



TOWN OF ISLIP
 655 Main Street
 Islip NY 11751

Olga H. Murray
 Town Clerk & Registrar
 of Vital Statistics

Application Fee \$100.00 (Non-Refundable)

PARADE / RACE / ASSEMBLY APPLICATION

***** MUST BE SUBMITTED 45 DAYS PRIOR TO THE EVENT *****

60 DAYS PRIOR TO EVENT IF ATTENDANCE IS IN EXCESS OF 1,000 PERSONS

Date of Application: _____ E-Mail Address of Organization: _____

Exact Name of Organization: _____

Organization Address: _____

Day and Date of Event: _____ Beginning Time & Ending Time: _____

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

Contact information of Parade/Race /Assembly chairman to be in control of the Parade/Race/Assembly for which the permit is sought:

Name: _____ Telephone Number: _____

Address: _____

Street

Hamlet

Zip code

Specify purpose of Parade/Race for which permit is sought: _____

Total Number of: Bands: _____ Marching Units: _____ Floats: _____ Vehicles: _____

Spectators: _____ Marchers: _____ Runners: _____

Assembly Location(s) and Time(s): _____

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

Give exact parade/race route - Must state starting and ending locations. Include streets and hamlets (specify north, south, east or west)

ATTACH A GOOGLE (Street View) MAP OF THE PARADE/RACE ROUTE (MARK EMERGENCY INGRESS AND EGRESS).

Will the American Flag be displayed during the course of the parade? _____ *To be no less than thirty-six by sixty inches (36"X60")

Specify if speeches will be made during course of parade: _____ By Whom: _____

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 so how many? _____

Will there be any alcohol served at the event? _____



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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 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 the Director of EMS
& Public Health Preparedness

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

Date



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1. **INSPECTIONS**

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

2. **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.
- Event will require specific Incident Action Plan as defined by the Suffolk County Department of Emergency Services. This process will be initiated by the Town of Islip Fire Marshal's office after the application is filed in the Islip Town Clerk's Office.

3. **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.

4. **IF A TENT OR CANOPY WILL BE USED**

- Please contact the Town of Islip Fire Marshal.

5. **LIABILITY INSURANCE CERTIFICATE**

- Must be issued by an insurance company licensed to do business within New York State
- Islip Town must be named as an additional insured and as the certificate holder.
- **Coverage Minimums**
 - \$1,000,000.00 for bodily injury per person
 - \$2,000,000.00 for bodily injury per accident
 - \$1,000,000.00 for property damage per accident
- After Town of Islip review of the Special Event application, **ADDITIONAL INSURANCE MAY BE REQUIRED**
- All insurance coverage is subject to approval

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
OFFICE OF EMERGENCY MANAGEMENT

Incident Action Plan

Title of Event: _____ **Date of Event:** _____

The purpose of this Incident Action Plan (IAP) is to identify and mitigate any potential risks associated with the planning, implementation and successful completion of the above referenced event. The parties that are planning and coordinating this event are committed to ensuring that all participants, sponsors, community members and emergency personnel are able to partake in the event in a safe and organized manner. The procedural information contained herein will be strictly adhered to.

Event Description: _____

Hours of Event: _____

Location: _____

Command Post Location: _____

Incident Commander (on scene person in charge of event): _____

Incident Commander's Phone Number: _____

Medical Emergencies Procedure

All medical emergencies will be reported to the Command Post by use of _____, or by verbal means. The Incident Commander will call directly to the _____ and report the incident/ problem. The EMT(s) will report to the Command Post, as appropriate, when entering the event and notify the Command Post when leaving the event. Responding emergency units will enter the event from _____ (street). The Incident Commander will make sure an area is open to allow EMS personnel, vehicles and equipment access to the event grounds wherever emergency assistance is needed. The nearest hospital for receiving patients is _____.

Police Emergencies

For all police emergencies, 911 will be called. Police enforcement will be provided by the _____ Precinct.

Lost Child Procedure: Police will be notified.

In the event of a lost child, he/she should be taken to the Command Post. The child, if able, will be asked to provide parent/guardian information. Lost child announcements will be made from _____, informing the crowd of the situation. The child will remain under the supervision of the Command Post who will ensure the child is comfortable and safe until his/her parent/guardian arrives. Police should be present to check identification of adult claiming to be the parent/guardian before release.

Communication Plan (List how Incident Commander & coordinators will communicate): _____

Important Phone Numbers: (Fill In Name, Providing Agency & Contact Number**)**

Incident Commander (On scene): _____

Deputy Commander (On scene): _____

Event Coordinator/Planner: _____

Emergency Medical Services: _____

Chief/contact person: _____

Fire Department: _____

Chief/contact person: _____

Police Precinct or Cope Unit: _____

Precinct Commanding Officer/contact person: _____

Additional Security (if any): _____

FYI Phone Numbers:

Town Emergency Management 224-5730 Town Dept. of Public Works 224-5623
Town Public Safety 224-5306 Town Clerk's Office 224-5490

Add any other emergency contacts that you deem appropriate: _____



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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	
<input type="checkbox"/>	<input type="checkbox"/>	Is the carrier an Authorized Insurer (Admitted) in the State of New York
<input type="checkbox"/>	<input type="checkbox"/>	Does the policy provide coverage to the additional insured for liability arising out of the ongoing operations of the named insured?
<input type="checkbox"/>	<input type="checkbox"/>	Does the policy provide coverage to the additional insured for liability arising out of the completed operations of the named insured?
<input type="checkbox"/>	<input type="checkbox"/>	Is a Waiver of Subrogation endorsement in favor of all Additional Insureds included in the policy?
<input type="checkbox"/>	<input type="checkbox"/>	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	
<input type="checkbox"/>	<input type="checkbox"/>	Do the policy limits apply on a "per project" basis?
<input type="checkbox"/>	<input type="checkbox"/>	Does a policy aggregate limit apply which limits the "per project" aggregate limit?
<input type="checkbox"/>	<input type="checkbox"/>	Is the policy aggregate limit capped?
<input type="checkbox"/>	<input type="checkbox"/>	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	
<input type="checkbox"/>	<input type="checkbox"/>	Is Workers' Compensation coverage included for employees working in the State of New York?
<input type="checkbox"/>	<input type="checkbox"/>	Is a Waiver of Subrogation endorsement in favor of all Additional Insureds included in the policy?
<input type="checkbox"/>	<input type="checkbox"/>	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
<input type="checkbox"/>	<input type="checkbox"/>	Is the carrier an Authorized Insurer (Admitted) in the State of New York?	<input type="checkbox"/> N/A
<input type="checkbox"/>	<input type="checkbox"/>	Does the policy follow form of the General Liability policy?	
<input type="checkbox"/>	<input type="checkbox"/>	Is Additional Insured coverage included?	
<input type="checkbox"/>	<input type="checkbox"/>	Is a Waiver of Subrogation endorsement in favor of all Additional Insureds included in the policy?	
<input type="checkbox"/>	<input type="checkbox"/>	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	
<input type="checkbox"/>	<input type="checkbox"/>	Do the policy limits apply on a "per project" basis?
<input type="checkbox"/>	<input type="checkbox"/>	Does a policy aggregate limit apply which limits the "per project" aggregate limit?
<input type="checkbox"/>	<input type="checkbox"/>	Is the policy aggregate limit capped?
<input type="checkbox"/>	<input type="checkbox"/>	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

<input type="checkbox"/>	<input type="checkbox"/>	Current Valid Certificate of Insurance
<input type="checkbox"/>	<input type="checkbox"/>	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 _____

