

Commissioner of Parks & Recreation  
Joseph E. Keyes, Jr.



Director of Parks & Recreation  
Maria Giustizia

Special Events Coordinator  
William Hilton

Village of Patchogue  
Parks & Recreation Department  
380 Bay Avenue  
Patchogue, NY 11772  
(631) 475-4302 phone  
(631) 475-4364 fax

**SPECIAL EVENTS/5K**  
**APPLICATION**

MUST BE SUBMITTED AT LEAST **6 WEEKS** PRIOR TO THE EVENT TO THE VILLAGE OF PATCHOGUE, AND THE TOWN OF BROOKHAVEN (SEE ATTACHED)

Application will not be considered, until form is completed and submitted with **\$25.00** application fee.

**PLEASE RETURN COMPLETED APPLICATION TO PARKS & RECREATION DEPT, 380 BAY AVENUE, PATCHOGUE**

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_ Rain Date: \_\_\_\_\_

Type of Event: \_\_\_\_\_ Field or Building Requested: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Contact person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Is the organization charitable/benevolent/religious? \_\_\_\_\_  
(proof of 501- c3 status must be provided)

Approximate number of participants: \_\_\_\_\_

Will food or beverages be served at the event? Yes \_\_\_ No \_\_\_

Will alcohol be served at the event? Yes \_\_\_ No \_\_\_

Will there be amplified sound during the event? Yes \_\_\_ No \_\_\_

Will there be amusement rides during the event? Yes \_\_\_ No \_\_\_

Will you be using a tent? Yes \_\_\_ No \_\_\_ If yes, you must attach the specifications of tent dimensions.

**IN THE EVENT OF AN ACCIDENT, PLEASE NOTIFY THE DIRECTOR OF PARKS & RECREATION IMMEDIATELY!**

**IT IS MANDATORY THAT YOU HAVE EMS PERSONNEL ON SITE FOR YOUR EVENT!**

Will the event include vendors selling products? Yes \_\_\_ no \_\_\_  
(If yes, please attach a vendor information sheet, listing each vendor, type of product being sold and contact name and number for each vendor)

Please state what provisions have been made for first aid and emergency medical services, if any:

---

---

---

Dates of scheduled planning meetings:

---

---

---

Planning a meeting with various village departments may be required for this event, if that is the case your application will not be considered or brought to the village board for a vote until after the meeting is held.

---

Signature & Title of Person in Charge

Printed Name

**REQUIRED SUBMISSIONS:**

1. Completed Application
2. \$25.00 Application Fee
3. Village field/Building Application
4. Completed Hold Harmless Form
5. Insurance Certificate naming the Village of Patchogue as certificate holder AND additional insured.  
*(Event will not be allowed without submission of proper required insurance forms).*
6. Additional fees to be determined by services required
7. Additional Information/Forms as requested

**FEES THAT MAY APPLY:**

Shorefront 5K Course -   
Code Enforcement \$500   
Bandshell   
Shorefront Park   
Village personnel

**ATTACHED YOU WILL FIND:**

5-K race application   
5-K race course   
Village of Patchogue field use app.

**FOR OFFICE USE ONLY**

Traffic Control

Parking Lot Closure

Road Closure

Code Patrol

SCPD 5th Precinct Approval

3 Hrs. Max

Other/Additional Services

---

Date: \_\_\_\_\_

Village Board Approval Date: \_\_\_\_\_

Fee Charged: \_\_\_\_\_ Check #: \_\_\_\_\_ Insurance Certificate: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Commissioner's Signature: \_\_\_\_\_

**INDEMNIFICATION/HOLD HARMLESS AGREEMENT**

The vendor/contractor/applicant, shall indemnify and hold harmless the Inc. Village of Patchogue, its officers, employees, representatives, and/or agents from any and all liability, damage, loss, claims, demands and actions of any nature whatsoever, for any reason whatsoever, foreseeable or unforeseeable, which arises out of or is connected with, or is claimed to arise out of to be connected with, any undertaking, product, goods, merchandise, products, services sold and/or work supplied, furnished or performed by the vendor/contractor or its subcontractors, agents, servants, or employees, including without limiting the generality of the forgoing, all liability, damages, loss, claims, attorneys, court and adjusting fees, demands and actions on account of personal injury, death or property loss to the Inc. Village of Patchogue, its officers, employees, agents or to any other persons, third parties, or property, but shall not include claims resulting from the gross negligence or willful misconduct of the Inc. Village of Patchogue. This indemnity and hold harmless is intended to be as broad as is permitted by law and to include claims of every kind and nature, including, but not limiting to – tort, under contract; for strict liability or other liability without fault; under statute, rule, regulation or order; and otherwise.

