routes (normal and emergency)
☐ h) Major buildings, structures, physical features
☐ i) Helicopter landing sites
☐ j) Extraordinary hazards

2. A list of any special equipment or vehicles to be provided in addition to that required by Part-18.
3. Any emergency medical standard operating procedures, operational plans, protocols and/or disaster plans to be used during the event.
4. A schedule of medical personnel (EMT's, nurses, M.D.'s) who will staff the EHC's and the event or the agency(s) which will supply staff.
5. Copies of municipal and public safety agency statements of notice: (Reference 18.4).

By submitting this application, the undersigned agrees on behalf of the 'promoter or operator' to operate the public function herein described in compliance with Part 18 of the Sanitary Code, Part 800 of the State EMS Code and any other laws, regulations or stipulations imposed by state or local authorities. The applicant testifies to the accuracy of this application.

Name of Applicant _____ Date of Application _____

Title of Applicant _____

Applicant's relationship to promoter or operator _____

Applicant's Signature _____

NOTE: Applicant must be an officer or other representative of the promoter or operator.

Notary Public Endorsement

Additional Information to Support Application:

FOR OFFICE USE ONLY

Application Review and Recommendations

Permit Issued:

DATE: _____

NUMBER: _____

ISSUING OFFICE: _____

Date Application Received: _____

Permit Expiration Date: _____

Recommendations/Permit Conditions: _____

Variances/Modifications to Equipment or Staffing Recommended:

It is recommended that a permit be issued to the event described in this application.

Recommended by _____ Title _____ Date _____