

**VILLAGE OF BUCHANAN
RESOLUTION
AUTHORIZING USE OF VILLAGE FACILITY**

Introduced by: _____
Seconded by: _____
Dated: _____

WHEREAS, the Village Trustees of the Village of Buchanan have received a request for the use of the Village Pavilion from Cara Sullivan for a child's birthday party on June 2nd 2012, at which time beer and wine will be available;

NOW BE IT THEREFORE RESOLVED that the requests are hereby approved subject to the applicants complying with all Village requirements for the use of this facility, including the full time adult supervision of the serving of beer and wine.

Upon Roll Call Vote:

Mayor Sean Murray _____
Trustee Richard Funchion _____
Trustee _____
Trustee Theresa Knickerbocker _____
Trustee Nicolas Zachary _____

Vote: Resolution carried by a vote of 0 to .

STATE OF NEW YORK)
)SS.:
COUNTY OF WESTCHESTER)

I, KEVIN HAY, Village Clerk of the Village of Buchanan, do hereby certify that the above is a true and exact copy of a Resolution adopted by the Village Board of the Village of Buchanan at a meeting of said Board held May 1, 2012.

KEVIN HAY, Village Administrator

VILLAGE OF BUCHANAN
RECREATION DEPARTMENT
236 TATE AVENUE
BUCHANAN, NY 10511

REQUEST FOR USE OF VILLAGE FACILITY

ALL REQUESTS MUST BE RECEIVED 14 DAYS IN ADVANCE
REQUESTS FOR ALCOHOLIC BEVERAGES MUST BE RECEIVED 30 DAYS IN ADVANCE

Date: 4.20.2012
Name of Individual Responsible: Cara Sullivan
Name of Organization/Company: _____
Address: 9 Pleasant Run, Buchanan
Phone No. (day): 914-469-1380 Approx. # of people attending (max) 50
Date(s) of event: June 2 Time(s) 2pm to 8pm
(Pls. include set-up/clean-up time)

Brief Description of Event or Activity (incl. intended use/purpose, etc.): _____
Childrens Bday Party

Food or non-alcoholic beverages served? Yes No
Alcoholic beverages* (approximate description & quantity): Beer + Wine
**only when authorized* (if perm. req'd)

Please check facility requested:

Community Room	___	Westchester Avenue Field	___
Pavilion	<input checked="" type="checkbox"/>	Historical Room	___
Lent's Cove Field	___	Municipal Pool	___
Tennis Courts	___	Westchester Avenue Offices	___

Additional Requests:
Bathrooms Lights Other _____

ALL FEES AND REIMBURSEMENTS ARE THE RESPONSIBILITY OF THE APPLICANT.
PLEASE READ THE ATTACHED FEE SCHEDULE ALONG WITH THE RULES & REGULATIONS BEFORE SIGNING THIS APPLICATION.

+
SIGNATURE OF APPLICANT: [Signature]

**Conditions of approval: Liability insurance policy required
(Certificate of Insurance must name the Village of Buchanan as insured)

AVAILABILITY: Yes No
SIGNED: [Signature] (Caretaker / Recreation Supervisor)

APPROVAL: _____ Restrictions: _____
Date: _____ Insurance Certificate Rec'd. _____
Expiration Date _____

Key Issued to whom? _____ Returned? _____

****THE VILLAGE OF BUCHANAN RESERVES THE RIGHT TO RELOCATE MEETING WITHIN FACILITY.**

Dear Nancy Bayer and Village of Buchanan Officials,

I am writing to you today, to request permission to serve beer and wine at the Buchanan Pavilion on June 2nd. On this day, my husband and I will be hosting approximately 50 people for the celebration of our daughters first birthday. As part of the celebration, we would like to extend to our guest the options of beer or wine.

Thank you for your time,
Cara-Gianine Sullivan
9 Pheasant Run
Buchanan, NY 10511
914-737-0405