



Decorating Service Proposal

Town of Orangetown
 26 W Orangeburg Rd,
 Orangeburg, NY 10962

8/20/2024

Deposits Due by October 1

Description	Location	Color	Total
Install, Maintain, Remove and Store Existing Display that includes: 4 foot pole mount snowflakes on Central ave 5.5 foot pole mount snowflakes on telephone poles at corner of Rte 304 5.5 foot pole mount snowflakes on telephone poles on Middletown Rd Over the street skylines on Central Ave below railroad tracks and at Central Ave field Install Mini lights on all decorative light poles in downtown area Price includes installation, maintenance, removal and storage			14,900.00
		Subtotal	\$14,900.00
		Sales Tax (0.0%)	\$0.00
		Total	\$14,900.00

50% deposit or payment in full due prior to installation. Balance due upon completion of installation.

- I would like to make my 50% deposit
- I would like to make my payment in full

CC#

Exp Date

Security Code

Remaining balances are due upon installation.

Terms and Conditions

Please sign and date in the designated area on the proposal and return to us at your earliest convenience. I have read, understand and agree to the policies, terms and conditions outlined on the reverse of this page. Customer has the right to rescind this contract by giving written notice to the service provider within three days from the date below.

Installation services begin approximately October 15th.

I would prefer my display be taken down on or about _____

Please note installation dates are on a first come first serve basis, we will do our best to accomodate any requests.

Signature: _____ Date: _____ Print Name: _____

Christmas Lighting Company
PO Box 1151
Pearl River, NY 10965
845-920-1771

BECKMANN APPRAISALS, Inc.

67 MAIN STREET

TAPPAN, NEW YORK 10983

REAL PROPERTY APPRAISERS, ANALYSTS AND CONSULTANTS

William R. Beckmann, MAI, CRE, FRICS, Certified General Real Estate Appraiser
Ann Marie Mulholland, Certified General Real Estate Appraiser

(845) 359-0070
fax (845) 359-3652
www.beckmannappraisals.com

Via Email Only

rmagrino@orangetown.com

October 15, 2024

Town of Orangetown
Office of the Town Attorney
Robert V. Magrino, Esq.
26 Orangeburg Road
Orangeburg, New York 10962

RE: 175 Hunt Road, Orangeburg
Tax ID #73.15-1-1

Dear Mr. Magrino:

This letter will serve as our proposal and, provided it is accepted by you within thirty days of this date, our letter of agreement to appraise the real property noted above for the purpose of determining the fee simple fair market value. The purpose of the appraisal is to estimate value of the land only, as if vacant, for potential sale and use as a minimum thirty (30) megawatt data center by the buyer, and for no other use or purpose. It is our understanding the subject property is approximately 10.1 acres of land in the hamlet of Orangeburg, Town of Orangetown, Rockland County, New York.

Our analysis will be prepared in conformity with the Code of Professional Ethics, the Standards of Professional Appraisal Practice, and the Supplemental Standards of Professional Appraisal Practice of the Appraisal Institute as well as the Uniform Standards of the Professional Appraisal Foundation. Our analysis also may be subject to any special assumptions and limiting conditions which may become apparent during the course of the assignment.

You and/or the client shall be required to cooperate with us and promptly provide to us, on request, all information and data reasonably required by us to prepare our evaluation, including surveys and access to inspect the property.

Our fee for the professional services in preparation of our analysis described above for a Restricted appraisal is \$4,500 to be paid upon completion of the reports.

If these arrangements are satisfactory, you may authorize the assignment by signing this letter as accepted and returning it, after which our professional services shall commence.

We appreciate your consideration of our firm and look forward to working with you on this assignment.

