

REV. DATE 10/13

# RECREATION CENTER FACILITY USE APPLICATION

## Pleasantville Recreation Department

48 Marble Avenue • Pleasantville, New York 10570 • phone 914-769-7950 • fax 914-579-2106

### OFFICE USE ONLY

#### Fee Schedule:

\_\_\_\_ Non-profit Organization      \_\_\_\_ Private Group      \_\_\_\_ Alcoholic Beverages

\_\_\_\_ \$65 hour Activity Room + Kitchen x \_\_\_\_ hrs. + \$200 refundable deposit

\_\_\_\_ \$350 refundable deposit if alcohol is served

Total Fee: \$ \_\_\_\_\_ Deposit: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_ Insurance Received: \_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_

Copies: \_\_\_\_ File      \_\_\_\_ Police      \_\_\_\_ Village Clerk

Please read attached  
Facility Use Policies  
and Insurance  
Requirements.

Room capacity is  
58 people.

If alcohol is being  
served, the attached  
Alcoholic Beverage  
Permit Application  
is required, along  
with the rest of this  
application.

Application for use of Village of Pleasantville Recreation Center must be submitted to the Recreation Department Office at least (15) days prior to date of event.

DATE OF EVENT \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
HOURS

ADDITIONAL DATES \_\_\_\_\_

TYPE OF EVENT \_\_\_\_\_

How many in attendance: Children \_\_\_\_\_ Adults \_\_\_\_\_

Will Beer and/or Wine be served? ☐ YES ☐ NO

If YES, fill out attached Alcoholic Beverage Permit Application.

PLEASE NOTE THE SALE OF ALCOHOLIC BEVERAGES IS STRICTLY PROHIBITED.

NAME OF PERSON IN CHARGE OF EVENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

ZIP \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

The above named individual or organization further agrees to follow the facility use policies detailed with this application.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

# Indemnification and Hold Harmless Agreement

We agree to hold harmless, indemnify and defend the Village from and against any and all claims, damages, liabilities, obligations, judgments, charges, costs, expenses and fees, including but not limited to personal injury and property damage or theft, arising from our use of the Pleasantville Recreation Center or any other Village owned property.

ORGANIZATION NAME

Pleasantville Recreation Center

EVENT LOCATION

DATE OF EVENT

PRINT NAME

SIGNATURE

DATE



## Facility Use Policies

These policies are intended to assist you with your use of the Pleasantville Recreation Center. Your cooperation in adhering to all policies is appreciated so that other community members may enjoy its use. Please read these policies carefully prior to submitting your usage request. Thank you.

1. A copy of this application form will be issued to you if/when it is approved. It will be mailed to the organization's address as you have indicated on the front of the application. Please be sure to have it available for inspection at the Pleasantville Recreation Center on the day(s) of your usage. All user groups will be required to sign a Hold Harmless Form.
2. The Pleasantville Recreation Center may be reserved for a specific time period, including set-up and break-down time. Please be prompt arriving to begin set-up and please leave on time following the break-down at the conclusion of your event/program. An inspection will be done by the supervisor prior to event beginning.
3. Please always leave the facilities you have used in the same or better condition than you found them.
4. There is NO SMOKING in the Recreation Center. Smoking outside the building is restricted to parking lot.
5. Parking around the Recreation Center is extremely limited – Please do not park illegally on the streets. You are welcome to park on Hopper Street or the MLA parking lot.
6. All groups will be required to provide a certificate of insurance naming the Village of Pleasantville as additionally insured. Please refer to separate insurance requirement packet provided.
7. Please be extremely cautious when decorating any area of the Recreation Center so as to not damage walls, equipment, etc. and all decorations must be approved-fire-resistant materials and be removed when done. Taping decorations to walls is not permitted.
8. All approvals for the Recreation Center, though granted, are subject to cancellation in the event of conflict with the Village of Pleasantville Recreation Department activities as deemed by the Superintendent of Recreation, or if facilities are misused, damaged or policies are not being observed.
9. All functions attended by minors must be appropriately chaperoned by a ratio of 1:12 (one adult to twelve minors.)
10. Cancellation Policy: The Village of Pleasantville must be notified of an event/program cancellation by 3:00 p.m. on the last working day prior to the planned usage or the organization may be subject to partial or full loss of fee. If inclement weather causes an organization to cancel on the scheduled date of their event/program, then an alternative date will be provided subject to availability.
11. The use of alcoholic beverages in the Recreation Center is prohibited unless approval is granted by the Village Clerk. Please note a separate alcoholic beverage permit application must be submitted to the Village Clerk for consideration.
12. It shall be the liability of the user/organization for damage to any area or equipment in the Recreation Center and they will be responsible for the costs for repair or replacement.
13. General cleaning supplies and equipment (mops/brooms) are stored in the kitchen and are available for your use. Please bag all bulk trash, removed from the building and place it in the trash containers in the fenced area outside the rear kitchen door.
14. Please use **ONLY** those rooms or areas of the building which have been approved for your use.
15. In the event of an emergency, the Village of Pleasantville Police Department telephone number is 769-1500.

