



**TOWN OF ISLIP**  
Office of the Town Clerk

LINDA D. VAVRICKA  
Town Clerk & Registrar  
of Vital Statistics

**APPLICATION FEE** (Non-Refundable)  
**Carnival/Circus:** \$500.00 **Fair:** \$400.00  
**Outdoor Show:** \$400.00

**CARNIVALS, CIRCUSES & OUTDOOR SHOWS APPLICATION**

\*\*\*\* MUST BE SUBMITTED 45 DAYS PRIOR TO THE EVENT\*\*\*\*

\*IF ATTENDANCE IS IN EXCESS OF 1,000 PEOPLE, APPLICATION MUST BE SUBMITTED 60 DAYS PRIOR TO EVENT\*

Date of Application: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Exact Name of Organization: \_\_\_\_\_

Organization Address \_\_\_\_\_

Organization Telephone #: \_\_\_\_\_ Organization Email: \_\_\_\_\_

Purpose of Amusements & Disposition of Proceeds: \_\_\_\_\_

Name & Telephone # of person on-site to contact on date(s) of event: \_\_\_\_\_

Carnival Operator Information: Name: \_\_\_\_\_ Telephone Number #: \_\_\_\_\_

Address: \_\_\_\_\_

Full Description of Amusement Activities: \_\_\_\_\_

**Anticipated Attendance:** \_\_\_\_\_ **Number of Rides:** Adult: \_\_\_\_\_ Children: \_\_\_\_\_

**Day(s) & Hours of Operation:** \_\_\_\_\_

Is this event a New Event? \_\_\_\_\_ if not, please specify the prior date: \_\_\_\_\_

Location of Event: \_\_\_\_\_ Location of Rides (Booth Business) \_\_\_\_\_

**SUPPLY GOOGLE (Street View) MAP OF THE SITE. (MARK EMERGENCY INGRESS AND EGRESS).**

Actual Street Address: \_\_\_\_\_ Popular Name of Location if Applicable: \_\_\_\_\_

Staging Area: \_\_\_\_\_ Street Address of Staging Area: \_\_\_\_\_

Staging Beginning and end Time: \_\_\_\_\_

**APPLICANTS ARE RESPONSIBLE FOR NOTIFYING LOCAL RESIDENTS AND MOTORISTS OF ANY ROAD CLOSINGS. SUCH NOTICE MUST INCLUDE ALTERNATE ROUTES FOR EMERGENCY VEHICLES.**

**Specify whether any arrangements have been made for private policing/security (is SCPD required for assistance?)** \_\_\_\_\_

**Specify if the Suffolk County Police Department is needed for road closures:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Specify whether barricades will be needed:** Yes: \_\_\_\_\_ No: \_\_\_\_\_ **If Yes, how many?** \_\_\_\_\_

**Will there be any alcohol served at the event?** \_\_\_\_\_



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Name **two** organization representatives & positions:

1. Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_ Cell # \_\_\_\_\_

2. Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_ Cell # \_\_\_\_\_

\_\_\_\_\_ •

Signature & Title of Representative # 1

Signature & Title of Representative # 2

**\*\*\* [Carnival/ Street Fair/ Festival/Outdoor Shows] must follow all applicable State and Local guidelines for large outdoor events, and any other guidance pertinent to [carnivals/ street fairs/ festivals.] in effect on the date of event. It is the sole responsibility of the permit applicant, as the designated Responsible Party, to ensure the event is in compliance with all applicable New York State and Local COVID-19 guidance, rules and regulations regarding outdoor events. \*\*\*\***



TOWN OF ISLIP  
OFFICE OF EMERGENCY MANAGEMENT

Incident Action Plan

Title of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

The purpose of this Incident Action Plan (IAP) is to identify and mitigate any potential risks associated with the planning, implementation and successful completion of the above referenced event. The parties that are planning and coordinating this event are committed to ensuring that all participants, sponsors, community members and emergency personnel are able to partake in the event in a safe and organized manner. The procedural information contained herein will be strictly adhered to.

Event Description: \_\_\_\_\_

Hours of Event: \_\_\_\_\_

Location: \_\_\_\_\_

Command Post Location: \_\_\_\_\_

Incident Commander (on scene person in charge of event): \_\_\_\_\_

Incident Commander’s Phone Number: \_\_\_\_\_

Medical Emergencies Procedure

All medical emergencies will be reported to the Command Post by use of \_\_\_\_\_, or by verbal means. The Incident Commander will call directly to the \_\_\_\_\_ and report the incident/ problem. The EMT(s) will report to the Command Post, as appropriate, when entering the event and notify the Command Post when leaving the event. Responding emergency units will enter the event from \_\_\_\_\_ (street). The Incident Commander will make sure an area is open to allow EMS personnel, vehicles and equipment access to the event grounds wherever emergency assistance is needed. The nearest hospital for receiving patients is \_\_\_\_\_.

