

Section 3 – Event Features				
Will there be an admission charge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list all price categories below.				
Will there be entertainment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please attach a complete list of entertainment. <i>A complete list of entertainment will be required before final approval. Once approved, no changes may be made unless authorized.</i>				
Will merchandise and/or food items be sold? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please attach a complete list of vendors.				
What type of advertising/promotion will be done prior to the event? Please attach all promotional material.				
Radio <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What Stations?		TV <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What Stations?		
Fliers/Posters <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How many?		Press Releases <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How many?		
Newspaper Ads <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What publication?				
Is any other promoter/producer assisting you with your event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Name of Promoter and Promotion Company		Address		Zip
Will the event include any of the following? (Indicate on site plan and/or vendor list)				
Tents or Canopies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number of Tents: <i>Tents over 400 sq ft and canopies over 900 sq ft require permits from the Code Enforcement Office.</i>				
Company		Contact name and phone		
Fireworks <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Fireworks require permits from the Code Enforcement Office.</i>				
Open Flames or Cooking <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Company		Contact name and phone		
Temporary Fencing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Provide accurate dimensions of fenced area on site plan.				
Company		Contact name and phone		
Port-O-Johns <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Company		Contact name and phone		
Electrical Services/Generators <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Company		Contact name and phone		
Carnival/Amusement Rides <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No A separate permit from the Fire Dept may be required.				
Company		Contact name and phone		
Signs / Banners <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Company		Contact name and phone		
Inflatables <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Company		Contact name and phone		

Section 4 – Transportation

Does the event propose using, closing or blocking any of the following If yes, specify location and duration on site map

Village Streets	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Village Sidewalks	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Village Bus Stops	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Parking Lots	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Bullhead Parky</i>
Public Bicycle Parking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Multiuse Paths	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Village Alleys	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Village Right-of-Ways	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Section 5 – Use of Village Utilities

Will any Village electric hookups be used? No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Electric Location including amperage
Will any Village water hookups be used? No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Location(s)
Will waste water/gray water be generated?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is so, how will it be disposed?

Section 6 – Alcohol

Will there be alcohol at the event?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Who is the alcohol being donated by or purchased through:
Will alcohol be given away?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Will the alcohol be sold?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Will the alcohol be donated?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is alcohol included in the admission price of the event?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If you answered Yes to any of the above, a Village and/or State Liquor License will be required.

Attach copy of State of New York application.
Which type of license will be used for the event?

Special Event Liquor License Extension of Premise (existing liquor license holders only)

Has the applicant/organization ever had a liquor license or event permit denied, revoked or suspended? Yes No

If yes, please explain:

If applying for a Special Event Liquor License, the following must be provided:

Name of Liquor License Holder	License #	Village	State	Phone	On-site Agent

How will attendees be identified as minors or age 21 and over?

Have the alcohol servers received training in sale/service of alcoholic beverages?
If yes, when and where? Yes No

Is a bartending service being used?
Name of Company Yes No

Section 7 – Event Security

Are you requesting Albion Police officers? Yes No

After reviewing the event application, you may be required to use Village of Albion Police Officers for the event. See fee schedule for cost.

Are you providing private licensed security? Yes No

Number of personnel: _____

The Village of Albion allows only security companies that are licensed and bonded in the State of New York.

Security Company/Contact/License Info.

Need name from Rol#

Section 8 – Emergency Medical Services

Are you requesting emergency personnel? Yes No

Number of personnel requested: _____

If this event exceeds 5,000 attendees a permit from Department of Health, as required under NYS Sanitation Code 18, will be required and attached hereto

After reviewing the event application, you may be required to use Village of Albion Off-Duty EMT's or paramedics for the event.

Section 9 – Facility/Park Maintenance

What is your trash removal and clean-up plan?

Shouldn't be any trash, we would just use normal barrels

Volunteers Outside refuse company

Company Name:

Contact Name/Phone:

All costs for containers, dumping and removing are the responsibility of the applicant/promoter.

The park must be returned to its original condition and all equipment removed or daily rental fees will be accessed.

Section 10 – ADA Accessibility Requirements

Parking

Existing Lots: When lots are used for activities other than parking, accessible spaces must be kept open and usable. If not possible, the same number of spots must be provided as close as possible to original spaces and/or main event site.

Temporary lots: Accessible spaces must be created and held in reserve for people with disabilities, laid out in accordance with standards, marked with the accessibility symbol, and connected to the closest accessible route.

Accessible Routes

Accessible routes must connect event site features, including parking, exhibits and activities and public amenities.

Portable Toilets

For every 500 people in attendance 1 portable/non-portable toilet shall be accessible, unless facilities are available. For questions or assistance with these requirements please call 585-589-9176.

