



Incorporated Village of Sea Cliff

For Village Use Only

300 Sea Cliff Avenue

Sea Cliff, NY 11579

(516) 671-0080 • www.seacliff-ny.gov

-Approved

By _____
Signature _____

FACILITY USE PERMIT APPLICATION

Date of Application 1/26/2022 Park Cliffon + Belyyn Fields Facility _____ Beach _____
(name of park) *(name of facility)*

Check one: Sea Cliff Resident Non-Resident
 Denied Approved

APPLICANTS NAME JASON BADER Sea Cliff Resident Non-Resident

APPLICANTS ADDRESS 15 Brown Street

APPLICANT'S PHONE 516-967-3976 APPLICANTS EMAIL JAYBBADER@gmail.com

NAME OF ORGANIZATION Sea Cliff Baseball / N. Shore Softball

APPLICANTS POSITION IN ORGANIZATION Field Coordinator

ORGANIZATION'S OFFICIAL ADDRESS Field Coordinator

CITY Sea Cliff STATE NY ZIP CODE 11577

Is this a Non-Profit Organization? YES NO FED TAX ID (if yes) _____

DESCRIPTION OF ACTIVITY(S) Baseball / Softball Games Practices

Dates Requested 4-8-2022 - 6/19/2022
(6/19/2022)

Days & Hours Requested
MONDAY 7-8PM TUESDAY 7-8PM WEDNESDAY 4-8PM THURSDAY 4-8PM
FRIDAY 3-8PM SATURDAY 9am-8PM SUNDAY _____

of Participants Expected Daily _____ Will Admission Be Charged? NO YES Admission cost

Will Alcohol Be Consumed? NO YES If Yes, will alcohol be sold or served? NO YES

The APPLICANT understands and acknowledges that the information provided in the application is true and accurate, and that the Village of Sea Cliff is relying on these statements and representations as a basis for the issuance of a permit. The APPLICANT agrees to abide by the terms set forth in this application, and the Laws, Rules and regulations of the Village of Sea Cliff. The APPLICANT understands that their organization may not sublease, sell, or assign a permit to another entity. Any violation of the rules or conditions will result in a permit being revoked.

SIGNATURE [Signature] DATE 1/27/2022



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Signature _____

FACILITY USE PERMIT APPLICATION

Denied

Date of Application 2/20/22

Check one:

Park CiSTon Park Facility _____ Beach _____
(name of park) (name of facility)

APPLICANTS NAME Alison Mannone / North Shore Sea Cliff Resident Sea Cliff Resident Non-Resident

APPLICANTS ADDRESS 31 Franklin Ave Sea Cliff

APPLICANT'S PHONE 908-6435 APPLICANTS EMAIL Alimanno1@Yahoo.com

NAME OF ORGANIZATION Sea Cliff Baseball & Soccer Shore Softball

APPLICANTS POSITION IN ORGANIZATION Event Chairperson

ORGANIZATION'S OFFICIAL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Is this a Non-Profit Organization? YES NO FED TAX ID (if yes) _____

DESCRIPTION OF ACTIVITY(S) Opening Day Parade Sat April 2nd 9am

Dates Requested Closing Day Barbecue Sat June 18th 11am-3pm

Days & Hours Requested Prospect Park to Sea Cliff Ave to CiSTon Park

MONDAY _____ TUESDAY _____ WEDNESDAY BBQ at CiSTON Park

FRIDAY _____ SATURDAY SUNDAY _____

of Participants Expected Daily 500 Will Admission Be Charged? NO YES

Admission cost

Will Alcohol Be Consumed? No YES If Yes, will alcohol be sold or served? No YES

The APPLICANT understands and acknowledges that the information provided in the application is true and accurate, and that the Village of Sea Cliff is relying on these statements and representations as a basis for the issuance of a permit. The APPLICANT agrees to abide to the terms set forth in this application, and the Laws, Rules and regulations of the Village of Sea Cliff. The APPLICANT understands that their organization may not sublease, sell, or assign a permit to another entity. Any violation of the rules or conditions will result in a permit being revoked.

SIGNATURE Alison Mannone DATE 2/20/22