

TOWN OF BEDFORD
Office of the Supervisor
321 Bedford Road
Bedford Hills, NY 10507



Phone 914-666-6530
Fax 914-666-5249
Supervisor@BedfordNY.gov

TOWN OF BEDFORD EVENT APPLICATION INFORMATION

We're delighted that you're planning an event for your group in one of our three hamlets in Bedford (Katonah, Bedford Hills, Bedford Village) and would like to help make the process as easy as possible. I enclose a simple, one-page application form that I ask you to complete and return as soon as possible to pcohen@bedfordny.gov.

As you'll see on the form, we need advance notice of not less than four weeks prior to the event and no less than one week prior to a Town Board meeting. Please note that you must contact Police, Highway, and Recreation Department representatives prior to submission of the application so the department(s) can determine what, if any resources are needed for the event.

It is necessary for you to meet with the following departments, especially if you are planning a large event. Please note the following contact information:

Department	Contact	Telephone Number/E-Mail Address
Highway	Commissioner Kevin Winn	914.666.7669 / Highway@BedfordNY.Gov
Police-Operations Department	Operations Lieutenant	914.241.3111 / BedfordPolice@BedfordNY.Gov
Recreation & Parks	Superintendent Chris Soi	914.666.7004 / Recreation@BedfordNY.Gov

Please let me know if you have any questions. I'll be happy to help.

Sincerely,

A handwritten signature in cursive script that reads "MaryAnn Carr".

MaryAnn Carr

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PROPOSED EVENT APPLICATION FORM

(Please complete not less than four weeks prior to event date and not less than one week prior to Town Board meeting)

Organization Name: _____ Address: _____

City/State/Zip: _____

Contact Name: _____

Phone: _____ Email: _____

EVENT INFORMATION

Event Name: _____ Date/Time of Event: _____

Number of attendees expected: _____ Alcohol: Yes _____ No _____

Location/Address of Event: _____

Is event taking place on a Town road: _____ or in a parking lot: _____

Other: _____

Event Description:

Describe recycling plans for your event and include these plans in the application:

Signature: _____ Date: _____

Comments

TOWN USE:	
Department	Needs
<input type="checkbox"/> DPW/Highway	____ Personnel ____ Saw Horses/Cones
<input type="checkbox"/> Police	____ Personnel
<input type="checkbox"/> Recreation	____ Facility ____ Personnel
<input type="checkbox"/> Town Clerk	____ Hold Harmless ____ Insurance



TOWN OF BEDFORD
321 Bedford Road, Bedford Hills, NY 10507

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

We agree to hold harmless, indemnify and defend the Town from and against any and all claims, damages, liabilities, obligations, judgments, charges, costs, expenses and fees, including but not limited to personal injury and property damage or theft, arising from our use of the Bedford Hills Community House or any other Town owned property.

Organization Name: _____

Event Location:

Date of Event: _____

Name: _____ Signature: _____

Date: _____

Please sign, date and return to:

Town of Bedford
Town Clerk's Office
321 Bedford Road
Bedford Hills, NY 10507
Fax (914) 666-5249



TOWN OF BEDFORD
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INSURANCE REQUIRED FOR USE OF TOWN OF BEDFORD OWNED PROPERTY

The user and any sub-contractor (i.e. caterer, entertainment or vendor) must provide insurance as follows:

1) Commercial General Liability (CGL)

- Limits of not less than \$1,000,000 Each Occurrence/\$2,000,000 Annual aggregate
- Town of Bedford and their agents, officers, directors and employees must be listed as additional insured. Coverage for the additional insured shall apply as Primary and Non-Contributing Insurance before any other insurance or self-insurance, include any deductible, maintained by, or provided to, the additional insured's.
- Waiver of Subrogation to be included in favor of the Town of Bedford
- Coverage for athletic participants must be included if renter is an athletic team or league.

2) Workers Compensation and Employers' Liability and N.Y.S. Disability for all employees

- Statutory Workers' Compensation & Employers' Liability including a Waiver of Subrogation in favor of the Town of Bedford
- N.Y.S. Disability Benefits Insurance

NOTE: ACORD form is not acceptable proof of workers compensation coverage; must provide C-105.2 and Disability to be provided on DB-120.1.

- 3) All users acknowledge that failure to obtain such insurance on behalf of the Town of Bedford Constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the Town of Bedford. The user must provide the Town of Bedford with a certificate of insurance, evidencing the above requirements have been met, prior to the event or use of facilities. The failure of the Town of Bedford to object to the contents of the certificate or absence of same shall not be deemed a waiver of any and all rights held by the Town of Bedford.

Note: The coverage must be underwritten by an Insurance Company with at least 'A 7' Best rating as defined by A.M. Best.

If applicant is applying for an Alcohol permit from the Town Clerk, the certificate of Insurance must also include alcohol coverage as follows:

- If a fee is not being charged to those attending the applicant's event, "Host Liquor Liability" coverage must be provided at the same limits indicated in 1) above.
- If a fee is being charged to those attending the applicant's event, "Liquor Law Liability" coverage must be provided at the same limits as indicated in 1) above.

Individuals:

Required Insurance:

- **Homeowners Insurance**

Liability: \$500,000 limit of liability. Policy shall not exclude the off-premises activities of the insured and should include Host Liquor Liability.