

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: 6/25/2025

Permit Application # (For office use only)

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 assessed 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)

Robin Day - Care Net Center of Greater Orleans

Drivers License Number

State
NY

E-Mail Address for Correspondence

director@carenetorleans@gmail.com

Date of Birth

5/18/1969

Phone Number

585-589-7505

Fax Number

—

Cell Phone Number

585-339-8837

Business Address

PO Box 229 108 S. Main St. Ste 2

Village

Albion

State

NY

Zip

14411

Corporation/Organization Name of D.B.A.

Care Net Center of Greater Orleans

State of Incorporation

NY

Tax ID #

201179

501(c)3 #

161353647

Village Sales Tax ID #

—

Section 2 – Event Information

Name of Event

Walk for Life 2025

Anticipated Daily Attendance

60 (ish)

Event Date(s)

9/27/25

Set-up Date(s)/Hours

8:00 am

Hours Each Day

—

Take Down Date(s)/Hours

by 12:00 pm

E-Mail address for public information

director@carenetorleans@gmail.com

WEB address for public information

www.carenetorleans.net

Location of Event/Address

Bullard Park

Sponsors of the Event

Care Net

Brief Description of Event

walk around the track with refreshments and prizes. This is a fundraiser.

Is this a Fund Raiser or for Profit?

☒ Yes

☐ 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 checked="" type="checkbox"/> Yes <input 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? <i>A mailer to prior participants and to area churches.</i> 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 type="checkbox"/> No How many? <i>not sure yet</i> | | Press Releases <input type="checkbox"/> Yes <input type="checkbox"/> No How many? <i>not sure yet</i> | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>We will put our signs along the walking path.</i> | | | | |
| Company <i>Care Net</i> | | Contact name and phone <i>Robin Day 585-389-7505 x 101</i> | | |
| Inflatables <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Company | | Contact name and phone | | |

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 can take it or leave it as they've had us do in the past 3 years. We would like the use

Volunteers ☐ Outside refuse company ☐ Company Name:

Contact Name/Phone: *3 trash cans - 2 for trash and 1 for returnables.*

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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Electric Location, including amperage <i>amphitheater in Bullard Park for music</i> |
| 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 | |
| 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 | | |

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? ☐ Yes ☐ No

If yes, when and where?

Is a bartending service being used?

☐ Yes ☐ No

Name of Company

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 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.

Signature of Applicant's Authorized Agent or Applicant

6/25/2025

Date

Executive Director

Title

Date

**VILLAGE OF ALBION
PAVILION REQUEST FORM**

PROOF OF RESERVATION

TODAY'S DATE: 6/25/25 DATE REQUESTED: 9/27/25
PAVILION REQUESTED: East Pavilion, amphitheater and walking path
NAME OF PERSON/ORGANIZATION: Robin Day for Care Net Center of Greater Orleans
MAILING ADDRESS: Po Box 229, Albion NY 14411
SUPERVISOR IN CHARGE: Robin Day, Executive Director
TIME START: 8:00 TIME END: 12:00 (includes set up and clean up)
TELEPHONE NUMBER: 585-589-7505 cell phone: 585-339-8837
PURPOSE OF USE: Walk for Life 2025
TOTAL PARTICIPANTS EXPECTED: 60 (ish)

PAVILION USE FEE: NON-REFUNDABLE

\$50.00 for Village of Albion residents

\$100.00 for residents outside the Village of Albion

Bathroom facilities will be open on June 1st

From May 1st to May 31st, a portable bathroom will be on site

PAID
JUN 25 2025
VILLAGE OF ALBION

AGREEMENT

The undersigned is more than 21 years of age and has read this form and attached regulations and agrees to comply with them. S/he agrees to be responsible to the municipality for the use and care of facilities. S/he, on behalf of does hereby covenant and agree to defend, indemnify and hold harmless the Municipality from and against any and all liability, loss, damages, claims, or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of Municipality's property, facilities and/or services by Organization.

Signature: Robin M. Day DATE: 6/25/25
Address: 168 S. Main St. Ste 2 Telephone Number: 585-339-8837
Albion NY 14411

**ENJOY YOUR USE OF THE PARK AND OBSERVE THE
ATTACHED RULES & REGULATIONS**

TO REPORT PROBLEMS THE DAY OF YOUR RESERVATION CALL (585) 589-5527

Have this form with you on your reserved day; this is your proof of reservation.

VILLAGE OF ALBION
PAVILION USAGE

RULES AND REGULATIONS

- 1. All posted rules must be adhered to.**
- 2. Permits may be revoked at any time.**
- 3. No pets allowed.**
- 4. No vehicles on unpaved areas.**
- 5. Any organization with youth less than eighteen (18) years old requires the presence of adequate adult supervision at all times.**
- 6. It shall be unlawful for any person to consume or drink from any container containing liquor, beer, wine or other alcoholic beverage while on, in or upon any public highway, street, alley, sidewalk, parking lot, park or other public area within the Village of Albion.**
- 7. Profanity, objectionable language, disorderly acts or illegal activities of any kind are absolutely prohibited, and those violating this prohibition will be ejected from the premises.**
- 8. Care must be exercised by park users to protect the park property as well as other people in the park.**
- 9. Any damage to municipal facilities shall be promptly repaired at the user's expense. No exceptions.**
- 10. Persons or organizations using the facilities MUST clean-up afterwards.**
- 11. All parks owned and operated by the Village of Albion shall be open, unless physically closed, between 10 AM till Dusk only, except when authorized by the Chief of Police.**
- 12. Any park which is physically closed by a fence, gates or other physical device is not open.**
- 13. Violations are subject to fine, imprisonment or both.**

