

Movie - Video - Recording Productions

Town of Goshen

41 Webster Avenue
Goshen, New York 10924
(845)294-6250 (Fax) (845) 291-3673

EVENT PERMIT APPLICATION (all applicants)

Processing Fees must accompany this application for the review process to begin. All processing fees are non-refundable. Applications should be submitted no later than 2 months prior to an event.

Applicant: _____
Print or Type Name (Area Code) Telephone Number

Address _____
City State Zip Code

Type of Event (check all that applies): Art Exhibit ___ Children's Program ___ Musical ___ Festival ___ Non-profit ___
Fund-Raising ___ Trade Show ___ Public Affairs ___ Performing Arts ___ Other ___ Run ___
Walk ___ Race ___ Parade/Motorcade ___ Cycling ___ Carnival ___ Cultural Entertainment ___
Block Party ___ Movie-Video & Recording Productions ___

Event Coordinator/Company Name/Organization _____
E-Mail Address (Area Code) Telephone Number

Address _____
City State Zip Code

SUPPORT PERMIT REQUIREMENTS:

PLEASE NOTE THAT ALL COMPONENTS OF THE EVENT ARE SUBJECT TO APPROVAL BY THE GOSHEN TOWN BOARD AND MAY REQUIRE APPROVAL BY/AND OR PERMITS FROM OTHER AGENCIES. IT IS THE RESPONSIBILITY OF THE APPLICANT/SPONSOR TO SECURE ALL NECESSARY PERMITS AND PROVIDE APPROPRIATE DOCUMENTATION WITH THE APPLICATION.

| | | | | |
|------------------------------|---------------------|----------------------|-------------------------|----------------|
| Fees Paid: Approved _____ | Processing \$ _____ | For Office Use Only: | | |
| | Disapproved _____ | Police \$ _____ | Planning Dept. \$ _____ | Other \$ _____ |
| | | Receipt No. _____ | Date _____ | |

MOVIE - VIDEO & RECORDING PRODUCTIONS

Film productions must submit for Permit approval (a) at least seventy-five percent (75%) support in the form of signatures from active and open businesses, home owners or tenants (occupied) that are being impacted by filming. (b) A CERTIFICATE OF INSURANCE and (c) INDEMNIFICATION AGREEMENT is required. Upon evaluation of services needed, Police services cost will be determined. Additional forms A & B must accompany this application. Initial Processing fee \$200. Additional fees will be determined upon application review.

Company: _____ Production Contact _____
On-Site Contact: _____ Producer (if different from applicant) _____
Mailing Address: _____ City _____ State _____ Zip Code _____
Work Phone: _____ Cell Phone _____ E-mail _____

Organization Type: () Non-profit () For Profit () Government () Corporation
If incorporated, name of Principal Officer or Corporation _____
Address: _____

Film Title or Product: _____
Production Type: () Still () Film () Movie () Video () Multimedia () Other _____
Classification: () Feature () Short () Commercial () Television movie () Show () Series
() Music video () Documentary () Industrial () Educational () Student () Other _____

Dates Shooting: From _____ To _____ Rigging: From _____ To _____
Scouting: From _____ To _____ Times: From _____ To _____

Number of Cast: _____ Crew _____ Other _____ (Attach key personnel contact list)
Child Performers (16 years or under) () No () Yes If yes, Submit child(s) age and specify activity

▶ Attach a list of all production vehicle plate numbers.

Filming Location

Activity to take place on (check all that applies): Partial road use _____ Full road closure _____ Town Rd _____ Pvt. Rd. _____
Heritage Trail _____ Vacant Land _____

▶ Usage of Heritage Trail requires attached permit #00039 from the Orange Co. Dept. of Parks, Recreation & Conservation

€ Attach a map showing streets and areas to be affected by filming and proposed closures. Identify any special parking and traffic circulation requirements/requests (e.g. road closures, detours, parking layouts.)

€ Summarize sets and structures to be erected or modified; include stage, platforms, bleachers, canopy/tents etc.

€ Summarize any special effects planned; pyrotechnics, explosions, car crashes, firearms etc. Attach Permits from the Goshen Fire Department, 845-294-3448 _____

€ Summarize the planned use of vehicles, aircraft, helicopters, hot air balloons, etc. _____

€ Summarize the use of animals _____

TOWN OF GOSHEN POLICE DEPARTMENT –Form B

44 Police Drive
Goshen, New York 10924
(845)294-9555 Fax(845)615-1398

Applicant Information – Answer only those that apply to this event.

Applicant's name: _____
Contact person (if applicant is an organization) _____
Address _____ Phone Number _____
Drivers Lic # and State _____ Business License # _____

Complete Where Applicable

A. In reviewing applications, the Town of Goshen Police Department may require the applicant to provide internal security to protect operations of activities. Private licensed and bonded security may be used to meet these requirements. If required and if necessary, police costs/services are the responsibility of the permit holder. The Permitted shall promptly report any and all unusual incidents directly to the Town of Goshen Police Department. Unusual incidents include, but are not limited to: damage to Town property, accidents, personal injuries, alcohol consumption and emergencies involving medical personnel.

1. On a separate sheet of paper, list your plans for internal security; include the name of licensed/bonded security agency or number of guards and their names and credentials. It is recommended to provide one (1) clearly identified Security guard for every fifty (50) attendees to be on site starting ½ hour before the event remaining until ½ hour after closing.

