



Incorporated Village of Sea Cliff

300 Sea Cliff Avenue

Sea Cliff, NY 11579

(516) 671-0080 • www.seacliff-ny.gov

For Village Use Only

Approved

By _____

Signature _____

FACILITY USE PERMIT APPLICATION

Denied

Date of Application _____

Check one:

Park _____ Facility _____ Beach
(name of park) (name of facility)

APPLICANTS NAME _____ Sea Cliff Resident Non-Resident

APPLICANTS ADDRESS _____

APPLICANT'S PHONE _____ APPLICANTS EMAIL _____

NAME OF ORGANIZATION _____

APPLICANTS POSITION IN ORGANIZATION _____

ORGANIZATION'S OFFICIAL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Is this a Non-Profit Organization? YES NO FED TAX ID (if yes) _____

DESCRIPTION OF ACTIVITY(S) _____

Dates Requested _____

Days & Hours Requested

MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____

FRIDAY _____ SATURDAY _____ SUNDAY _____

of Participants Expected Daily _____ Will Admission Be Charged? NO YES _____
Admission cost

Will Alcohol Be Consumed? No YES If Yes, will alcohol be sold or served? No YES

The APPLICANT understands and acknowledges that the information provided in the application is true and accurate, and that the Village of Sea cliff is relying on these statements and representations as a basis for the issuance of a permit. The APPLICANT agrees to abide to the terms set forth in this application, and the Laws, Rules and regulations of the Village of Sea Cliff. The APPLICANT understands that their organization may not sublease, sell, or assign a permit to another entity. Any violation of the rules or conditions will result in a permit being revoked.

SIGNATURE _____ DATE _____

The APPLICANT listed on the FACILITY USE PERMIT APPLICATION, whether the officer of an organization of an individual requesting use of Sea Cliff Village facilities, guarantees observance of all regulations governing use of said facilities, payment of any charges incurred and states that the organization/individual agrees to indemnify and save harmless the Village of Sea Cliff, all elected and appointed officials, 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.

RESPONSIBILITY

The APPLICANT listed on the FACILITY USE PERMIT APPLICATION, whether the officer of an organization of an individual requesting use of Sea Cliff Village facilities is and shall be responsible for any and all damages arising from any individuals attending their event, whether formally or casually, or their use of the Village of Sea Cliff facilities regardless of the action or inaction of the Village of Sea Cliff or its members, agents, Board members, officers and/or employees. The APPLICANT shall indemnify and hold and save harmless the Village of Sea Cliff, its elected and appointed officials, and employees from any and all claims and/or lawsuits arising from the use of the facilities by APPLICANT (organization and individual), their guests, participants, visitors, contractors, vendors, agents, and others regardless of the action or inaction of the Village of Sea Cliff. Further, the Village of Sea Cliff is not and shall not be under any obligation to supervise or oversee the permit holder’s use of the facilities.

Insurance Requirements for the Use of Facilities

COMMERCIAL GENERAL LIABILITY

Limits	General Aggregate	\$2,000,000
	Products-Comp/Ops Aggregate	\$1,000,000
	Personal & Advertising Injury	\$1,000,000
	Each Occurance	\$1,000,000
	Fire Damage (any one fire)	\$50,000
	Medical Expense (any one person)	\$5,000

Additional Insured	The Incorporated Village of Sea Cliff and all appointed and elected officials, employees and volunteers. Using ISO form CG2005
Unacceptable Exclusions	Athletic Participants and Sexual Abuse & Molestation
Mandatory	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

INDIVIDUAL/RESIDENT

The individual shall provide a copy of their Homeowners or Apartment/Renters Policy Declarations Page – minimum liability of \$100,000. Policy shall not exclude the off-premises activities of the insured

PRIOR TO ISSUING A PERMIT THE FOLLOWING IS REQUIRED *(unless waived by the Board of Trustees)*

- Proof of Insurance
- Proof of Residency
- Certificate of Incorporation
- Proof of Non Profit Status, if applicable - IRS 501(c)3 certificate)

A copy of this application, signed by the appropriate Village Official, will be returned to you if approved. This will become your Use Permit.

INDEMNIFICATION / HOLD HARMLESS AGREEMENT

(MANDATORY - MUST BE SUBMITTED WITH FACILITY USE REQUEST)

The Applicant shall indemnify and hold harmless the Incorporated Village of Sea Cliff, its officers, employees, and/or agents from any and all liability, damage, loss, claims, demands and actions of any nature whatsoever, for any reason whatsoever, foreseeable or unforeseeable, which arises out of or is connected with, or is claimed to arise out of or connected with, the use of the Village facility by the Applicant and its members, invitees, guests, visitors, spectators and participants, any undertaking, product, goods, merchandise, products, services given/sold and/or work supplied, furnished or performed by the Applicant or its agents, liability, damages, loss, claims, attorneys and adjusting fees, demands and actions on account of personal injury, death or property loss to the Incorporated Village of Sea Cliff its officers, employees, agents or to any other persons, third parties, or property, but shall not include claims resulting from the gross negligence or willful misconduct of the Incorporated Village of Sea Cliff. This indemnity and hold harmless is intended to be as broad as is permitted by law and to include claims of every kind and nature – for tort, under contract; for strict liability or other liability without fault; under statute, rule, regulation or order; and otherwise.

IN WITNESS WHEREOF, the undersigned has duly executed this Agreement the ___ day of _____, 20__.

Name of Applicant (Entity/Organization)

Name of Representative of Applicant

Signature

Title

Address of Applicant

Address of Representative

Date