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.

_____ From To
DATE OF EVENT 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 is 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.

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.

Insurance Requirements

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

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): 04/04/2023

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:	
Agents Name Agents Adress City, State and Zip	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Insurance Company Name	
INSURER B :	Insurance Company Name	
INSURER C :	Insurance Company Name	
INSURER D :	Insurance Company Name	
INSURER E :		
INSURER F :		

INSURED
Business Name
Address
City, State and Zip

COVERAGES **CERTIFICATE NUMBER:** CL234463703 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	Policy #			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	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY	Y	Y	Policy #			COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $	Y	Y	Policy #			EACH OCCURRENCE	$ 1,000,000
							AGGREGATE	$ 1,000,000
								$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		Policy #			[X] PER STATUTE [ ] OTH-ER	
							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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Event Date
Village of Pleasantville and their agents, officers, directors and employees shall be included as additional insured as per form CG2010 or an endorsement providing equivalent or broader coverage as required by written contract or agreement with respect to the referenced event. Coverage shall be Primary and non-contributory, Waiver of subrogation is included 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