Very truly yours,



William R. Beckmann, MAI, CRE

Accepted by Robert V. Magrino, Esq. on behalf of the Town of Orangetown



PEARRIV-01

JBENNETT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/9/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Maury, Donnelly & Parr, Inc. 24 Commerce St. Baltimore, MD 21202	CONTACT NAME: PHONE (A/C, No, Ext): (410) 685-4625 FAX (A/C, No): (410) 685-3071 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #
INSURED The Pearl River Chamber of Commerce P.O. Box 829 Pearl River, NY 10965	INSURER A: American Casualty Co. of Reading, PA 20427 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

RECEIVED

AUG 26 2024

TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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 INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		4025932540	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder is listed as an additional insured

CERTIFICATE HOLDER CANCELLATION

Town of Orangetown 26 W. Orangeburg Road Orangeburg, NY 10962	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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**TOWN OF ORANGETOWN
ALCOHOLIC BEVERAGE PERMIT AGREEMENT**

By requesting and accepting permission from the Town of Orangetown to dispense alcoholic beverages on Town property in accordance with Town Code §10-4(B), in addition to any other obligation undertaken and assumed by the Applicant/Permittee as part of the application, or otherwise under the law, the Applicant further agrees:

INSURANCE:

The Permittee shall procure and maintain throughout the period of the Permit insurance coverage, naming the Town of Orangetown, its officers, employees and agents as additional insured thereon, in the following amounts:

- General Liability Insurance in a minimum amount of One Million Dollars (\$1,000,000.00) per individual and Two Million Dollars (\$2,000,000.00) per occurrence for bodily injury, including death;

INDEMNIFICATION:

The Applicant/Permittee further agrees, to the fullest extent permitted by law, to indemnify and hold harmless the Town of Orangetown, its officers, employees, and agents, against all claims, suits, actions, liabilities, losses, costs, damages or expenses and costs of every description including reasonable attorney's fees and other costs expenses of litigation arising out of, or directly or indirectly due to, wholly or in part, any act or omission of Applicant/Permittee and/or the Applicant/Permittee's invitees, agents and/ except to the extent caused by the negligence and/or willful misconduct of the Town of Orangetown.

The Permittee's obligations under this section shall not be deemed waived, limited or discharged by the procurement or enumeration of any insurance for liability for damages. The termination of this Permit for any reason shall not release Permittee from its obligations under this section.

ENTITY INFORMATION:

If the Applicant/Permittee is not an individual, the Applicant/Permittee is required to provide proof that the entity is an entity organized and operating under the laws of the State of New York, or another state, and shall provide a Certificate of Good Standing or other such proof satisfactory to the Town that the entity is in good standing at the time of application.

COMPLIANCE WITH STATE LIQUOR AUTHORITY:

The applicant agrees that it will abide by any and all regulations of the New York State Liquor Authority (SLA), including requiring any persons or entities dispensing alcoholic beverages pursuant to this request to have appropriate licenses from the SLA for such purpose, and ensuring they shall abide by all rules and conditions of the SLA with respect to said license and dispensing alcoholic beverages outside of regular establishments.

GOVERNING LAW:

The Applicant/Permittee agrees that in the event of any of any claim, cause of action, lawsuit, loss or any legal action arising out of the activities of the Applicant/Permittee regarding activities related to the issuance of this permit in which the Town is a party or which the Town seeks to name the Applicant/Permittee as a party shall be subject to and conclusively resolved in accordance with the laws of the State of New York, and without giving effect to the conflict of laws provisions thereof. Venue for the resolution of any such dispute shall be the Supreme Court of the State of New York, Rockland County and by signing below, the Applicant/Permittee consents to jurisdiction thereof.

By signing below, the undersigned represents that he/she has the authority to bind the Applicant/Permittee to the terms of the Application and binds the applicant hereto.

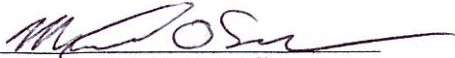
APPLICANT/PERMITTEE:

Organization/Entity/Individual Name:

Pearl River Board of Trade

State/Date of Incorporation (If Applicable): NY 1958

Proof of Good Standing provided: Yes No



Signature of Responsible Officer

Michael O'Sullivan

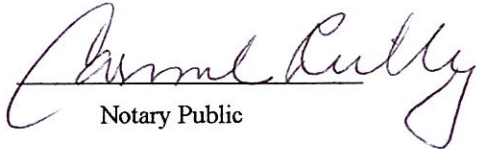
(Print Name and Position)

STATE OF NEW YORK)

ss:

COUNTY OF ROCKLAND)

On the 16th day of October, 2014, before me, the undersigned a Notary Public in and for said state, personally appeared Michael O'Sullivan personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual or the person upon behalf of which individual acted, executed the instrument.


