

Special Events Permit Application

Village of Albion • 35 East Bank Street • Albion NY 14411 • Phone 585-589-9176 • Fax 585-589-1218

Date of Application: MAY 6 2025	Permit Application # (For office use only)
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To avoid a late fee, applications must be submitted a minimum of 60 days prior to the event with a non-refundable application fee of \$0 attached. Late applications are subject to an additional \$0 processing fee and those submitted within 30 days of an event may not be accepted. The payment of fees does not guarantee event approval. Fees may be waived upon Village of Albion Board of Trustees approval.

APPLICANT MUST NOTIFY BUSINESSES/RESIDENTS THAT WILL BE AFFECTED OF ANY STREET CLOSINGS DURING THEIR EVENT

All applicants will be charged facility rental fees as appropriate and are expected to fully reimburse the Village for all services related to event production which may include, but are not limited to, Police, Fire/EMS, Park and Facility Maintenance, Sanitation, Street, Site Supervisors, Environmental, and all necessary permit fee. Daily fees will be accessed until all event equipment is removed from the park premises.

*****Comprehensive site plans must accompany this application.*****

* Note the Important Notice, Section 12, page 6.

Section 1 – Applicant Information			
Name of Applicant (must be contact person and be on site during the event) GENO ALLPORT			
Drivers License Number 725 611 554	State NY	E-Mail Address for Correspondence lousboyz@yahoo.com	Date of Birth 5/12/74
Phone Number	Fax Number	Cell Phone Number 585 705 0354	
Business Address 318 E PARK ST		Village ALBION	State NY
Corporation/Organization Name of D.B.A. ALBION YOUTH FOOTBALL AND CHEERLEADING			
State of Incorporation NY	Tax ID #	501(c)3 # 99-3782070	Village Sales Tax ID #

Section 2 – Event Information			
Name of Event ALBION YOUTH FOOTBALL AND CHEERLEADING		Anticipated Daily Attendance 500-1000	
Event Date(s) SEE REVERSE SIDE	Set-up Date(s)/Hours	Hours Each Day	Take Down Date(s)/Hours
E-Mail address for public information lousboyz@yahoo.com		WEB address for public information	
Location of Event/Address BULLARD PARK			
Sponsors of the Event			
Brief Description of Event YOUTH FOOTBALL/CHEER PRACTICE/GAMES			
Is this a Fund Raiser or for Profit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide the following:			

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 type="checkbox"/> No If yes, please attach a complete list of entertainment. <i>KIDS PLAYING FOOTBALL AND CHEER</i> A complete list of entertainment will be required before final approval. Once approved, no changes may be made unless authorized.				
Will merchandise and/or food items be sold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a complete list of vendors. <i>JEFF HOLLER / MARYS</i>				
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Company		Contact name and phone <i>JEFF HOLLER 585-590 0983</i>		
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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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		
Will any Village water hookups be used? No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Will waste water/gray water be generated?			Is so, how will it be disposed?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Section 6 – Alcohol					
Will there be alcohol at the event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
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			Who is the alcohol being donated by or purchased through:		
Is alcohol included in the admission price of the event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<p style="text-align: center;">If you answered <i>Yes</i> 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?</p> <p style="text-align: center;"><input type="checkbox"/> Special Event Liquor License <input type="checkbox"/> Extension of Premise (existing liquor license holders only)</p>					
Has the applicant/organization ever had a liquor license or event permit denied, revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is a bartending service being used?		
If yes, when and where?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			Name of Company		
Section 7 – Event Security					
Are you requesting Albion Police officers? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>After reviewing the event application, you may be required to use Village of Albion Police Officers for the event. See fee schedule for cost.</i>					
THEY ARE ALWAYS WELCOMED TO STOP ON GAME DAYS AND WE WILL FEED THEM FOR FREE					
Are you providing private licensed security? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Number of personnel: _____		
<i>The Village of Albion allows only security companies that are licensed and bonded in the State of New York.</i>					
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?
WE CARTER ALL TRASH AND PUT IN DUMPSTER ON GAME DAYS

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.

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

INSURANCE ON FILE ALREADY. WHEN IT GETS RENEWED
IN JULY, I WILL EMAIL YOU NEW COPY.

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.

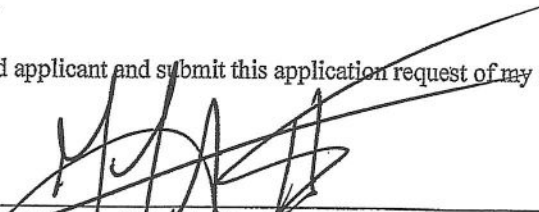
Initials of applicant's authorized agent or applicant

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.



Signature of Applicant's Authorized Agent or Applicant

Date

5/6/2025



Title

Date

5/6/2025



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/18/2024

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 ESP Insurance Brokerage, LLC 306 Main Street Worcester MA 01608		CONTACT NAME Joseph Micciche PHONE (A/C, No, Ext.) (877) 870 2377 FAX (A/C, No) EMAIL Joe.Micciche@esp-specialty.com ADDRESS	
INSURED ALBION YOUTH SPORTS ATHLETIC PROGRAM 318 EAST PARK ST Albion NY 14411		INSURER(S) AFFORDING COVERAGE	
		INSURER A Houston Casualty Company	NAIC # 42374
		INSURER B Nat'l Union Fire Ins Co of Pittsburgh, PA	NAIC # 19445
		INSURER C	
		INSURER D	
		INSURER E	
		INSURER F	

COVERAGES CERTIFICATE NUMBER: CL246174470 REVISION NUMBER:

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.

LINE	TYPE OF INSURANCE	ADDITIONAL INSURED	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. AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LO. <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y		H24AS00007	07/26/2024	07/26/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO CONTENTS \$ 300,000 PREMISES (Eq. occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOUNDS \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRE OR AUTO ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEC. RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED (Mandatory in NY, if yes, describe job)	Y/N	N/A				PER STATUTE <input type="checkbox"/> <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	PARTICIPANT MEDICAL			SRG0009158709	07/26/2024	07/26/2025	SEE REMARKS

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

THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.
Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE
THIS POLICY DOES NOT EXCLUDE CONCUSSIONS

CERTIFICATE HOLDER VILLAGE OF ALBION 35-37 EAST BANK ST Albion NY 14411	CANCELLATION 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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AGENCY CUSTOMER ID: 00004522

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY ESP Insurance Brokerage, LLC		NAMED INSURED ALBION YOUTH SPORTS ATHLETIC PROGRAM	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

YOUTH PARTICIPANTS MEDICAL COVERAGE

CARRIER: AIG
 POLICY NUMBER: SRG0009158709
 Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount
 Accident Medical Expense Benefit: \$250,000
 Deductible: \$250 per accident
 Dental Maximum: \$250 per tooth/per accident
 Incurrence Period: within 90 days of the date of the accident causing the injury
 Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the accident causing the injury