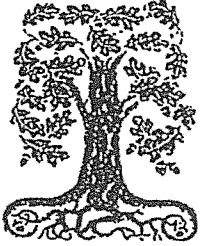
## Insurance Requirements

Insurance is required for rental of Village of Pleasantville facilities.

The Renter AND any sub-contractor (i.e. caterer, entertainment, vendor) the renter employs must provide insurance as follows:

1. Commercial General Liability (CGL) coverage with limits of Insurance of not less than \$1,000,000 each occurrence and \$2,000,000 annual aggregate.
2. Workers Compensation and Employers' Liability and N.Y.S. Disability – Statutory Workers' Compensation, Employers' Liability and N.Y.S. Disability Benefits Insurance for all employees and Workers Compensation must include a waiver of subrogation.  
NOTE: ACORD form is not acceptable proof of workers compensation coverage; must provide C-105.2 and Disability to be provided on DB-120.1.
3. Renter and Sub-Contractor acknowledges that failure to obtain such insurance on behalf of the Village of Pleasantville Constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the Village of Pleasantville. The Renter and Sub-Contractor is to provide the Village of Pleasantville with a certificate of insurance, evidencing the above requirements have been met, prior to the commencement of work or use of facilities. The failure of the Village of Pleasantville to object to the contents of the certificate or absence of same shall not be deemed a waiver of any and all rights held by the Village of Pleasantville.

NOTE: Village of Pleasantville and their agents, officers, directors and employees must be listed as additional insured with the exception of the Workers Compensation and N.Y.S. Disability policies. The coverage must be underwritten by an Insurance Company with at least "A7" Best rating as defined by A.M. Best. Coverage for the additional insured shall apply as Primary and Non-Contributing Insurance before any other insurance or self-insurance, include any deductible, maintained by, or provided to, the additional insured's.



# ALCOHOLIC BEVERAGE PERMIT

## for Recreation Center Use

Pleasantville Recreation Department

48 Marble Avenue • Pleasantville, New York 10570 • phone 914-769-7950 • fax 914-579-2106

### OFFICE USE ONLY

CHIEF OF POLICE APPROVAL

PERMIT ISSUED DATE

VILLAGE CLERK SIGNATURE

Please be sure to fill out the entire Recreation Center Facility Use Application and attach this application to it when submitting.

Host Liquor Liability coverage of \$1,000,000 and copies of Certificate of General Liability insurance indicating policy number and coverage amount.

### Insurance Requirements

### Applicant Info

INDIVIDUAL/ORGANIZATION REQUESTING PERMIT

ADDRESS OF INDIVIDUAL/ORGANIZATION

TELEPHONE NUMBER

REASON FOR REQUEST

DATE OF USE

TIME OF USE

If organization, please give name and contact info of an individual responsible for the request:

NAME

ADDRESS

TELEPHONE NUMBER

The undersigned as \_\_\_\_\_ of the above named organization hereby, on the part of that individual/organization, releases the Village of Pleasantville, its Board of Trustees, employees and volunteers of any liability whatsoever in connection with any damages and/or injuries that any participant of the above organization may sustain as a result of his/her participation of that event.

SIGNATURE

DATE

WITNESS

TITLE

OPTIONAL PART OF RECREATION CENTER FACILITY USE APPLICATION



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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**

Agents Name

Address

City, State Zip Code

CONTACT NAME:

PHONE

(A/C, No, Ext):

FAX

E-MAIL

(A/C, No):

ADDRESS:

**INSURER(S) AFFORDING COVERAGE**

NAIC #

INSURER A: Insurance Company Name

INSURER B: Insurance Company Name

INSURER C: Insurance Company Name

INSURER D:

INSURER E:

INSURER F:

**INSURED**

Business Name

Address

City, State Zip Code

**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	ADOL (SUBR) INSR / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	A	X			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
A	AUTOMOBILE LIABILITY					PRODUCTS - COM/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO	A	X			
	<input type="checkbox"/> ALL OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> HIRED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB					
	EXCESS LIAB					EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR					AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE					
B	DED					
	RETENTIONS					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/ MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	X		E.L. EACH ACCIDENT \$ 100,000
						E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Re: Event Location and Date

Village of Pleasantville and their agents, officers, directors and employees are named as an Additional Insured under form CG2010 or an equivalent form or broader coverage, as required by written contract or agreement with respect to the referenced event. Coverage shall be Primary & Non Contributory. Waiver of Subrogation and 30 Day Notice of Cancellation applies.

**CERTIFICATE HOLDER**

Village of Pleasantville

80 Wheeler Avenue

Pleasantville, NY 10570

**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