Notary Public

APPROVED:

Carmel Reilly
Notary Public, State of New York
No. 01RE6049859
Qualified in Rockland County
Commission Expires October 23, 2016

Teresa M. Kenny, Town Supervisor
Town Board Resolution No. _____

BID OPENING TIME

11:00AM

DATE

10/10/24

CONTRACTOR
NAME
&
ADDRESS

*Call us at 10/10/24 9:33 AM
Turco Golf Inc
Pompano Lakes NJ
10/10/24 10:18 AM
Downs Tree Service
Hawthorne NJ*

Mobilization - Qty 1, Units LS

Unit Cost	\$ 4,280.76	\$ 46,000.00	\$	\$
Amount	\$ 4,280.76	\$ 46,000.00	\$	\$

General Conditions - Qty 1, Units LS

Unit Cost	\$ 23,990.00	\$ 2,000.00	\$	\$
Amount	\$ 23,990.00	\$ 2,000.00	\$	\$

Erosion Control - Qty 1, Units LS

Unit Cost	\$ 2162.24	\$ 10,000.00	\$	\$
Amount	\$ 2162.24	\$ 10,000.00	\$	\$

Survey - Qty 1, Units LS

Unit Cost	\$ 26,716.22	\$ 8,000.00	\$	\$
Amount	\$ 26,716.22	\$ 8,000.00	\$	\$

Bunker Sand Removal and Stockpile on Each Hole - Qty 62,550, Units SF

Unit Cost	\$.28	\$ 1.30	\$	\$
Amount	\$ 17,514.00	\$ 81,315.00	\$	\$

Bunker Gravel/Pipe Removal & Disposal (Allowance) - Qty 1,000, Units LF

Unit Cost	\$ 11.67	\$ 5.00	\$	\$
Amount	\$ 11,670.00	\$ 5,000.00	\$	\$

Perforated (4") N-12 Drain Pipe with Gravel (Allowance) - Qty 800, Units LF

Unit Cost	\$ 24.56	\$ 31.00	\$	\$
Amount	\$ 19,648.00	\$ 24,800.00	\$	\$

Bunker Removal/Reduction with On-site Material Incl Shaping & Tie-in - Qty 32,625, Units SF

Unit Cost	\$ 1.33	\$ 8.00	\$	\$
Amount	\$ 43,391.25	\$ 261,000.00	\$	\$

New Bunker Construction (including grading, shaping, edging & drainage - lining included below) - Qty 630, Units SF

Unit Cost	\$ 9.07	\$ 10.20	\$	\$
Amount	\$ 5,714.10	\$ 6,426.00	\$	\$

Re-Shape Bunkers (including floor contouring & edging) - Qty 12,000, Units SF

Unit Cost	\$ 3.00	\$ 3.00	\$	\$
Amount	\$ 36,000.00	\$ 36,000.00	\$	\$

Bunker Edging & Floor Contouring of Bunkers Remaining (does not include new or re-shaped bunker) - Qty 17,925, Units SF

