INCORPORATED
VILLAGE OF LAWRENCE

INCORPORATED VILLAGE OF LAWRENCE INSTRUCTIONS FOR THE APPLICATION FOR STREET PERMIT / **PARADE PERMIT**

1. The Village Administrator **must receive** the application request at least thirty (30) days prior to the event.

2. Applicant must submit a map indicating the location and proposed route for the parade/procession.

3. The Village will coordinate with Nassau County's 4th Precinct to determine the availability of personnel for that date and approval of the parade/procession route.

4. All parades/processions must take place in daylight hours and must conclude *either* before sundown or 7:00 p.m.; *whichever comes first*.

5. Applicants must secure liability insurance indemnifying the Village of Lawrence. Please fill out attached documents and follow the instructions per the insurance requirements.

INCORPORATED VILLAGE OF LAWRENCE
APPLICATION FOR STREET PERMIT / **PARADE PERMIT**

REQUEST FROM ORGANIZATION: _____

FOR OFFICE USE ONLY:
BOARD APPROVAL: _____
PERMIT ISSUED: _____
NCPD Approval: _____

NAME AND ADDRESS OF ORGANIZATION/ INDIVIDUAL REQUESTING PERMIT:

NAME: _____

STREET ADDRESS: _____

TOWN: _____ STATE: _____

NATURE OF EVENT: _____

PERSON(S) IN CHARGE: _____ : _____

CONTACT NUMBERS: ( ) _____ : _____

DATE OF EVENT: _____ START TIME: _____ END TIME: _____

NUMBER OF PARTICIPANTS: _____ NUMBER OF VEHICLES IF ANY: _____

SPECIAL REQUESTS: _____

PROVIDE DETAIL ROUTE
EVENT: _____
_____
_____

ANTICIPATED STREET AND INTERSECTION CLOSURES:
_____
_____
_____

CONTACT NAME(S) AND PHONE NUMBERS (MOBILE) DURING EVENT:

NAME: _____ CELL: _____ NAME: _____ CELL: _____
_____

The undersigned, an officer of the Organization requesting use of the Village of Lawrence streets or the individual requesting such use, guarantees observance of all regulations governing this use. The organization agrees to indemnify and save harmless the Municipality and the Municipal Board against any and all claims for damages to injury to persons or property that may be occasioned by, or arise from, the use of such facilities.

Applicant must comply with the attached insurance requirements.

PRINT NAME: _____ SIGNED: _____

Date: _____ TITLE: _____

Approval: _____ DATE: _____
VILLAGE ADMINISTRATOR

Insurance Requirements for Use of Facilities

Organization:

An organization using the facilities must comply with the Inc. Village of Lawrence Use of Facility Standards. It is suggested that the organization maintain at a minimum the following, giving evidence of same to the Inc. Village of Lawrence in the **form of a Certificate of Insurance, copy of the General Liability Declarations Page and copy of the Additional Insured Endorsement and provide** 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 AM Best Rating of at least A- IX. **Workers Compensation and NYS Disability is required for any organization that have employees that will be working on the premises.**

I. COMMERCIAL GENERAL LIABILITY

Coverage	Occurrence - 1988 ISO or equivalent	
Limits	General Aggregate	$2,000,000
	Products-Comp/Ops Aggregate	$1,000,000
	Personal & Advertising. Injury	$1,000,000
	Each Occurrence	$1,000,000
	Fire Damage (Any one Fire)	$ 100,000
	Medical Exp. (Any one Person)	$ 5,000

Additional Insured   Inc. Village of Lawrence and all appointed and elected officials, employees and volunteers using ISO form CG2026 or equivalent

Unacceptable Exclusions   Athletic Participants and Sexual Abuse & Molestation

Mandatory: Contractual Liability to extend to Hold Harmless;

If Alcohol is being served, evidence of Host Liquor Liability is required. If alcohol is being sold, evidence of Liquor Law Legal Liability is required.

II. UMBRELLA LIABILITY - Recommended

Coverage   Umbrella Form or Excess following form of primary General Liability and Automobile Liability

Suggested Limit $2,000,000

Additional Insured   Inc. Village of Lawrence and all appointed and elected officials, employees and volunteers

III. WORKERS COMPENSATION AND NYS DISABILITY

Statutory coverage is required if the Organization has employees that will be working on the premises.

Individual/Resident:

The Individual shall provide a copy of their Homeowners or Apartment/renter's Policy Declarations Page – minimum liability limit of $500,000. Policy shall not exclude the off-premises activities of the insured.

* The Municipal Board reserves the right to require alternative liability limits when applicable

USE OF FACILITIES FORM

Inc. Village of Lawrence

Guidelines for submission of application are as follows:

1. Review the enclosed Inc. Village of Lawrence Municipality Policy on Use of Village Facilities.

2. Review the Insurance Requirements for using Municipal Facilities, and forward to your

    insurance carrier for issuance of required certificates. NOTE: The Municipal Board

    reserves the right to require alternative liability limits when applicable.

3. Complete Application – do not leave any blanks.

Today's Date: _____

Date(s) & Times Requested: _____

Facility Requested: _____

Name of Organization: _____

If not an organization, name of Individual: _____

Nature of Event:_____

Will Admission be Charged? _____

Will Food be served? _____

Group Size:_____

Person in Charge:_____

Address:_____

_____

Phone #:_____

Special Request:_____

The undersigned, an officer of the Organization requesting use of the Inc. Village of Lawrence's facilities, or the individual requesting use of the Inc. Village of Lawrence's facilities, guarantees observance of all regulations governing use of facilities of the Inc. Village of Lawrence, payment of any charges incurred and states that the organization agrees to indemnify and save harmless the Inc. Village of Lawrence and the Municipal Board, employees and volunteers against any and all claims for damages or injury to persons or property that may be occasioned by, or arise from, the use of such facilities.

Signed _____   Print Name _____

Title _____   Date _____

Address _____   Phone _____

Administrator's Approval _____