Police Emergencies

For all police emergencies, 911 will be called. Police enforcement will be provided by the \_\_\_\_\_ Precinct.

Lost Child Procedure: Police will be notified.

In the event of a lost child, he/she should be taken to the Command Post. The child, if able, will be asked to provide parent/guardian information. Lost child announcements will be made from \_\_\_\_\_, informing the crowd of the situation. The child will remain under the supervision of the Command Post who will ensure the child is comfortable and safe until his/her parent/guardian arrives. Police should be present to check identification of adult claiming to be the parent/guardian before release.

Communication Plan (List how Incident Commander & coordinators will communicate): \_\_\_\_\_

\_\_\_\_\_

Important Phone Numbers: (\*\*Fill In Name, Providing Agency & Contact Number\*\*)

Incident Commander (On scene): \_\_\_\_\_

Deputy Commander (On scene): \_\_\_\_\_

Event Coordinator/Planner: \_\_\_\_\_

Emergency Medical Services: \_\_\_\_\_

Chief/contact person: \_\_\_\_\_

Fire Department: \_\_\_\_\_

Chief/contact person: \_\_\_\_\_

Police Precinct or Cope Unit: \_\_\_\_\_

Precinct Commanding Officer/contact person: \_\_\_\_\_

Additional Security (if any): \_\_\_\_\_

FYI Phone Numbers:

Town Emergency Management .....	224-5730	Town Dept. of Public Works .....	224-5623
Town Public Safety .....	224-5306	Town Clerk’s Office .....	224-5490

Add any other emergency contacts that you deem appropriate: \_\_\_\_\_

\_\_\_\_\_



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Please contact the following Departments and have them sign that they received a copy of the application and the Incident Action Plan and will review it.

**Suffolk County Police Department (Precinct in which event is being held):**

\_\_\_\_\_  
Signature of Inspector/ Dep. Inspector/ Captain

\_\_\_\_\_  
Date

**Fire Department in which event is being held:**

\_\_\_\_\_  
Signature of Chief of Department

\_\_\_\_\_  
Date

**Emergency Medical Services in which the event is being held:**

\_\_\_\_\_  
Signature of Chief of Department

\_\_\_\_\_  
Date

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I, \_\_\_\_\_ solemnly swear that all the above are true and correct, and unconditionally guarantee the quiet, lawful and peaceful conduct of the Carnival, Circus or Outdoor Show for which this permit is sought.

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

**ALL EVENTS MUST FOLLOW TOWN CODE**

**Please Note: If food will be served, contact the Suffolk County Dept. of Health Services at 631-854-0410.**



## Town of Islip Affirmation of Insurance Coverage

### 1) General Liability

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Is the carrier an Authorized Insurer (Admitted) in the State of New York
<input type="checkbox"/>	<input type="checkbox"/>	Does the policy provide coverage to the additional insured for liability arising out of the ongoing operations of the named insured?
<input type="checkbox"/>	<input type="checkbox"/>	Does the policy provide coverage to the additional insured for liability arising out of the completed operations of the named insured?
<input type="checkbox"/>	<input type="checkbox"/>	Is a Waiver of Subrogation endorsement in favor of all Additional Insureds included in the policy?
<input type="checkbox"/>	<input type="checkbox"/>	Is Primary and Non-Contributory Additional Insured wording included in the policy?

Construction Specific Questions (Check N/A/ If Not Applicable)

☐ N/A

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Do the policy limits apply on a "per project" basis?
<input type="checkbox"/>	<input type="checkbox"/>	Does a policy aggregate limit apply which limits the "per project" aggregate limit?
<input type="checkbox"/>	<input type="checkbox"/>	Is the policy aggregate limit capped?
<input type="checkbox"/>	<input type="checkbox"/>	Is there any endorsement or amendment to the ISO CGL form that modifies the policy's employee exclusion and/or the definition of insured contract, or in any other manner excludes coverage or risk transfer with respect to Labor Law 240/241?

### 2) Workers Compensation

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Is Workers' Compensation coverage included for employees working in the State of New York?
<input type="checkbox"/>	<input type="checkbox"/>	Is a Waiver of Subrogation endorsement in favor of all Additional Insureds included in the policy?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Waiver of Subrogation endorsement require privity of contract between the Named Insured and third parties?

