



Incorporated Village of Sea Cliff

For Village Use Only

300 Sea Cliff Avenue

Sea Cliff, NY 11579

(516) 671-0080 • www.seacliff-ny.ny.gov

Approved

BY

Signature

FACILITY USE PERMIT APPLICATION

Denied

Date of Application 2/14/22

Check one:

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

APPLICANTS NAME Allan Wright Sea Cliff Resident Non-Resident

APPLICANTS ADDRESS 416 7th Ave

APPLICANT'S PHONE 303-812-0474 APPLICANTS EMAIL ALLAN@ZEPHYRUMVENTURE.COM

NAME OF ORGANIZATION NONE

APPLICANTS POSITION IN ORGANIZATION NA

ORGANIZATION'S OFFICIAL ADDRESS Same as above

CITY _____ STATE _____ ZIP CODE _____

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

DESCRIPTION OF ACTIVITY(S) 3rd + 4th grade girls lacrosse program

Dates Requested ~~Thursday April 7 - Friday April 8~~ April 6 - ~~April 7~~ June 1

Days & Hours Requested _____

MONDAY _____ TUESDAY _____ WEDNESDAY 4:00-5:00 THURSDAY ~~4:00-5:00~~

FRIDAY _____ SATURDAY _____ SUNDAY _____

of Participants Expected Daily 15 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 Allan Wright DATE 2/14/22