Section 11 – Insurance Requirements

The Village of Albion has established insurance requirements for those facility users, vendors and contractors entering into agreements with the Village for the purpose of special events and activities. Before commencing use or services under an agreement with the Village of Albion a certificate of insurance that complies with the requirements referenced below must be furnished.

All special event applicants shall name the Village of Albion as an "Additional Insured", per item one below, on all policy(ies), except workers compensation and shall reflect this on a Certificate of Insurance. Applicant agrees that any insurance available to the applicant shall be primary and non contributory to the Village's self insured retention. Applicant shall obtain certificates of insurance from all vendors participating in this event unless covered under applicant's insurance policy. Vendors must comply with all requirements listed in this section. Complete and accurate certificates must be received by the Special Events Office a minimum of five (5) working days prior to the event. Separate certificates of insurance shall be provided by all carnival and amusement companies and firework production companies with the limits shown in this section and shall name the Village of Albion as "Additional Insured" as per item one below. Additional coverage may be required depending upon the nature and scope of the event.

The certificate must show:

1. The Village of Albion, its agents, officers, employees and volunteers are named as "Additional Insured". All Certificate of Insurance policies must reflect this with the exception of workers compensation.
2. The Village of Albion shall be notified at least 30 days prior to cancellation or alteration of any insurance coverage. A 10-day notice of cancellation for non-payment of premium.
3. Workers Compensation Policies shall contain a Waiver of Subrogation clause in favor of the Village of Albion.
4. General Liability Including:

Bodily Injury	Contractual	Independent Contractors
Comprehensive Form	Product/Completed Operations	Hazard
Premises Operation	Personal injury	Broad Form Property Damage

In addition, specific date(s) and locations(s) of the event, to include set up and take down, must be stated clearly on the certificate. Certificates must be received no less than five (5) working days prior to the event.

*We pay for insurance for players and all players on Albion +
in ADYSL are insured.*

Section 11– Insurance Requirements (con't)

INSURANCE LIMITS

General Events

General events consist of those events held at any Village facility.
General Liability - \$1,000,000 each occurrence, \$2,000,000 aggregate
Auto Liability - \$1,000,000 combined single limit (each accident)
Workers Compensation – New York Statutory Requirements
Liquor Liability - \$2,000,000 each occurrence

OTHER INSURANCE OR RISKS

All other risks shall comply with the Additional Insured requirements as stated in item 1 above.

Fireworks Production

General Liability - \$5,000,000 each occurrence
Auto Liability - \$1,000,000 combined single limit (each accident)
Workers Compensation – New York Statutory Requirements

Liquor Liability

If your event is approved to have alcohol you will need to show proof of liquor liability coverage.
All Village facilities - \$2,000,000 each occurrence

Carnival/Amusement Rides

\$2,000,000 General Liability
\$1,000,000 Auto Liability
Workers Compensation – New York Statutory Requirements

Section 12 - Important Notice

All applicants are advised that events, whether gated or on-gated, whether charging admission or not, and which are held on Village parks, streets and/or sidewalks next to streets, are held on traditional public forums (fora) within which the exercise of U.S. Constitutional First Amendment rights have been and are traditionally conducted. The Village cannot and will not tolerate any restriction of such rights by applicants and/or their promoters, employees, agents, subcontractors, assigns, volunteers, security personnel or others associated with applicants (collectively "Event Personnel") in the holding of events. In addition, Event Personnel shall comply with all other laws, common laws, statutes, ordinances and rules and regulations, including, but not limited to, those involving the storage of guns at events held without a State of New York spirituous liquor license and those concerning the language which is placed on entry signs to such events. By signing this Permit Application, all applicants acknowledge and agree that the Insurance and Indemnification provisions contained respectively in Sections 11 and 13 of this Permit Application apply to alleged violations by Event Personnel of any of the laws, common laws, statutes, ordinances and rules and regulations pertaining to the subject matters stated in this paragraph, and that the insurance and/or self-insurance of applicants and/or Event Personnel will cover the Village, its respective officers, agents, employees and volunteers should the Village, and/or its respective officers, agents, employees and volunteers be subjected to claims, demands, lawsuits and/or other actions alleging such violations. Applicants are encouraged to consult with their own attorneys for independent legal advice about applicants' duties and obligations concerning the subject matters contained in this paragraph.

Applicant acknowledges that applicant has read and understood this Notice, agrees to comply with and abide by its terms, and has placed applicant's initials in the space below to verify such acknowledgement and understanding.