### 3) Umbrella / Excess Liability

YES NO

If Not Applicable Check N/A

☐ N/A

<input type="checkbox"/>	<input type="checkbox"/>	Is the carrier an Authorized Insurer (Admitted) in the State of New York?
<input type="checkbox"/>	<input type="checkbox"/>	Does the policy follow form of the General Liability policy?
<input type="checkbox"/>	<input type="checkbox"/>	Is Additional Insured coverage included?
<input type="checkbox"/>	<input type="checkbox"/>	Is a Waiver of Subrogation endorsement in favor of all Additional Insureds included in the policy?
<input type="checkbox"/>	<input type="checkbox"/>	Is Primary and Non-Contributory Additional Insured wording included in the policy?

Construction Specific Questions (Check N/A/ If Not Applicable)

☐ N/A

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Do the policy limits apply on a "per project" basis?
<input type="checkbox"/>	<input type="checkbox"/>	Does a policy aggregate limit apply which limits the "per project" aggregate limit?
<input type="checkbox"/>	<input type="checkbox"/>	Is the policy aggregate limit capped?
<input type="checkbox"/>	<input type="checkbox"/>	Is there any endorsement or amendment to the ISO CGL form that modifies the policy's employee exclusion and/or the definition of insured contract, or in any other manner excludes coverage or risk transfer with respect to Labor Law 240/241?

### The Following Items Must Be Included For Review

<input type="checkbox"/>	<input type="checkbox"/>	Current Valid Certificate of Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Completed and Signed Certification Form (Attached on Page 2)

Town of Islip  
Certification By Insurance Broker or Agent

Insured:	
Address:	
Phone #:	

Certificate Holder:	
Address:	

The undersigned insurance broker or agent represents to the Town of Islip that the attached Certificate of Insurance is accurate in all material respects

Name of Broker or Agent: \_\_\_\_\_

Address of Broker or Agent: \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
[Name and Title of authorized official, broker, agent]

\_\_\_\_\_  
[Signature of authorized official, broker, agent]

State of \_\_\_\_\_)

County of \_\_\_\_\_)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC FOR THE STATE OF \_\_\_\_\_



**COUNTY OF SUFFOLK  
NEW YORK**



**POLICE DEPARTMENT**

**Robert E. Waring**  
ACTING POLICE COMMISSIONER

In order to promote and insure a safe and successful event, organizers are required to supply sufficient volunteers along event routes or security personnel at festivals/carnivals. Volunteers and or security personnel need to reflect the number of expected attendees. When submitting applications, please note the number of volunteers/security guards or provide the name of private security company.

Please attach above addition to the event application.

Michael L. Teplansky  
Captain/Third  
Precinct

**ACCREDITED LAW ENFORCEMENT AGENCY**

Visit us online at: [www.suffolkpd.org](http://www.suffolkpd.org)

**Crime Stoppers Confidential Tip Hotline: 1-800-220-TIPS**

**Non-Emergencies Requiring Police Response - Dial: (631) 852-COPS  
30 Yaphank Avenue, Yaphank, New York 11980 – (631) 852-6000**



### **3<sup>rd</sup> PRECINCT CHECK LIST FOR TOWN OF ISLIP EVENTS**

IF YOU ARE HERE TO HAVE AN EVENT SIGNED, PLEASE HAVE THE FOLLOWING FOUR (4) ORIGINAL PIECES OF PAPER WHICH ARE COMPLETELY FILLED OUT AND LEGIBLE. WITHOUT THE FOLLOWING NO EVENTS CAN BE SIGNED.

- **PARADE/RACE/ASSEMBLY and CARNIVAL/CIRCUS/OUTDOOR SHOW APPLICATIONS**
- **INCIDENT ACTION PLAN**
- **COMPLETE MAP OF RACE COURSE OR EVENT AREA**
- **SIGNATURE PAGE**

WITHOUT ANY OF THE ABOVE, UNFORTUNATELY, NO PAPERWORK CAN BE SIGNED.

THANK YOU FOR YOUR COOPERATION.



**NON-DISCRIMINATION/EQUAL OPPORTUNITY:**

Special events shall comply with all local, state, and federal laws and regulations pertaining to non-discrimination and equal opportunity in the areas of employment, subcontracting, and use of the Town property and public rights of way. It is the sole responsibility of the permit applicant, as the designated Responsible Party, to ensure the event is in compliance with all applicable local, state, and federal laws and regulations pertaining to non-discrimination and equal opportunity in the areas of employment, subcontracting, and use of the Town property and public rights of way.