

**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 August 18, 2012 by Michael Baisley on behalf of the Peekskill Community Volunteer Ambulance Corps, 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 Duane Jackson _____
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 August 6, 2012.

KEVIN HAY- Village Administrator/Clerk

PEEKSKILL
COMMUNITY
VOLUNTEER
AMBULANCE
CORPS

INCORPORATED 1964

P.O. BOX 173 • PEEKSKILL, N.Y. 10566-0173 • 914-737-5310

June 29, 2012

Village of Buchanan Board of Trustees

Dear Board Members,

We are a non-profit Volunteer organization that provides Emergency Medical Services to the City of Peekskill and surrounding communities. On Saturday August 18, 2012, we would like to use the Pavilion for a BBQ. This event is to provide a "fun day" for our members, friends, and families. We are asking the fee for using this facility be waived.

Thank you for your consideration

Peekskill Community Volunteer Ambulance Corps



Member Board of trustees

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: June 29 2012
Name of Individual Responsible: Michael Baisley Jr
Name of Organization/Company: Peckskill Community Volunteer Ambulance Co.
Address: PO Box 173 Peckskill NY 10566
Phone No. (day): 914 400 3807 Approx. # of people attending (max) 75
Date(s) of event: Aug 18 2012 Time(s) NOON to 7pm
(Pls. include set-up/clean-up time)

Brief Description of Event or Activity (incl. intended use/purpose, etc.):
BBQ for Volunteers + Families

Food or non-alcoholic beverages served? Yes No
Alcoholic beverages* (approximate description & quantity):
**only when authorized*

Please check facility requested:

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

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: Michael Baisley Jr

**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: [Signature] Restrictions: _____
Date: 7/10/12 Insurance Certificate Rec'd. _____
Expiration Date _____

Key Issued to whom? _____ Returned? _____

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

VILLAGE OF BUCHANAN
RECREATION DEPARTMENT
236 TATE AVENUE
BUCHANAN, NY 10511
914.737.1033

POOL PARTY AGREEMENT

ALL REQUESTS MUST BE RECEIVED 14 DAYS IN ADVANCE

Today's Date: June 29 2012 Date of Event: Aug 18 Times: NOON to 7pm
Name of Individual Responsible: Michael Baisley Jr / PCVAC
Address: PO Box 173 Peckskill NY 10566
Phone - Day: 914 400 3807 Approx. max # of people attending: 50

I agree to pay a NON REFUNDABLE deposit of \$50 for an extra Lifeguard for use of the pool during my event at the pavilion on the date stated above. I also agree to pay \$5 per child (5-17 years of age) and \$8 per adult (18 and older) for any of my guest who use the pool during my event at the pavilion. **12 years of age and older may attend by themselves. **9-11 years of age must attend with a person 12 years of age and older. **0-8 years of age MUST attend with an ADULT aged 18 and older.

Signature: Michael Baisley Jr

ALL FEES AND REIMBURSEMENTS ARE THE RESPONSIBILITY OF THE APPLICANT

SIGNATURE OF APPLICANT: Michael Baisley Jr

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

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AVAILABILITY _____ YES _____ NO EXTRA LIFEGUARD REQUIRED? _____

SIGNED _____ Recreation Supervisor

Date _____ Insurance Certificate Rec'd _____ Expiration _____

DEPOSIT RECEIVED	_____ CASH _____	CHECK # _____
# of CHILDREN	_____	# of ADULTS _____
AMOUNT PAID	_____ CASH _____	CHECK # _____
DIRECTOR/ASSISTANT DIRECTOR: _____		



CERTIFICATE OF LIABILITY INSURANCE

OP ID: ST

DATE (MM/DD/YYYY)

07/05/12

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 Spain Agency, Inc. 625 Route 6 Mahopac, NY 10541 Brian J. Miles		845-628-1700 845-628-1804	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: PEEK-2
INSURED Peekskill Community Volunteer Ambulance Corps P.O. Box #173 Peekskill, NY 10566-0173		INSURER(S) AFFORDING COVERAGE INSURER A: Arch Insurance Co. NAIC # 692 INSURER B: INSURER C: INSURER D: 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY 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			MEPK06242106	01/01/12	01/01/13	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 10,000,000
							PRODUCTS - COMPIOP AGG \$ 10,000,000
							\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			MEPK06242106	01/01/12	01/01/13	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 type="checkbox"/> EXCESS LIAB CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ none			MEUM06242106	01/01/12	01/01/13	EACH OCCURRENCE \$ 1,000,000
							AGGREGATE \$ 2,000,000
							\$
							\$
	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 <input type="checkbox"/> N/A				WC STATUTORY LIMITS OTH-ER
							E L EACH ACCIDENT \$
							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 included as Additional Insured for one-day event on August 18, 2012.

CERTIFICATE HOLDER Village of Buchanan Recreation Department 236 Tate Avenue Buchanan, NY 10511		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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