

Town of Arietta Building/Grounds Use Permit

PO Box 37, 1772 State Route 8, Piseco, NY 12139

Phone: 518-548-3415

FAX: 518-548-6203

PLEASE FILE AT LEAST ONE WEEK PRIOR TO THE DESIRED DATE OF USE. FILL OUT, SIGN & RETURN TO THE ABOVE ADDRESS.

Today's Date \_\_\_\_\_

Name of Organization or Individual requesting use: \_\_\_\_\_

Date of Requested Use: \_\_\_\_\_ Hours of Requested Use: \_\_\_\_\_

Nature/Purpose/Activity for which the facility/grounds will be used (please be specific):

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Will this event include minors (under 18)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who is the individual responsible for ensuring adequate adult supervision? \_\_\_\_\_

What is their position with the organization/group? \_\_\_\_\_

Their contact information \_\_\_\_\_

Is a fee charged for participation/admission? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what will the proceeds be used for \_\_\_\_\_

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Liability Insurance Carrier: \_\_\_\_\_

I, the Applicant user, agrees to protect, defend and hold harmless the Town & its officers, agents and employees any claim, matter or suit which arises out of, or is related to applicant's use of Town's buildings and grounds.

**Organization's Required Insurance:** Certificate of Insurance (COI) indicating \$1,000,000 per occurrence/\$2,000,000 aggregate and naming Town as additional insured.

**Individuals Required Insurance:** Homeowners Insurance \$100,000 limit of liability required, and the policy must **not exclude** the off-premises activities of the insured. Town to be named as additional insured.

In making this application, I, (or my organization) agree to comply with all rules/regulations governing the use of Town Facilities as itemized on the reverse side of this form.

APPLICANTS SIGNATURE \_\_\_\_\_ Phone \_\_\_\_\_

Organization \_\_\_\_\_ Title \_\_\_\_\_

OVER