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 on June 21, 2012 by Linda Puglisi on behalf of the Town of Cortlandt Veterans, at which time no alcoholic beverages will be available; and

WHEREAS, the Village Trustees of the Village of Buchanan have also received a request for the waiver of the usual fee for the use of same;

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

Upon Roll Call Vote:

Mayor Sean Murray _____

Trustee Richard Funchion _____

Trustee _____

Trustee Theresa Knickerbocker _____

Trustee Nicolas Zachary _____

Vote: Resolution carried by a vote of _____ 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 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: 6/21/12
Name of Individual Responsible: Linda D. Puglisi
Name of Organization/Company: Town of Cortlandt
Address: 1 Heady Street, Cortlandt Manor, NY
Phone No. (day): 914-734-1002 Approx. # of people attending (max) 100
Date(s) of event: 6/21/12 Time(s) 10:00 AM to 3:00 PM
(Pls. include set-up/clean-up time)

Brief Description of Event or Activity (incl. intended use/purpose, etc.): Veteran's Picnic

Food or non-alcoholic beverages served? ✓ Yes ___ No
Alcoholic beverages* (approximate description & quantity): None
*only when authorized

Please check facility requested:

Community Room	___	Westchester Avenue Field	___
Pavilion	✓	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: Linda D. Puglisi
**Conditions of approval: Liability insurance policy required
(Certificate of Insurance must name the Village of Buchanan as insured)

****

AVAILABILITY: ✓ Yes ___ No
SIGNED: Nancy Bayer (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.

TOWN OF CORTLANDT

LINDA D. PUGLISI
TOWN SUPERVISOR

OFFICE OF THE SUPERVISOR
TOWN HALL
1 HEADY STREET
CORTLANDT MANOR, N.Y. 10567-1254
(914) 734-1002
(914) 734-1003 fax
www.townofcortlandt.com

TOWN BOARD
RICHARD H. BECKER
FRANCIS X. FARRELL
ANN LINGAU
JOHN E. SLOAN

Village of Buchanan
236 Tate Avenue
Buchanan, NY 10511

April 2, 2012

Att: Nancy Bayer

Dear Nancy,

We have requested the use of the Buchanan Pavilion for our Veteran's Annual Picnic on June 21, 2012 and ask that the fee be waived.

As always, thank you for the use of your Pavilion. I know that the Veteran's enjoy coming there to our picnic each year.

Yours truly,

Linda D. Puglisi
Supervisor

LDP/kg

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/19/2011

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 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 1-914-696-3700
Arthur J Gallagher Risk Management Services, Inc.
2 Gannett Drive, 3rd Floor
White Plains, NY 10604

CONTACT NAME: Diane K Warren
PHONE (A/C, No, Ext): 914-697-6022 FAX (A/C, No): 914-323-4622
E-MAIL ADDRESS: diane_warren@ajg.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: UNDERWRITERS AT LLOYDS LONDON	15792
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Town of Cortlandt
1 Heady Street
Cortlandt Manor, NY 10567

COVERAGES CERTIFICATE NUMBER: 23703417 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			PK 1004411	09/21/11	09/21/12	EACH OCCURRENCE	$ 5,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ Included
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 5,000,000
							GENERAL AGGREGATE	$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 5,000,000
	X POLICY PRO-JECT LOC							$
A	AUTOMOBILE LIABILITY			PK1004411	09/21/11	09/21/12	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB / X OCCUR			PK1004411	09/21/11	09/21/12	EACH OCCURRENCE	$ 4,000,000
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$ 4,000,000
	DED X RETENTION $ 1,000,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

Certificate Holder is Additional Insured by virtue of a written contract or agreement to provide insurance such as is offered by this policy, but only in respect of operations by or on behalf of the Town of Cortlandt.

CERTIFICATE HOLDER

Village of Buchanan
Tate Avenue
Buchanan, NY 10511
USA

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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