Unit Cost	\$ 3.84	\$ 3.00	\$	\$
Amount	\$ 68,832.00	\$ 53,775.00	\$	\$

Bunker Liner (JM Evalith fabric liner, 40%) - Qty 12,222, Units SF

Unit Cost	\$ 1.29	\$.80	\$	\$
Amount	\$ 15,766.38	\$ 9,777.60	\$	\$

Bunker Liner (Capillary-Concrete, 60%) - Qty 18,333, Units SF

Unit Cost	\$ 5.01	\$ 3.00	\$	\$
Amount	\$ 91,848.33	\$ 54,999.00	\$	\$

Bunker Sand Purchase (GC-300 from Mitchell Products) - Qty 30,555, Units SF

Unit Cost	\$ 2.71	\$ 2.54	\$	\$
Amount	\$ 82,804.05	\$ 77,609.70	\$	\$

Bunker Sand Placement (Compacted: 4" min, 6" max) - Qty 30,555, Units SF

Unit Cost	\$.59	\$ 1.25	\$	\$
Amount	\$ 18,027.45	\$ 38,193.75	\$	\$

Fairway Sod for Area of Disturbance including Prep (Allowance) - Qty 10,000, Units SF

Unit Cost	\$ 1.18	\$ 1.50	\$	\$
Amount	\$ 11,800.00	\$ 15,000.00	\$	\$

BID ITEM

BHGC - BUNKER RENOVATION

Rough Sod For Access Repair & Area of Disturbance Including Prep (Allowance) - Qty 65,000, Units SF									
Unit Cost	\$ 1.18	\$	1.03	\$	\$	\$	\$	\$	\$
Amount	\$ 76,700.00	\$	64,950.00	\$	\$	\$	\$	\$	\$
Irrigation Adjustments (Allowance) - Qty 1, Units LS									
Unit Cost	\$ 7,500.00	\$	7,500.00	\$	7,500.00	\$	7,500.00	\$	7,500.00
Amount	\$ 7,500.00	\$	7,500.00	\$	7,500.00	\$	7,500.00	\$	7,500.00
Asphalt Cart Path Removal (Either removed from property or pulverized & re-used as base material for new cart path) - Qty 1500, Units SF									
Unit Cost	\$ 1.68	\$	3.75	\$	\$	\$	\$	\$	\$
Amount	\$ 2,520.00	\$	5,625.00	\$	\$	\$	\$	\$	\$
Remove Existing Base Material & Fill with New Cart Path Excavated Material - Qty 1,500, Units SF									
Unit Cost	\$ 1.67	\$	3.00	\$	\$	\$	\$	\$	\$
Amount	\$ 2,550.00	\$	4,500.00	\$	\$	\$	\$	\$	\$
Remove & Dispose of Sod & Cut in New Cart Path - Qty 1,800, Units SF									
Unit Cost	\$ 2.13	\$	2.00	\$	\$	\$	\$	\$	\$
Amount	\$ 3,834.00	\$	3,600.00	\$	\$	\$	\$	\$	\$
Construct New 2" Asphalt Concrete Surface Course & 4" Aggregate Base Cart Path - Qty 1,800, Units SF									
Unit Cost	\$ 6.65	\$	7.10	\$	\$	\$	\$	\$	\$
Amount	\$ 11,970.00	\$	12,780.00	\$	\$	\$	\$	\$	\$
Install Rough Grass Sod for Removed Cart Path - Qty 1,500, Units SF									
Unit Cost	\$ 1.18	\$	1.03	\$	\$	\$	\$	\$	\$
Amount	\$ 1,770.00	\$	1,545.00	\$	\$	\$	\$	\$	\$
Drainage Allowances - Solid (4") N-12 Drain Pipe (Allowance) - Qty 1,000, Units LF									
Unit Cost	\$ 21.43	\$	28.00	\$	\$	\$	\$	\$	\$
Amount	\$ 21,430.00	\$	28,000.00	\$	\$	\$	\$	\$	\$
Drainage Allowances - Catch Basin With Metal Grate (12") {Allowance} - Qty 10, Units EA									
Unit Cost	\$ 742.26	\$	250.00	\$	\$	\$	\$	\$	\$
Amount	\$ 7,422.60	\$	2,500.00	\$	\$	\$	\$	\$	\$
WOODLANDS BUNKER LINER REPAIR OPTION									
Mobilization - Qty 1, Units LS									
Unit Cost	\$ 369.85	\$	40,000.00	\$	\$	\$	\$	\$	\$
Amount	\$ 369.85	\$	40,000.00	\$	\$	\$	\$	\$	\$
General Conditions - Qty 1, Units LS									
Unit Cost	\$ 12,358.00	\$	2,000.00	\$	\$	\$	\$	\$	\$
Amount	\$ 12,358.00	\$	2,000.00	\$	\$	\$	\$	\$	\$
Survey - Qty 1, Units LS									
Unit Cost	\$ 13,208.00	\$	8,000.00	\$	\$	\$	\$	\$	\$
Amount	\$ 13,208.00	\$	8,000.00	\$	\$	\$	\$	\$	\$
Bunker Sand Removal and Stockpile on Each Hole - Qty 42,345, Units SF									
Unit Cost	\$.65	\$	1.30	\$	\$	\$	\$	\$	\$
Amount	\$ 27,524.25	\$	55,048.50	\$	\$	\$	\$	\$	\$
Powerwash Better Billy Bunker Liner, remove & dispose of loose gravel & sand - Qty 42,345, Units LF									
Unit Cost	\$ 46	\$	1.50	\$	\$	\$	\$	\$	\$
Amount	\$ 19,478.70	\$	63,517.50	\$	\$	\$	\$	\$	\$
Apply Better Billy Bunker Polymer - Qty 42,345, Units LF									
Unit Cost	\$ 2.08	\$	2.50	\$	\$	\$	\$	\$	\$
Amount	\$ 88,072.60	\$	105,862.50	\$	\$	\$	\$	\$	\$
Bunker Sand Purchase (MC-300 from Mitchell Products) - Qty 42,345, Units SF									
Unit Cost	\$ 2.47	\$	2.54	\$	\$	\$	\$	\$	\$
Amount	\$ 104,582.15	\$	107,556.30	\$	\$	\$	\$	\$	\$
Bunker Sand Placement (Compacted: 4" min, 6" max) - Qty 42,345, Units SF									
Unit Cost	\$.59	\$	1.25	\$	\$	\$	\$	\$	\$
Amount	\$ 24,983.55	\$	52,931.25	\$	\$	\$	\$	\$	\$
Sod For Access Repair & Area of Disturbance Including Prep (Allowance) - Qty 25,000, Units SF									
Unit Cost	\$ 1.18	\$	1.03	\$	\$	\$	\$	\$	\$
Amount	\$ 29,500.00	\$	25,750.00	\$	\$	\$	\$	\$	\$

