



CARNIVALS, CIRCUSES & OUTDOOR SHOWS APPLICATION

All amusement are prohibited in the Town of Islip except those conducted under the sole management and for the profit of local religious, fraternal, education, political, veterans', firemen, civic, non-profit or charitable organizations when authorized by a permit approved by the Town Board ****SITE MUST FIRST BE APPROVED**

ALL PERMIT APPLICATIONS MUST BE FILED WITH THE TOWN CLERK AT LEAST FORTY FIVE (45) DAYS PRIOR TO THE COMMENCEMENT OF SUCH EVENT. SIXTY (60) DAYS IF ATTENDANCE IS IN EXCESS OF 1,000 PERSONS

A permit may be issued for a term not to exceed ten (10) days), and every permit so issued shall specify the exact term and period of time for which it shall be valid. No more than six (6) amusement events shall be permitted at same location each calendar year.

1. LIABILITY INSURANCE CERTIFICATE

- **TOWN OF ISLIP MUST BE NAMED AS ADDITIONAL INSURED**
- Must be issued by an insurance company licensed to do business within New York State.
- Not less than \$1,000,000 dollars for bodily injury and \$1,000,000 dollars for damage to property* and \$2,000,000 for bodily injury per accident.
- After Town of Islip review of the Special Event application, ***ADDITIONAL INSURANCE COVERAGE MAY BE REQUIRED.**
- All insurance coverage is subject to approval.
- All insurance will be non-cancelable without ten (10) days prior written notice to the Town Clerk

2. SURETY FOR RESTORATION OF PROPERTY

- **\$2,000 cash or certified check to the Town Clerk.**
- If the applicant fails to clean and restore the amusement area, or if damage is done to public or private property as a result of said amusement event, the Town Clerk may apply the surety to the cost of cleanup or restoration and may recover from the organization such additional costs may be incurred.

3. LETTER OF PERMISSION FROM PROPERTY OWNER (NOTARIZED)

4. REGISTRATION OF PROFESSIONALS AND CHARITIES

- Every professional fundraiser and charitable organization shall provide proof of valid registration with the Secretary of State and also proof that a surety bond is on file with same naming them as obligor.

5. PROOF OF INSPECTION

- Prior to opening, all mechanical rides must be inspected by the New York State Department of Labor. (Town Clerk's Office initiates this process.)

6. RESTRICTIONS REVOCATION

- No permit for an amusement event shall be issued, and any outstanding permit may be revoked if the Town Board determines that such amusement event includes an activity which, in the judgment of the Town Board will disturb the order and peace of the Town or will jeopardize the health, safety or welfare of the residents of the Town of Islip.

7. INSPECTIONS

- Event will be subject to inspections to ensure ingress and egress for emergency vehicles.



TOWN OF ISLIP
Office of the Town Clerk

Olga H. Murray
Town Clerk & Registrar of Vital Statistics

8. ANTICIPATED ATTENDANCE OF 2,000 OR MORE

- Event will be subject to inspections to ensure compliance with Islip Town Ordinances and NY State Fire Code chapter 24 regarding crowd control.

9. ANTICIPATED ATTENDANCE OF 5,000 OR MORE

- Applicant must supply a NYS Sanitary Code Part 18 permit issued by Suffolk County Department of Health Services.

10. IF A TENT OR CANOPY WILL BE USED

- Please contact the Town of Islip Fire Marshal

(updated 8/15)



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***MUST BE SUBMITTED 45 DAYS PRIOR TO THE EVENT**
***IF ATTENDANCE IS IN EXCESS OF 1,000 PERSONS, MUST BE**
SUBMITTED 60 DAYS PRIOR TO EVENT

APPLICATION FEE (Non-Refundable)
Carnival/Circus: \$500 Fair: \$400
Outdoor Show: \$400

Date of Application: _____ Date(s) of Event: _____

Name of Organization: _____

Organization Address: _____

Organization Telephone: _____ Organization Email: _____

Purpose of Amusements & Disposition of Proceeds: _____

Name & Telephone # of person on-site to contact on date(s) of event: _____

Carnival Operator Information: Name: _____ Telephone Number: _____

Address: _____

Full Description of Amusement Activities: _____

Anticipated Attendance: _____ **Number of Rides:** Adult: _____ Children: _____

Day(s) & Hours of Operation: _____

Is this a New Event? _____ If not, please specify the prior date: _____

Location of Event: _____ **Location of Rides:** _____

ALL APPLICANTS ARE RESPONSIBLE FOR NOTIFYING LOCAL RESIDENTS AND MOTORISTS OF ANY ROAD CLOSING. SUCH NOTICE MUST INCLUDE ALTERNATE ROUTES FOR EMERGENCY VEHICLES.

