

**VILLAGE OF HAVERSTRAW APPLICATION FOR PARADE PERMIT**

Applications must be received a minimum of 10 days prior to the activity. If the application is approved, it will be mailed to the address listed below.

Organization or Individual: \_\_\_\_\_

Street Name and Number: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Contact's Name: \_\_\_\_\_

Contact's Phone Numbers: Daytime: \_\_\_\_\_ Cell: \_\_\_\_\_

Contact's E-Mail: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

Description of Activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Amenities to Be Used:

\_\_\_\_\_  
\_\_\_\_\_

Special amenities other than those provided at the facilities are the sole responsibility of the permittee including, but not limited to, scheduling, cost, and security.

**CONDITIONS OF THIS PERMIT**

1. Permittee must comply with all Village laws and regulations.
2. If any food or merchandise is to be sold, applicant must attach to this permit, forty-five (45) days prior to proposed activity, a letter of intent and receive approval of the Village Board of Trustees. Food is also subject to regulations of the County Board of Health.
3. There shall be no blocking of streets without acquiring prior Village authorization.
4. No stages or platforms are permitted unless approved by the Village Board of Trustees.
5. Persons/organizations reserving any facility that does NOT have restrooms are responsible for providing portable restrooms at their own expense.
6. **Use of amplifier(s)** is prohibited without prior approval, in writing, from the Village; *except on floats.*
7. No vehicles permitted unless transporting dignitaries and/or pulling a float.
8. No ATV's or Mini-scooters allowed.

**(Insurance Requirements and Additional Terms on the Reverse Side)**

9. **INDEMNITY HOLD/HARMLESS AGREEMENT: I/We accept full responsibility for the above conditions and agree to make restitution for any damage to Village of Haverstraw, its officers, employees, agents and servants from any and all loss, liability, claims, demands, actions, and causes of actions whatsoever arising out of or connected with any loss, damage or injury that may occur as a result of the referenced facility use requested herein.**
10. Commercial General Liability (CGL), on a form at least equal to ISO form #CG 00 01 12 07, with no restrictive endorsements and limits at least equal to \$1,000,000 per occurrence, \$2,000,000 aggregate.

a) Policy to include the Village of Haverstraw, (40 New Main Street, Haverstraw, NY 10927) and its officers, agents, employees, affiliated boards, authorities and commissions as additional insured.

-AND-

b) Provide that the policy will be primary to and non-contributory with any other insurance available to the additional insured.

11. Automobile Liability (AL) on a form at least equal to ISO form #CA 00 01 03 06 with no restrictive endorsements and a limit at least equal to \$1,000,000 per occurrence. Policy must cover "Any Auto"
12. Umbrella Excess liability with limits of 2,000,000 per occurrence and \$4,000,000 aggregate. Aggregate shall not apply to any coverage that is not subject to an aggregate in the underlying policy. (This requirement can be waived for smaller organizations.)
14. All other insurance required by law or that the Village may reasonably require.
15. **IMPORTANT:** No deductibles or self-insurance retentions (SIR) are permitted without the specific written consent of the Village. If the policy contains a deductible or self-insured retention the Organization providing the certificate of insurance shall be responsible to pay the deductible or SIR.
16. All policies shall be written with insurance companies licensed and admitted to do business by the State of New York and rated by A M Best Company at least A-minus financial strength rating and IX financial size category.
17. All policies shall be endorsed to require at least 30 days advance notice by certified mail, attention to the Organization, of cancellation, non-renewal or reduction in coverage.
18. At least 10 days prior to the commencement of activities covered by this permit a Certificate of Insurance showing these coverages must be submitted to the Village Clerk.

Name of Permittee:

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Print Name of Representative

\_\_\_\_\_  
Title

Date Approved \_\_\_\_\_

By: \_\_\_\_\_  
Village Official

\_\_\_\_\_  
Date