

**Business of the Village Board
Village of Saranac Lake**

SUBJECT: Park Use Permit

Date: 7-25-2022

DEPT OF ORIGIN: Mayor Williams

Bill # 123-2022

DATE SUBMITTED 7-19-2022

EXHIBITS: _____

APPROVED AS TO FORM:

Village Attorney

Village Administration

EXPENDITURE
REQUIRED: \$

AMOUNT
BUDGETED: \$

APPROPRIATION
REQUIRED:

Resolution to approve park use application to Northern Forrest Canoe Trail and allow Beer Garden

MOVED BY: Catillaz SECONDED BY: Scollin

VOTE ON ROLL CALL:

MAYOR WILLIAMS	<u>yes</u>
TRUSTEE BRUNETTE	<u>yes</u>
TRUSTEE CATILLAZ	<u>yes</u>
TRUSTEE SCOLLIN	<u>yes</u>
TRUSTEE SHAPIRO	<u>yes</u>

RESOLUTION TO APPROVE PARK USE APPLICATION TO NORTHERN
FORREST CANOE TRAIL WITH PERMISSION TO ALLOW A BEER GARDEN

WHEREAS, Northern Forrest Canoe Trail will utilize Riverfront Park on Sunday, September 11, 2022 for Adirondack Canoe Classic, and,

WHEREAS, Northern Forrest Canoe Trail has provided necessary certificates of insurance, naming the Village of Saranac Lake as additionally insured, and,

WHEREAS, Northern Forrest Canoe Trail has a safety and containment plan for proposed beer garden, and,

WHEREAS, a special event permit from the New York State Liquor Authority is to be obtained by vendors and a copy of this permit will be placed on file with the Village,

THEREFORE BE IT RESOLVED, the Village Board of Saranac Lake authorizes the Northern Forrest Canoe Trail to use Riverfront Park on September 11, 2022 for the Adirondack Canoe Classic and allow proposed beer garden.

VILLAGE OF
SARANAC LAKE

Northern Forrest Canoe Trail

Adirondack Canoe Classic

September 11, 2022

7am-6pm

Jordanna Mallach

**VILLAGE OF SARANAC LAKE
EVENT/PARK USE REQUEST FORM**

Name of Organization: Northern Forrest Canoe Trail

Contact Person: Jordanna Mallach

Address: 8 _____, _____, NY 12983

Telephone: (work) _____ (home) _____ (cell) _____

Email address: jmallach@northernforrestcanoe.com

Classification FOR PROFIT or **NOT FOR PROFIT**

Name of Event: Adirondack Canoe Classic

Event Description: If necessary, please add another sheet to explain event

275 boats and approximately 600 participants will complete their 90 mile 3 day paddle event arriving at the finish line at Riverfront park.

Park Requesting: Riverfront Park

Road Closure: Lane closure on River Street from 9am-5pm for parking purpose

Hours of Operation for Event:

Set Up Date(s): Sept 11, 2022 _____ Hours: 7:00am-11:00am
Hours: _____

Event Date(s): Sept 11, 2022 _____ Hours: 11:00am-4:00pm
Hours: _____

Cleanup / Takedown: Sept 11, 2022 _____ Hours: 4:00pm-6:00pm
Hours: _____

Will there be food concessions or merchandise vendors? Yes No

If yes, please describe and attach certification from Health Department for food vendors

Food Vendors have not been finalized yet, but will provide health permits prior to event

We request permission to host a beer garden. See attached security plan as submitted to NYS License Department.

Will you require electricity? Yes No

If yes, for what use? (Additional fee may be applicable for "For Profit Events") Electricity will be necessary to keep the computer system charged that is the timing system for the race.

Will you utilize a music or voice amplification system? Yes No

If yes, please describe: A bullhorn will be used to announce racers as they arrive at the finish line.

Riverfront Park Permit Application
September 11, 2022
Northern Forest Canoe Trail / Adirondack Canoe Classic

Safety Plan for Proposed Beer Garden

We will insure safe and appropriate behavior with the following

- Clearly cordoned off "Beer Garden" will be the only place where alcohol will be served or consumed to contain consumption to restricted areas.
- Security at the "door" will be checking identification and issuing wristbands to prevent underage consumption. Security personnel will be trained and equipped with an ID guide.
- Servers will be professional bartenders with TIPS training controlling access to beverages to prevent service to intoxicated individuals and checking wristbands to ensure all customers have been checked by staff at door.
- Number of personnel and their duties:
 - 1-2 people at the entrance ensuring that people are over 21 or accompanied by an adult
 - 2-3 people patrolling perimeter watching out for over-served individuals and unintentional entrants.
 - 2-3 servers based on attendance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/05/2022

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 Jamieson Insurance Agency, Inc PO Box 7 Waitsfield VT 05673		CONTACT NAME: Jennifer Bucklin PHONE (A/C, No, Ext): (802) 496-2080 E-MAIL ADDRESS: jbucklin@hilbgroup.com FAX (A/C, No):	
INSURED Northern Forest Canoe Trail PO Box 565 Waitsfield VT 05673		INSURER(S) AFFORDING COVERAGE INSURER A: Alliance of Nonprofits for Insurance INSURER B: United Financial Casualty Co INSURER C: The Travelers A/R WC INSURER D: INSURER E: INSURER F:	
		NAIC # 10023 11770	

COVERAGES **CERTIFICATE NUMBER:** 22 23 WC **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	ADDITIONAL INSURED	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		2021-16028	08/09/2021	08/09/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 Improper Sexual \$ 250,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			01631163-8	06/09/2022	12/09/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Package Credit \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			2021-16028-UMB	08/09/2021	08/09/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	6JUB-4N76992-6-21	01/01/2022	01/01/2023	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)

Section 3A States: VT, NH

Holder is named as additional insured to the general liability per terms and conditions of attached form CG 20 26 12 19.

CERTIFICATE HOLDER

CANCELLATION

Village of Saranac Lake
39 Main Street, 2nd Floor
Saranac Lake NY 12983

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations; or
 2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.