615,816.38
 320,092.12
 total 856,896.05
 total 2 460,666.05



Application for Showmobile Use

Showmobile Requirements

Applications must be submitted to the Parks & Recreation Office no later than 8 weeks prior to your event in order to be placed on a Town Board agenda.

There are two pages to this application. Please read and understand all items listed on page 1 (this page) and upload your certificate of insurance.

Click "next" to advance to page 2 and fill out all requested information.

Upload Certificate of Insurance* COINyack Chamber of Commerce.pdf

51.61KB

Before completing the Showmobile Request Form, please be aware of the following:

- + The total area needed for the Showmobile is a space 50 feet in length, 15 feet in width and 25 feet in height.
- + Showmobile stage measures 28 feet long x 14 feet 7 inches deep x 25 feet high when open. One set of stairs is available with hand railings. (Please note that this measurement does not include the trailer hitch or the tow vehicle).
- + The lights require a 110 volt, 20 amp circuit to plug into within 150 feet of the right front side of the Showmobile. Additional electrical equipment must be plugged into a separate circuit.
- + The Showmobile must be parked in a relatively level space. The placement of the Showmobile is at the discretion of the Orangetown Parks & Recreation staff. Although every effort will be made to meet requests, this equipment does not go off road, over curbing, on uneven ground or over rough terrain.
- + The area must be free of obstructions such as overhanging tree limbs, electrical wires, etc.
- + The tow vehicle must remain with the Showmobile for the duration of the event.
- + In the event of winds in excess of 30 MPH, the stage canopy must be closed.
- + The Town seal is not to be covered and no nails, staples, tacks or tape may be used to attach any items to the Showmobile)
- + The organization will receive an emailed invoice after their event is complete. Payment is expected no later than 14 days after receipt of invoice.
- + A member of the organization renting the unit must be on site at time of arrival for proper set up as well as time of departure to assure all event tasks have been completed (i.e. removal of equipment)
- + Any changes/cancellations (unless otherwise agreed upon) to the event must be made 24 hours in advance by contacting Aric Gorton at agorton@orangetown.com.