B. Ingress/egress of the event location either from a highway, road or street shall not interfere with the activities of people living, working, traveling in the area. Similarly, the event location will not obstruct pathways internally and externally for access by ambulances, fire equipment and other emergency vehicles. The Permitted is responsible for communicating safety terms and conditions, especially permission to use access roads and appropriate parking locations to all guests and to all of their service providers including, but not limited to: caterers, portable toilet company, vendors, band members or DJ, buses etc. Therefore a safety plan is required to protect public health, safety and property before, during and after said event.

2. On a separate sheet of paper provide a safety plan to include, but not limited to: emergency treatment of any person who might require immediate medical attention, the precautions to be utilized for fire protection- water supply for fire control, number & type of protective devices/extinguishers. A statement that no soot, cinders, smoke, noxious acids, -unusual odors will emanate beyond the perimeters of the property line of assembly. Include a statement from the Goshen Fire Department regarding notification and approval of fire regulations to be observed during the event activities.

▶ 3. Contact the Town of Goshen Police Chief @ 845.294.9555. Approval is required from the Police Chief determining what safety precautions are needed to traverse on selected Town roads.

For Official Use Only:

Applicant/Sponsor has ever been convicted of a misdemeanor or felony: Y/N
Site requires safety inspections: Y/N before _____ during _____ after _____ the event
Site requires Fire Department Approval: Y/N If yes approval documentation submitted & reviewed
Site requires assistance from the Goshen Police Dept: Y/N
If applicable: Officers Needed _____ Start Time _____ End Time _____
Fee: _____ »see fee schedule attachment«

Approve _____
Disapprove _____
Comments: _____

Police Chief Signature

APPLICANT/SPONSOR RESPONSIBILITIES:

APPLICANT SHALL PROVIDE SECURITY (SUPERVISION) AT ALL TIMES FOR ANY SET CONSTRUCTION, TENTS OR OTHER TEMPORARY STRUCTURES ON LOCATION SITE. APPLICANT IS RESPONSIBLE FOR REMOVAL OF ANY AND ALL TRASH GENERATED BY THE PRODUCTION.

SUBMIT EVIDENCE OF INSURANCE PRIOR TO FINAL PERMIT APPROVAL. PLEASE PROVIDE A CERTIFICATE OF INSURANCE WHICH NAMES THE TOWN OF GOSHEN AS AN ADDITIONAL INSURED AND SHOWS A MINIMUM OF \$1 MILLION IN COMMERCIAL GENERAL LIABILITY INSURANCE AND A POLICY ENDORSEMENT WHICH INDEMNIFIES AND HOLDS HARMLESS THE TOWN OF GOSHEN FROM ANY AND ALL CLAIMS AND JUDGMENT FOR PERSONAL INJURY OR DAMAGE TO PROPERTY RESULTING, DIRECTLY OR INDIRECTLY, FROM THE ACTIVITIES IN CONNECTION WITH WHICH THIS IS ISSUED AND FROM ANY COSTS AND EXPENSES TO WHICH THE TOWN OF GOSHEN MAY BE SUBJECTED OR WHICH IT MAY SUFFER OR INCUR BY REASON THEREOF. THE APPLICANT FURTHER AGREES TO COMPLY WITH THE PERTINENT PROVISIONS WITHIN THE CODE OF THE TOWN OF GOSHEN. THE APPLICANT HAS READ THE LIST OF SPONSOR, TERMS AND CONDITIONS AND HAS AGREED TO ALL TERMS AND CONDITIONS THAT APPLY TO THIS APPLICATION.

Signature(s) indicate an agreement to abide by the terms and conditions of this permit and to ensure that service providers and others in my party will abide by these conditions.

NOTARY

State of New York
County of Orange ss:
Town of Goshen

_____, deposes and says that he/she is the true named applicant, or representative of said applicant, that the statements in said application are true.

Signature of Applicant/Representative: _____ Date _____

AND Signature of OR Producer/Director: _____ Date _____

Subscribed and sworn to before me this _____ day of _____ 20_____,

Commissioner of Deeds/ Notary Public Expires _____

Accepted

Certificate of Coverage

Date: 6/4/2014

| | |
|---|---|
| Certificate Holder Archdiocese of New York 1011 First Avenue New York, New York 10022 | This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below. |
| Covered Location Catholic School Region of Ulster, Sullivan & Orange 19 Glenmere Avenue Florida, New York | Company Affording Coverage THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA 10843 OLD MILL RD OMAHA, NE 68154 |

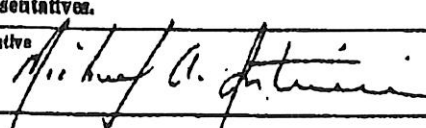
Coverages:

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

| Type of Coverage | Certificate Number | Coverage Effective Date | Coverage Expiration Date | Limits | |
|--|--------------------|-------------------------|--------------------------|----------------------------|-----------|
| Property | | | | Real & Personal Property | |
| D. General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made | 8869 | 9/1/2013 | 9/1/2014 | Each Occurrence | 1,000,000 |
| | | | | General Aggregate | |
| | | | | Products-Comp/OP Agg | |
| | | | | Personal & Adv Injury | |
| | | | | Fire Damage (Any one fire) | |
| Excess Liability | | | | Each Occurrence | |
| | | | | Annual Aggregate | |
| Other | | | | Each Occurrence | |
| | | | | Claims Made | |
| | | | | Annual Aggregate | |
| | | | | Limit/Coverage | |

Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)

Town of Goshen is provided additional insurance status on a primary & non-contributor basis with waiver of subrogation with respects to the 5k race to be held on June 14, 2014 at Goshen, New York.

| | |
|--|---|
| Holder of Certificate: Additional Protected Person(s) Town of Goshen 41 Webster Ave. Goshen, NY 10924 | Cancellation Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. |
| 0041021201 | Authorized Representative  |