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: <u>6/30</u> | | Permit Application # (For office use only) | |
| <p>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.</p> <p align="center">APPLICANT MUST NOTIFY BUSINESSES/RESIDENTS THAT WILL BE AFFECTED OF ANY STREET CLOSINGS DURING THEIR EVENT</p> <p>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 assessed until all event equipment is removed from the park premises.</p> <p align="center">***Comprehensive site plans must accompany this application.***</p> <p align="center">* Note the Important Notice, Section 12, page 6.</p> | | | |
| Section 1 – Applicant Information | | | |
| Name of Applicant (must be contact person and be on site during the event) | | | |
| <u>Jovannie Canales</u> | | | |
| Drivers License Number | State | E-Mail Address for Correspondence | Date of Birth |
| <u>356 169 673</u> | <u>N.Y.</u> | <u>Jovanniec@gmail.com</u> | <u>2/13/84</u> |
| Phone Number | Fax Number | Cell Phone Number | |
| <u>585 752 9474</u> | | | |
| Business Address | | Village | State Zip |
| <u>560 East Ave</u> | | <u>Albion</u> | <u>N.Y.</u> <u>14411</u> |
| Corporation/Organization Name of D.B.A. | | | |
| <u>Harvest Christian Fellowship</u> | | | |
| State of Incorporation | Tax ID # | 501(c)3 # | Village Sales Tax ID # |
| <u>N.Y.</u> | <u>16-1315900</u> | | |

| | | | |
|--|----------------------|------------------------------------|------------------------------|
| Section 2 – Event Information | | | |
| Name of Event | | | Anticipated Daily Attendance |
| <u>Sunday Family Fest</u> | | | <u>150</u> |
| Event Date(s) | Set-up Date(s)/Hours | Hours Each Day | Take Down Date(s)/Hours |
| <u>7/27</u> | <u>12: PM</u> | <u>3 hrs</u> | <u>4 PM</u> |
| E-Mail address for public information | | WEB address for public information | |
| <u>familyhandydr@gmail.com</u> | | | |
| Location of Event/Address | | | |
| <u>Bullard Park</u> | | | |
| Sponsors of the Event | | | |
| Brief Description of Event | | | |
| <u>gospel message, handout pre package icecream, Family Fun Activities, musical numbers, Prayers, worship songs</u> | | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a complete list of entertainment. 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 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. <i>Fliers</i> | | | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No How many? | | Press Releases <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How many? | | |
| Newspaper Ads <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No What publication? <i>Hub</i> | | | | |
| 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 | | Village State Zip |
| Will the event include any of the following? (Indicate on site plan and/or vendor list) | | | | |
| Tents or Canopies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Number of Tents: <i>4 10 x 10 tents</i> Tents over 400 sq ft and canopies over 900 sq ft require permits from the Code Enforcement Office. | | | | |
| Company | | Contact name and phone | | |
| Fireworks <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Fireworks require permits from the Code Enforcement Office. | | | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>1 - 2 Generators</i> | | | | |
| Company | | Contact name and phone <i>Personal</i> | | |
| Carnival/Amusement Rides <input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>1</i> | | | | |
| Company <i>will provide</i> | | 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? | | | Electric Location including amperage | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Will any Village water hookups be used? | | | Water Location(s) | | |
| <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? | | | Who is the alcohol being donated by or purchased through: | | |
| <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 | | | | | |
| <p>If you answered <i>Yes</i> to any of the above, a Village and/or State Liquor License will be required.</p> <p>Attach copy of State of New York application.</p> <p>Which type of license will be used for the event?</p> <p><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 checked="" 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> | | | | | |
| 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?

volunteers will pick up

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 assessed.

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

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

Title

Date

Play ground

O Bruce house

Flash
pad

Towel

Towel

Towel

Towel

Shelter

Play ground

Amph
Theatre

Shelter

Sunday funday

We plan to entertain families with games
music and share the gospel of Jesus. Looking
forward to set up 4 tents one bounce house
if possible.





HARVCHR-01

MWALTER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2025

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 Lightwell Insurance Advisors of New York, LLC P.O. Box 1310 Mechanicsburg, PA 17055 | CONTACT NAME: Madison Walter PHONE (A/C, No, Ext): (800) 326-7200 FAX (A/C, No): (717) 763-5517 E-MAIL ADDRESS: service.ny@lightwell.com | | | | | | | | | | | | | | |
| INSURED Harvest Christian Fellowship 560 East Avenue Albion, NY 14411 | <table><tr><td>INSURER(S) AFFORDING COVERAGE</td><td>NAIC #</td></tr><tr><td>INSURER A : Brotherhood Mutual Ins Co</td><td>13528</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Brotherhood Mutual Ins Co | 13528 | INSURER B : | | INSURER C : | | INSURER D : | | INSURER E : | | INSURER F : | |
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| INSURER E : | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER:

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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | X | | 31M5A0428063 | 10/1/2024 | 10/1/2025 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea 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 DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below | | 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 \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Event on July 27th, 2025.

Village of Albion is included as Additional Insured for General Liability only as required by written contract.

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 |
|---|---|

