

Parade Permit Application

Guidelines for submission of application are as follows:

- 1. Complete Application do not leave any blanks
- 2. Review the Insurance Requirements for using Municipal Facilities and forward to your insurance carrier for issuance of required certificates. **NOTE:** The Municipal Board reserves the right to require alternative liability limits when applicable.
- 3. Review the enclosed Bellport Village Policy on Use of Village Facilities

APPLICATION

Today's Date:	
Date(s) & Time(s) Requested:	
Facility Requested:	
Name of Organization:	
If not an Organization, Name of Individual:	
Nature of Event:	
Will admission be charged?	
Will food be served?	
Group Size:	
Person(s) in charge:	
Address:	
Phone #(s)	Email
Special Requests:	
requesting us of the Municipalities facilities, go facilities of the Municipality, payment of any c indemnify and save harmless the Municipality	on requesting use of the Municipalities facilities, or the individual uarantees observance of all regulations governing use of charges incurred and states that the organization agrees to and the Municipal Board against any and all claims for damages ecasioned by, or arise from, the use of such facilities.
Signed	Print Name
Title	Date



1. Detailed description of any entertainment features and each of the activities of such event to be covered by permit: Number of Bands _____ Number of marching unit's_____ Number of Floats _____ Number of Participants _____ Number of Vehicles_____ 2. Will Equipment to be used for event be solely in ownership and control of the applicant organization? Yes No If the answer to #2 is "NO", state name(s) and address(es) or owners and lessors of equipment and arrangements under which equipment is to be used (hired, leased, loaned) 3. Is there a school, library, church, firehouse, etc. that will be affected by the participants? Yes No ____ If "YES" you are required to notify the appropriate authority at the location at least ONE MONTH prior to the event. 4. Has your organization held this event in the past? Yes ____ No ____ 5. Set forth detailed description of the street/streets and in what area such event will take place: Form up will be at (Location) 6. Describe the exact route event will follow from the starting place to ending place, including streets/highways. Attach a diagram of the route that the event will follow: _____ 7. Detailed statement of any noise-making devices to be operated or maintained:

8. Include Certificates of Insurance showing your organizations Liability Coverage.



Parade Application

Annexed hereto is a duly Certified Copy of Resolution of the organization relating to the subject of the event, its operation and authorization of the undersigned to make application for the permit.

In lieu of the above mentioned Certified Copy of Resolution, a statement on letterhead stationary of the organization applying for permit will be accepted.

Organization Name:	
Signature:	
TERMS AND EXPRESSED CONI APPLICATION FOR PERMIT IS SPECIFIED ABOVE. IT IS EXPRE	MADE FOR THE PERMIT AS ABOVE SET FORTH AND SUBJECTED TO THE DITIONS AND LIMITAIONS CONTAINED TEHRIN, THE ABOVE GRANTED AS REQUESTED FOR THE OPERATION OF THE EVENT ESSLY UNDERSTOOD THAT THIS PERMIT IS ISSUED SUBJECT TOE THE DIAND MAY BE REVOKED OR CANCELLED WITHOUT NOTICE.
Date	Village Clerk, Village of Bellport
Date	Mayor, Village of Bellport

CC: Mayor/Village Board, Code Enforcement Director, Highway Superintendent, Bellport Fire Department, Fifth Precinct Suffolk County Police Department

- A copy of the application will be returned to you when your date is approved. This will become your permit.
- No one is allowed to use municipal facilities without the application, a copy of the Insurance
 Certificate and the fee returned to the Municipality.



Parade Route Diagram



Parade Application Insurance Requirements for Use of Facilities

Organization:

An organization using the facilities must comply with Municipality Use of Facility Standards. It is suggested that the organization maintain at a minimum the following, giving evidence of same to Municipality in the form of a certificate of Insurance, copy of the General Liability Declarations Page and copy of the Additional Insured Endorsement and provided 30 days' notice of cancellation, non-renewal or material change. New York State licensed carrier is preferred; any non-licensed carriers will be accepted at the Municipality's discretion. The insurance carrier must have an AM Best rating of at least A-IX. Workers Compensation and NYS Disability is required for any organization that have employees that will be working on the premises.

I. <u>Commercial General Liability</u>

Coverage	Occurrence –	1988 ISO	or Equivalent
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Limits	General Aggregate	\$2,000,000
	Products – Comp/Ops Aggregate	\$1,000,000
	Personal & Advertising Injury	\$1,000,000
	Each Occurrence	\$1,000,000
	Fire Damage (Any one fire)	\$50,000
	Medical Exp. (Any one Person)	\$5,000

Additional Insured Municipality and all appointed and elected officials, employees and

volunteers using ISO form CG2005 or equivalent

Unacceptable Exclusions Athletic Participants and Sexual Abuse & Molestation

Mandatory If alcohol is being **served**, evidence of Host Liquor Liability is required.

If alcohol is being **sold**, evidence of Liquor Law Legal Liability is required.

II. Umbrella Liability – Recommended

Coverage Umbrella Form or Excess following form of primary

General Liability and Automobile Liability

Suggested Limit: \$2,000,000

Additional Insured Municipality and all appointed and elected officials, employees and volunteers

III. Workers Compensation and NYS Disability

Statutory coverage is required if the Organization has employees that will be working on the premises.