



TOWN OF ISLIP DEPARTMENT OF PARKS, RECREATION & CULTURAL AFFAIRS

50 IRISH LANE • EAST ISLIP, NEW YORK 11730-2098 • (631) 224-5411

Angie M. Carpenter, Supervisor
Thomas S. Owens, Commissioner

2024 TOWN OF ISLIP APPLICATION FOR USE OF FACILITIES • BEACHES/PARKS/POOLS/FACILITIES

If your event is not on Town property and/or is over 200 people, please skip to page two.

This application must be submitted 60 days prior to the event.

FACILITY REQUESTED: _____

APPLICANT'S NAME: _____ MUST BE 21 YEARS OR OLDER

NAME OF ORGANIZATION OR COMPANY: _____

MAILING ADDRESS: _____

HOME PHONE: _____ CELL: _____ EMAIL: _____

ACTIVITY PLANNED: _____

Do you charge admission or fees to participate with your group? YES NO

If so, how much and what is it used for? _____

DATE(S) REQUESTED: _____ M T W TH F SAT SUN
PLEASE CIRCLE APPROPRIATE DAY(S)

RAIN DATE: _____ Must be paid for in full. NO REFUNDS.

TIME REQUESTED: START: _____ END: _____ EST. # OF VEHICLES: _____

ESTIMATED NUMBER OF PEOPLE INVOLVED: _____ WILL NEED BATHROOMS OPENED: YES NO

ALL GROUPS SEEKING NON-PROFIT RATES must submit evidence of incorporation as a non-profit organization either from the NY State Dept. of Finance or the Federal IRS. Groups may also be required to submit their by-laws, publications, registration fees, or rosters upon request.

Tax Exempt # _____

All members of the event must show either a Town of Islip Recreation Card, Disabled Recreation Card, Senior ID card or pay the appropriate gate admission. **WE DO NOT GUARANTEE PARKING SPACES.**

I have read the rules and regulations governing the use of Town property. By my signature, I, as well as the members of my group or organization, which I represent that we will abide by the rules and regulations. Please initial here _____

PLEASE SEE REVERSE SIDE FOR FEES AND PAYMENT INFORMATION.

APPLICANT'S SIGNATURE: _____ (MUST BE 21 YEARS OR OLDER) TODAY'S DATE: _____

OFFICE USE ONLY

APPROVED DENIED REASON: _____

APPLICANT NAME: _____ GROUP NAME (if applicable): _____

FACILITY: _____ DATE/TIME: _____

CAMP PAYMENT INSTRUCTIONS: _____ DATE/TIME: _____

FEE REQUIRED: YES NO AMOUNT PAID: _____ INSURANCE REQUIRED: YES NO

INCIDENT ACTION PLAN REQUIRED: YES NO COMMENTS: _____

DIVISION APPROVAL: _____

DEPUTY/COMMISSIONER: _____

DATE

DATE

*** PLEASE BRING THIS APPROVAL SLIP WITH YOU ON THE DAY OF YOUR EVENT ***
During your event if you need assistance, please call Public Safety at 631-224-5306.



TOWN OF ISLIP
Office of the Town Clerk

Linda D. Vavricka
Town Clerk & Registrar of Vital Statistics

APPLICATION FEE (Non- Refundable)
Carnival/Circus: \$500.00 **Fair:** \$400.00
Outdoor Show: \$400.00

CARNIVALS, CIRCUSES & OUTDOOR SHOWS APPLICATION

*****MUST BE SUBMITTED 60 DAYS PRIOR TO THE EVENT*****

Date of Application: _____ Date(s) of Event: _____ Rain Date (if any): _____

Title of Event: _____

Exact 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 Event a New Event? _____ if not, please specify the prior date: _____ Location

of Event: _____ Location of Rides (Booth Business) _____

SUPPLY GOOGLE (Street View) MAP OF THE SITE. (MARK EMERGENCY INGRESS AND EGRESS).

Actual Street Address: _____ Popular Name of Location if Applicable: _____

Staging Area: _____ Street Address of Staging Area: _____

Staging Beginning and End Time: _____

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

Specify if 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 _____

Will barricades 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 #: _____ Cell # _____

2. Name: _____ Position: _____

Home Address: _____

Home Telephone #: _____ Business Telephone #: _____ Cell # _____

Signature of Representative #1

Title of Representative #1

Signature of Representative # 2

Title of Representative # 2



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: _____



TOWN OF ISLIP
Office of the Town Clerk

Linda D. Vavricka
Town Clerk & Registrar of Vital Statistics

Name of Event: _____

Rain Date (If any): _____

Date of Event: _____

****For your convenience, you may make copies of this page to drop off for the first Responders to sign. ****

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.

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

Signature of Inspector/ Dep. Inspector/ Captain

Date

Comments:

Fire Department in which event is being held:

Signature of Chief of Department

Date

Comments:

Emergency Medical Services in which the event is being held:

Signature of Chief of Department

Date

Comments:

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
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

☐ N/A

<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 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 _____



**COUNTY OF SUFFOLK
NEW YORK**



POLICE DEPARTMENT

Kevin Catalina
ACTING POLICE COMMISSIONER

In order to promote and insure a safe and successful event, organizers are required to supply sufficient volunteers along event routes or security personnel at festivals/carnivals. Volunteers and or security personnel need to reflect the number of expected attendees. When submitting applications, please note the number of volunteers/security guards or provide the name of private security company.

Please attach above addition to the event application.

Michael L. Teplansky
Captain/Third Precinct



ACCREDITED LAW ENFORCEMENT AGENCY

Visit us online at: www.suffolkpd.org

Crime Stoppers Confidential Tip Hotline: 1-800-220-TIPS

**Non-Emergencies Requiring Police Response - Dial: (631) 852-COPS
30 Yaphank Avenue, Yaphank, New York 11980 – (631) 852-6000**



3rd PRECINCT CHECK LIST FOR TOWN OF ISLIP EVENTS

IF YOU ARE HERE TO HAVE AN EVENT SIGNED, PLEASE HAVE THE FOLLOWING FOUR (4) ORIGINAL PIECES OF PAPER WHICH ARE COMPLETELY FILLED OUT AND LEGIBLE. WITHOUT THE FOLLOWING NO EVENTS CAN BE SIGNED.

- **PARADE/RACE/ASSEMBLY and CARNIVAL/CIRCUS/OUTDOOR SHOW APPLICATIONS**
- **INCIDENT ACTION PLAN**
- **COMPLETE MAP OF RACE COURSE OR EVENT AREA**
- **SIGNATURE PAGE**

WITHOUT ANY OF THE ABOVE, UNFORTUNATELY, NO PAPERWORK CAN BE SIGNED.

THANK YOU FOR YOUR COOPERATION.

NON-DISCRIMINATION/EQUAL OPPORTUNITY:

Special events shall comply with all local, state, and federal laws and regulations pertaining to non-discrimination and equal opportunity in the areas of employment, subcontracting, and use of the Town property and public rights of way. It is the sole responsibility of the permit applicant, as the designated Responsible Party, to ensure the event is in compliance with all applicable local, state, and federal laws and regulations pertaining to non-discrimination and equal opportunity in the areas of employment, subcontracting, and use of the Town property and public rights of way.