



**TOWN OF ISLIP**  
Office of the Town Clerk

**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 \*\*\*

\*IF ATTENDANCE IS IN EXCESS OF 1,000 PEOPLE, APPLICATION MUST BE SUBMITTED 60 DAYS PRIOR TO EVENT\*

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 event a New Event? \_\_\_\_\_ if not, please specify the prior date: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Popular Name If Applicable: \_\_\_\_\_

Staging area: \_\_\_\_\_ Street address of Staging Area: \_\_\_\_\_

Staging Beginning Time and End Time: \_\_\_\_\_

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*

Name and day telephone # of person for the public to contact to participate in the event:

Name: \_\_\_\_\_ Telephone Number #: \_\_\_\_\_

Cell Phone # of person at the event to contact on the day of event: \_\_\_\_\_

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

Total Number of: Bands \_\_\_\_\_ Marching Units \_\_\_\_\_ Floats \_\_\_\_\_ Vehicles \_\_\_\_\_ Other \_\_\_\_\_

Total number of marchers/runners (approximately) : \_\_\_\_\_

Assembly Location (s) and time (s): \_\_\_\_\_

**ALL APPLICANTS ARE RESPONSIBLE FOR NOTIFYING LOCAL RESIDENTS AND MOTORISTS OF ANY ROAD CLOSINGS. 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 ROUTE. 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 (Yes \_\_\_\_\_ No \_\_\_\_\_ 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 serve at this event? \_\_\_\_\_



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Please contact the following departments and have them sign that they have received a copy of the application and the Incident Action Plan and will review it.

**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

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I, \_\_\_\_\_ solemnly affirm that all of the above are true and correct, and unconditionally guarantee the quiet, lawful and peaceful conduct of the Parade/Race assembly for which this permit is sought

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**TOWN OF ISLIP**  
655 Main Street  
Islip NY 11751

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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: \_\_\_\_\_



# 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 \_\_\_\_\_



**COUNTY OF SUFFOLK  
NEW YORK**



**POLICE DEPARTMENT**

**GERALDINE HART**  
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.

Joseph D. Hauswirth  
Captain/Third Precinct



**ACCREDITED LAW ENFORCEMENT AGENCY**  
*Visit us online at: [www.suffolkpd.org](http://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**