Additional Requirements:

- + Certificate of insurance required. Must name the Town of Orangetown as additionally insured.
- + Rental Costs: \$500.00 plus labor.

Showmobile Application

Event Information

Event/Festival Name *	Nyack Halloween Parade		
Event Location Name *	Main Street Municipal Parking Lot at Riverspace		
Event Address *	Street Address		
	Main Street Municipal Parking Lot		
	Address Line 2		
	City	State / Province / Region	
	Nyack	NY	
	Postal / Zip Code	Country	
	10960	Rockland	
Setup Date & Time *	10/26/2024		
	12:00:00 PM		
Take-Down Date & Time *	10/26/2024		
	09:00:00 PM		
Stair Arrangement *	<input checked="" type="radio"/> Right side of stage <input type="radio"/> Left side of stage <input type="radio"/> Front of stage <input type="radio"/> Not Sure		
Set-up Info *	Please describe in detail what the stage will be used for and how you intend to set it up. If you have a rain date, please list it here so long as all the information above is the same. Village of Nyack Municipal Parking Lot at the old Riverspace Theater, Main Street and Franklin, Bordered by Artopee Way to be positioned on the west side of the lot facing Main Street.		
Placement *	<input checked="" type="radio"/> Pavement <input type="radio"/> Grass/Field <input type="radio"/> Other		

Applicant Information

Applicant's Name *	Pam Moskowitz
Organization Name *	Nyack Chamber of Commerce
Organization Address *	PO Box 677
Organization City *	Nyack
Organization State *	NY
Phone (w) *	845-353-2221
Phone (c) *	845-494-3408

Email *

pam@nyackchamber.org

Signature *

A rectangular box containing a handwritten signature in cursive script that reads "Pam Moskonitz".

The Permit Holder agrees that it shall be liable and responsible for any property damage to the Showmobile as a result of the Permit Holder's use thereof, and agrees to defend, save, indemnify and hold harmless the Town, and all of its agents, officials, officers, servants and employees, by reason of any claim, suit, action or causes of action, lawsuit or legal proceeding arising out of the Permit Holder's use of the Showmobile, and shall execute a hold harmless agreement to that effect as a condition of the issuance of a permit. The Permit Holder shall procure and maintain general liability insurance and name the Town as an additional insured thereunder, in an amount as shall protect the Town from claims for bodily/personal injury, including accidental death, and from claims for property damage, which may arise from the Permit Holder's use of the Showmobile, and as part of the agreement to defend, indemnify and hold the Town harmless as set forth herein.

By checking this box and submitting this form, I acknowledge I have read, understand, accept, and agree to the above terms and conditions.

*

I accept the terms and conditions

Date

6/20/2024

11:11:52 AM



NYACCHA-01

LDEGENNARO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/19/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Acrisure Insurance Partners Services of NY, LLC 90 S. Ridge Street Rye Brook, NY 10573	CONTACT NAME: Kenya Duckworth PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: kduckworth@acrisure.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Great American Insurance Company of New York	NAIC # 22136
INSURER B : _____	
INSURER C : _____	
INSURER D : _____	
INSURER E : _____	
INSURER F : _____	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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 INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	X		MAC0006681-16	10/21/2023	10/21/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Spring Fest 2024 street fair. 4/14/2024, Farmers Market. All year, every Thursday. Wednesday before Thanksgiving 11/27/2024, Exotic Car Show 2024. 8/8/24, SeptemberFest 2024 street fair. 9/8/2024, Halloween Parade 2024 10/26/2024 Rain date 10/27/2024. ORANGETOWN POLICE DEPARTMENT IS INCLUDED AS ADDITIONAL INSURED UNDER GENERAL LIABILITY WHERE REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER ORANGETOWN POLICE DEPARTMENT TOWN OF ORANGETOWN 26 ORANGEBURG ROAD ORANGEBURG, NY 10962	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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NYACCHA-01