IN WITNESS WHEREOF, the undersigned has duly executed this agreement the \_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Address

\_\_\_\_\_  
Vendor/Contractor/Applicant's Signature

\_\_\_\_\_  
(Please Print Name and Title)

**INCORPORATED VILLAGE OF PATCHOGUE**

Insurance Requirements for Independent Contractor/Sub-Contractors/Special Event Applicants.

The independent contractor shall maintain at a minimum the following insurance giving evidence of same to Inc. Village of Patchogue on the form of Certificates of Insurance, copies of the General Liability Declaration Page and copy of the Additional Insured Endorsement, providing 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 Municipalities discretion. The insurance carrier must have an A.M. Best rating of at least A-IX. All subcontractors must adhere to the same insurance requirements.

**REQUIRED: The Village of Patchogue Must Be Named as both the "Certificate Holder & Additional Insured" on the certificate of insurance.**

**I. Workers Compensation and NYS Disability**

Coverage	Statutory
Extensions	Voluntary Compensation; All States Coverage Employers Liability – Unlimited
Exemption	CE-200 Certificate of Attestation of Exemption from NYS Workers' Compensation and Disability Benefits Coverage.

**II. Commercial General Liability**

Coverage and Limits	Occurrence – 1988 ISO or equivalent
	General Aggregate \$2,000,000
	Products & Completed Operations \$2,000,000
	Personal & Advertising Injury \$1,000,000
	Per Occurrence Limit \$1,000,000
	Fire Damage \$ 50,000
	Medical Expense \$ 5,000
Additional Insured	Inc. Village of Patchogue, all elected and appointed officials, employees, employees and volunteers using ISO Form CG2010 (B) or equivalent including Products and completed operations.
Extension – Mandatory	Aggregate Limits to apply per project. Contractual Liability.
Extension – Suggested	Endorsement showing that this policy is considered primary and non-contributory. Waiver of subrogation in favor of additional insured.
Special	Hold Harmless as per the attached or equivalent

**III. Automobile Insurance**

Limit	\$1,000,000 Combined Single Limit
Suggested	
Additional Insured	Inc. Village of Patchogue, all elected and appointed officials, employees and volunteers.

**IV. Umbrella Liability –Suggested**

Coverage	Umbrella Form, or excess follow form
Suggested Limit	\$2,000,000
Additional Insured	Inc. Village of Patchogue, all elected and appointed officials, employees and volunteers.

**V. Endorsement**

(Named both as Certificate Holder	Incorporated Village of Patchogue
And additional insured)	14 Baker Street Patchogue, NY 11772      Parks & Recreation Department

Advanced group permits are required for all groups, agencies and organizations.  
 Applications are accepted at: Patchogue Parks & Recreation Department (631) 475-4302  
 At least three (3) weeks prior to the event.

NO FOOD OR BEVERAGES MAY BE OFFERED FOR SALE IN A VILLAGE FACILITY, EXCEPT WITH THE PERMISSION OF THE COMMISSIONER. MOBILE RIDES ARE PROHIBITED ON VILLAGE PROPERTY

PERRY BALLFIELD (SFP) \* RIDER AVENUE COMPLEX \* FOUR SISTERS BALLFIELD

NON-PROFIT ORGANIZATIONS	ADULTS	\$ 50.00 per field	1-20 days	Unlit
		\$ 250.00 per field	21+ days	Unlit
		\$ 75.00 per field	Per night	Lights
		\$ 600.00 per field	Per season	Lights
	YOUTHS	\$ 50.00 per field	1-20 days	Unlit
		\$ 250.00 per field	21+ days	Unlit
		\$ 75.00 per field	Per night	Lights
		\$ 600.00 per field	Per season (1-20 days)	Lights
		\$1,250.00 per field	Per season (21 + days)	Lights

PROFIT MAKING ORGANIZATIONS	ADULTS	\$ 200.00 per field	Per day	Unlit
		\$ 800.00 per field	Per season	Unlit
		\$ 250.00 per field	Per night	Lights
		\$2,500.00 per field	Per season	Lights
	YOUTHS	\$100.00 per field	Per day	Unlit
		\$600.00 per field	Per season	Unlit
		\$125.00 per field	Per night	Lights
		\$1,200.00 per field	Per season	Lights

OTHER FACILITIES

FACILITY	FEE	
BANDSHELL	\$350.00	PER EVENT
SHOREFRONT PARK (not including ballfield)	\$100.00	PER EVENT
RIDER AVENUE (not including ballfield)	\$100.00	PER EVENT
SHOREFRONT PARK 5-K RACES	\$500.00 + \$25.00 Application Fee	PER RACE
FOUR SISTERS TENNIS COURTS	\$100.00	PER EVENT