



*"The Heart of the Park... Where the Eagle Soars"*

[www.shandaken.us](http://www.shandaken.us)

Supervisor: (845) 688-7165  
Police: (845) 688-9902  
Town Clerk: (845) 688-5004  
Justice Court: (845) 688-5005  
Assessor: (845) 688-5003  
Assessor Fax: (845) 688-5708  
ZBA/ZEO/Planning: (845) 688-5008  
Highway: (845) 688-9901  
Fax: (845) 688-2041

P.O. Box 134, 7209 Rte. 28, Shandaken, NY 12480

## **APPLICATION AND PERMIT FOR WAIVER OF OPEN CONTAINER (§56-2)**

### **Applicant Information**

\_\_\_\_\_  
Name of Organization/Applicant

\_\_\_\_\_  
Name of Managing Member of the Organization

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Email Address

### **Licensee(s) to Serve Liquor Information (if more than one, attach second page)**

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
City/State/Zip

### **Event Information**

Location: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

**RETURN THIS ENTIRE FORM SO WE MAY PROCESS YOUR PERMIT. (Do not write below this line. Office use only.)**

**Town of Shandaken Permit for event**

Permit Granted To: \_\_\_\_\_

**Open Container Waiver**

Location: \_\_\_\_\_

Date and Time: \_\_\_\_\_

\_\_\_\_\_  
Town Clerk Approval