LDEGENNARO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/19/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Acrisure Insurance Partners Services of NY, LLC 90 S. Ridge Street Rye Brook, NY 10573	CONTACT NAME: Kenya Duckworth PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: kduckworth@acrisure.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Great American Insurance Company of New York	NAIC # 22136
INSURER B : _____	
INSURER C : _____	
INSURER D : _____	
INSURER E : _____	
INSURER F : _____	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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 INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	X		MAC0006681-16	10/21/2023	10/21/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 _____ \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ _____ \$ _____
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ _____ \$ _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Spring Fest 2024 street fair. 4/14/2024, Farmers Market. All year, every Thursday. Wednesday before Thanksgiving 11/27/2024, Exotic Car Show 2024. 8/8/24, SeptemberFest 2024 street fair. 9/8/2024, Halloween Parade 2024 10/26/2024 Rain date 10/27/2024. VILLAGE OF NYACK IS INCLUDED AS ADDITIONAL INSURED UNDER GENERAL LIABILITY WHERE REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER VILLAGE OF NYACK 9 NORTH BROADWAY NYACK, NY 10960	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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WARRANT

Warrant Reference	Warrant #	Amount
Approved for payment in the amount of		
	100224	\$ 121,300.64 utilities & other
	100924	\$ 177,086.86 utilities
	102224	\$ 1,452,816.51
		\$ 1,751,204.01

The above listed claims are approved and ordered paid from the appropriations indicated.

APPROVAL FOR PAYMENT

AUDITING BOARD

Councilman Gerald Bottari

Councilman Paul Valentine

Councilman Daniel Sullivan

Councilman Brian Donohue

Supervisor Teresa M. Kenny

**TOWN OF ORANGETOWN
FINANCE OFFICE MEMORANDUM**

TO: THE TOWN BOARD
FROM: JEFF BENCIK, *DIRECTOR OF FINANCE*
SUBJECT: AUDIT MEMO
DATE: 10/17/24
CC: DEPARTMENT HEADS



The audit for the Town Board Meeting of 10/22/2024 consists of 3 warrants for a total of \$1,751,204.01.

The first warrant had 17 vouchers for \$121,300 and was for utilities.

The second warrant had 34 vouchers for \$177,086 and was for utilities.

The third warrant had 147 vouchers for \$1,452,816 and had the following items of interest.

1. A+ Technology & Security (p1) - \$7,482 for DEME software.
2. Bolkema Fuel (p11) - \$8,047 for DEME fuel.
3. Calgi Construction (p12) - \$15,125 for part time construction management services.
4. Crown, Castle Fiber (p13) - \$6,768 for connectivity.
5. Global Montello (p20) - \$24,454 for fuel.
6. Goosetown Enterprises (p21) - \$9,827 Police leases.
7. Kuehne Chemical Co (p27) - \$14,862 for sewer chemicals.
8. Longo Electrical-Mechanical (p28) - \$5,630 for repairs to DEME sludge press.
9. Miller Energy (p29) - \$8,860 for DEME flow meter installation.
10. NYPA (p31) - \$21,278 for streetlight project.
11. NYS Dept. of Civil Service (p32) - \$1,038,108 for health care benefits.
12. Santiago Worldwide (p38) - \$16,968 for relocating Building Dept. to new town hall.
13. Savatree (p38) - \$134,652 for tree removal at Blue Hill GC.
14. Tilcon NY (p44) - \$5,686 for Highway materials.

15. Virtuit Systems (p48) - \$23,144 for outside IT consultants.

Please feel free to contact me with any questions or comments.

Jeffrey W. Bencik, CFA
845-359-5100 x2204