

## Incorporated Village of Sea Cliff 300 Sea Cliff Avenue

300 Sea Cliff Avenue Sea Cliff, NY 11579

Fo	r Village	Use Only	
		Approved	

Sea Cliff, NY 11579 (516) 671-0080 • 2004 and 1175-117 and 1175-117

	Approved	-
Зу		
Signature		

### FACILITY USE PERMIT APPLICATION

				Deni <b>ed</b> □
Date of Application	-2022			
Check one:  Park Spoky name of park	Elm - Fac	ility(name o	of facility)	☐ Beach
APPLICANTS NAME A		se se	a Cliff Resident	☐ Non-Resident
APPLICANTS ADDRESS	6 MAIN			
APPLICANT'S PHONE 516  NAME OF ORGANIZATION	-455-9905	APPLICANTS EM	IAIL <u>ann</u>	rdipietro @
NAME OF ORGANIZATION_	SCCIUIC	NS50C		3 mais
APPLICANTS POSITION IN O	rganization_f	ESIDENT		
ORGANIZATION'S OFFICIAL	ADDRESS			
CITY	S7	TATE	ZIP CODE	
Is this a Non-Profit Organization	? □ YES NO	FED TAX ID (if yes	)	15
DESCRIPTION OF ACTIVITIY	(s) Fee CR	EAM SUC	ial	
Dates Requested June	23			
Days & Hours Requested				
MONDAYTUESI	DAYW	EDNESDAY	THURSDA	y X 5-7
FRIDAYSATUR	RDAYS	JNDAY		
# of Participants Expected Daily		Admission Be Charg	ed? NO □YE	Admission cost
Will Alcohol Be Consumed?	lo □YES If Yes,	will alcohol be sold o	r served? □No	□YES
The APPLICANT understands and ack Village of Sea cliff is relying on these si to abide to the terms set forth in this ap understands that their organization and will result in a permit being revoked.	tatements and representation plication, and the Laws, Rui	ns as a basis for the issual es and regulations of the	nce of a permit. The A Village of Sea Cliff. T	APPLICANT agrees The APPLICANT
SIGNATURE	11600	$\sim$	DATE	



# Incorporated Village of Sea Cliff 300 Sea Cliff Avenue For Village Use Only

Sea Cliff, NY 11579

(516) 671-0080 • www.seacliff-ny.gov

Approved 🗇

Ву\_\_\_\_ Signature\_

## FACILITY USE PERMIT APPLICATION

1. 2	Denied □
Date of Application Jone 8, 2022	
Check one:	The state of the s
Park Koslyn D Facility	□ Beach
(name of park) (nam	e of facility)
APPLICANTS NAME Youth Activitis Bowles	Fannez N Baloo. Sea Cliff Resident   Non-Resident
APPLICANTS ADDRESS 65 Carputer Av	_
APPLICANT'S PHONE 516 728 4869 APPLICANTS E	MAIL niruby tannaz
NAME OF ORGANIZATION YAB YOUTH A	testil god's
APPLICANTS POSITION IN ORGANIZATION LIGSON	
ORGANIZATION'S OFFICIAL ADDRESS 300 Sea	The second of th
CITY_SCA CLY STATE_M	_ ZIP CODE //549
Is this a Non-Profit Organization?   YES NO FED TAX ID (if year)	25)
DESCRIPTION OF ACTIVITIY(S) ICE cream, acous	tre music, singry,
Dates Requested Mednes day 1915/72	
Days & Hours Requested 123	323pm
MONDAYTUESDAYWEDNESDAY	THURSDAY
FRIDAYSATURDAYSUNDAY	
# of Participants Expected Daily 40 Will Admission Be Cha	rged? INO IYES 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 app Village of Sea cliff is relying on these statements and representations as a basis for the issue to abide to the terms set forth in this application, and the Laws, Rules and regulations of the understands that their organization may not sublease, sell, or assign a permit to another enwill result in a permit being revoked.	ance of a permit. The APPLICANT agrees se Village of Sea Cliff. The APPLICANT
SIGNATURE	DATE_ 6/8/22



## **Incorporated Village of Sea Cliff** 300 Sea Cliff Avenue

300 Sea Cliff Avenue Sea Cliff, NY 11579 (516) 671-0080 • www.scaellifeny.gus

For V	/ill	lage	Use	Onl	ly
-------	------	------	-----	-----	----

Approved □

Signature\_

#### FACILITY USE PERMIT APPLICATION

	Demea L
Date of Application 6-9-22	
Check one:	
□ Park □ Fa	cility 🗹 Beach
(name of park)	(name of facility)
APPLICANTS NAME Sara Jones	□ Sea Cliff Resident □ Non-Resident
APPLICANTS ADDRESS 385 Littleworth Ln	
APPLICANT'S PHONE 917-992-9768	APPLICANTS EMAIL sljones718@aol.com
NAME OF ORGANIZATION Sea Cliff MAKEshop	
APPLICANTS POSITION IN ORGANIZATION Co-f	ounder
ORGANIZATION'S OFFICIAL ADDRESS 328 Carp	penter c/o Pooja Vira
CITY Sea Cliff S	TATE NY ZIP CODE 11579
	FED TAX ID (if yes) 47-2752083
DESCRIPTION OF ACTIVITIY(S) Marine/Environmer	ntal Science Classes for Kids - Please see attached
Dates Requested Four Fridays in July - 8th, 15th, 22	2rd, 29th
Days & Hours Requested	
MONDAYTUESDAYY	WEDNESDAYTHURSDAY
FRIDAY 10:30-11:30 SATURDAY S	JUNDAY
# of Participants Expected Daily 20 (approx.) Will	Admission Be Charged? ☐ NO ☐YESAdmission cost
Will Alcohol Be Consumed? ✓No □YES If Yes,	
to abide to the terms set forth in this application, and the Laws, Ru understands that their organization may not sublease, sell, or assig will result in a permit being revoked.	ons as a basis for the issuance of a permit. The APPLICANT agrees
SIGNATURE Au all	DATE 6-9-22

		JOURNAL E	NTRY		
		for year end 5/31/22			
			6/13/2022		
GENERAL FUND		ı	DEBIT	CRED	)IT
"A"	Se				
A00.0917.0000	UNRESTRICTED FD BAL		211,321.13		
A00.0915.0055	ASSIGNED, ARPA FUNDS		211,021.10	\$ 21	11,321.13
No.					
	s set forth by the State Comptroller,				
	vith the requirements of the				
Municipal Law of the	State of New York:				
EXPENDITURES M.	AY NOT EXCEED APPROPRIATIO	ONS			
Accordingly, budgeta	ary transfers are to be made at this	time in orde	-		
to comply with the la	IW.				
6/13/2022	l N	 √arianne Ler	nnon, Treasurer		