Initials of applicant's authorized agent or applicant

Section 13 - Certification

I hereby certify that the statements made in this application are true and complete to the best of my knowledge, and that I am authorized to execute the application. Intentional omissions or falsification of information is sufficient grounds for denial of the application and subsequent revocation of the permit. I agree to indemnify, defend and save harmless the Village and its respective officers, agents and employees and volunteers from any and all losses, claims liabilities, damages, costs and expenses, including reasonable attorney's fees and court costs, resulting from the conduct of the applicant, sponsor or promoter, their employees, suppliers, vendors or agents, or any of their guests, invitees or licensees with regard to the event applied for. I agree to indemnify, defend and save harmless, the Village and its respective officers, agents and employees, and volunteers from any and all losses, claims, liabilities, damages, costs and expenses, including reasonable attorney's fees and court costs, resulting from any facility, park or lake closure due to inclement weather. In such an instance, I understand that all event participants must follow the Village's guidelines and procedures for lake/facility evacuation and that this event is being held inside the Village limits and all Village rules and regulations apply. I also understand that the Village reserves the right to determine if park facilities are unusable as a result of inclement weather.

I realize my submittal of this application request constitutes a contract between myself and the Village of Albion and is a release of Liability.

I am the said applicant and submit this application request of my own free will.



3-17-25

Signature of Applicant's Authorized Agent or Applicant

Date

Peter Borello, Albion SC Vice President

3-17-25

Title

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/19/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER LIC #40558248 Player's Health Cover USA Inc. Lifetime Work Edina 200 Southdale Center Edina MN 55435		CONTACT NAME: PHONE (A/C, No, Ext): 612-345-9683 E-MAIL ADDRESS: certificates@playershealth.com FAX (A/C, No):	
INSURED New York State West Youth Soccer Association PO Box 1014 Webster NY 14580		INSURER(S) AFFORDING COVERAGE INSURER A : Everest National Insurance Company INSURER B : Great American Insurance Company INSURER C : INSURER D : INSURER E : INSURER F :	
		NAIC # 10120 16691	

COVERAGES

CERTIFICATE NUMBER: 178466

REVISION NUMBER: 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: PER EVENT	Y	SI8ML03102-241	9/1/2024	9/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COM/OP AGG PARTICIPANT LEGAL LIAB \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		SI8ML03102-241	9/1/2024	9/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 0		SI8EX01743-241	9/1/2024	9/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Accident Medical		E426842-03	9/1/2024	9/1/2025	PER INJURY LIMIT \$ 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate issued for sanctioned activities of the state soccer association.

Certificate Holder is Additional Insured as required by written agreement per policy endorsement ECG 20 600 05 09. General liability policy contains sexual abuse and molestation limits of \$1,000,000 per occurrence/\$2,000,000 aggregate. This certificate is issued on behalf of: Albion Soccer Club

CERTIFICATE HOLDER**CANCELLATION**

Village of Albion 35-37 East Bank St Albion NY 14411	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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THIS ENDORSEMENT CHANGES THE COVERAGE PART. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – AUTOMATIC STATUS WHEN REQUIRED IN A WRITTEN AGREEMENT WITH YOU

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II – Who Is An Insured** is amended to include as an additional insured any person or organization with whom you have a written agreement that such person or organization be added as an additional insured on your Coverage Part. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" but only to the extent caused, in whole or in part, by:
1. Your acts or omissions; or
 2. The acts or omissions of those acting on your behalf;
- in the performance of your operations for an additional insured.
- B.** The insurance afforded to an additional insured shall only include the insurance required by the terms of the written agreement and shall not be broader than the coverage provided within the terms of the Coverage Part.
- C.** The Limits of Insurance afforded to an additional insured shall be the lesser of the following:
1. The Limits of Insurance required by the written agreement between the parties; or
 2. The Limits of Insurance provided by this Coverage Part.
- D.** With respect to the insurance afforded to an additional insured, this insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of any act or omission of an additional insured or any of its employees.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

ANY PERSON OR ORGANIZATION FOR WHOM THE NAMED INSURED HAS
AGREED BY WRITTEN CONTRACT TO FURNISH THIS WAIVER.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV – COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your operations or "your work" done under a written agreement that requires you to waive your rights of recovery. The written agreement must be made prior to the date of the "occurrence". This waiver applies only to the person or organization shown in the Schedule above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**AMENDMENT – OTHER INSURANCE
(PRIMARY NONCONTRIBUTORY)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Paragraph a. Primary Insurance of 4. Other Insurance of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:

a. Primary Insurance

This insurance is primary except when **b.** below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in **c.** below, except that we will not seek contribution from any party with whom you have agreed in a written contract or agreement that this insurance will be primary and noncontributory, if the written contract or agreement was made prior to the subject "occurrence" or offense.