Specify whether any arrangements have been made for private policing/security (is SCPD required for assistance?): _____

Specify if the Suffolk County Police Department is needed for road closures: YES _____ NO _____

Specify whether barricades will be needed: Yes: _____ No: _____ If Yes, how many? _____

Will there be any alcohol served at the event? _____

Name **two** organization representatives & positions:

1. Name: _____ Position: _____

Home Address: _____

Home Telephone: _____ Business Telephone: _____

2. Name: _____ Position: _____

Home Address: _____

Home Telephone: _____ Business Telephone: _____

Signature & Title of Representative # 1

Signature & Title of Representative # 2



Please contact the following Departments and have them sign that they received a copy of the application and the Incident Action Plan and will review it. Upon each agencies review they shall send a letter back to the Town Clerk's Office for approval or denial.

Suffolk County Police Department (Precinct in which event is being held):

Signature of Inspector/ Dep. Inspector/ Captain

Date

Fire Department in which event is being held:

Signature of Chief of Department

Date

Emergency Medical Services in which the event is being held:

Signature of Chief of Department

Date

I, _____ solemnly swear that all the above are true and correct, and unconditionally guarantee the quiet, lawful and peaceful conduct of the Carnival, Circus or Outdoor Show for which this permit is sought.

Signature and Title

Date

ALL EVENTS MUST FOLLOW TOWN CODE

Please Note: If food will be served, contact the Suffolk County Dept. of Health Services at 631-854-0410.



TOWN OF ISLIP
655 Main St., Islip, NY 11751

OLGA H. MURRAY
Town Clerk & Registrar

Contract No. _____

Certification by Insurance Broker or Agent

The undersigned insurance broker or agent represent to the Town of Islip that the attached Certificate of Insurance is accurate in all material respects.

[Name of Broker or agent (typewritten)]

[Address of Broker or agent (typewritten)]

[Email address of Broker or agent (typewritten)]

[Phone number/Fax number of Broker or agent (typewritten)]

[Signature of authorized official, broker, or agent]

[Name and title of authorized official, broker, or agent (typewritten)]

State of)

) ss.:

County of)

Sworn to before me this _____ day of _____ 20 _____

NOTARY PUBLIC FOR THE STATE OF _____



Town of Islip Affirmation of Insurance Coverage

1) General Liability

YES NO

- Is the carrier an Authorized Insurer (Admitted) in the State of New York
- Does the policy provide coverage to the additional insured for liability arising out of the ongoing operations of the named insured?
- Does the policy provide coverage to the additional insured for liability arising out of the completed operations of the named insured?
- Is a Waiver of Subrogation endorsement in favor of all Additional Insureds included in the policy?
- Is Primary and Non-Contributory Additional Insured wording included in the policy?

Construction Specific Questions (Check N/A/ If Not Applicable) N/A

YES NO

- Do the policy limits apply on a "per project" basis?
- Does a policy aggregate limit apply which limits the "per project" aggregate limit?
- Is the policy aggregate limit capped?
- Is there any endorsement or amendment to the ISO CGL form that modifies the policy's employee exclusion and/or the definition of insured contract, or in any other manner excludes coverage or risk transfer with respect to Labor Law 240/241?

2) Workers Compensation

YES NO

- Is Workers' Compensation coverage included for employees working in the State of New York?
- Is a Waiver of Subrogation endorsement in favor of all Additional Insureds included in the policy?
- Does the Waiver of Subrogation endorsement require privity of contract between the Named Insured and third parties?

3) Umbrella / Excess Liability

YES NO

If Not Applicable Check N/A N/A

- Is the carrier an Authorized Insurer (Admitted) in the State of New York?
- Does the policy follow form of the General Liability policy?
- Is Additional Insured coverage included?
- Is a Waiver of Subrogation endorsement in favor of all Additional Insureds included in the policy?
- Is Primary and Non-Contributory Additional Insured wording included in the policy?

Construction Specific Questions (Check N/A/ If Not Applicable) N/A

YES NO

- Do the policy limits apply on a "per project" basis?
- Does a policy aggregate limit apply which limits the "per project" aggregate limit?
- Is the policy aggregate limit capped?
- Is there any endorsement or amendment to the ISO CGL form that modifies the policy's employee exclusion and/or the definition of insured contract, or in any other manner excludes coverage or risk transfer with respect to Labor Law 240/241?

The Following Items Must Be Included For Review

- Current Valid Certificate of Insurance
- Completed and Signed Certification Form (Attached on Page 2)

Town of Islip
Certification By Insurance Broker or Agent

Insured:	
Address:	
Phone #:	

Certificate Holder:	
Address:	

The undersigned insurance broker or agent represents to the Town of Islip that the attached Certificate of Insurance is accurate in all material respects

Name of Broker or Agent: _____

Address of Broker or Agent: _____

Phone # _____

Email Address: _____

[Name and Title of authorized official, broker, agent]

[Signature of authorized official, broker, agent]

State of _____)

County of _____)

Sworn to before me this _____ day of _____ 20_____

NOTARY PUBLIC FOR THE STATE OF _____

