



**TOWN OF ISLIP DEPARTMENT OF PARKS, RECREATION & CULTURAL AFFAIRS**

50 IRISH LANE • EAST ISLIP, NEW YORK 11730-2098 • (631) 224-5411

Angie M. Carpenter, Supervisor  
Thomas S. Owens, Commissioner

**2025 TOWN OF ISLIP  
APPLICATION FOR USE OF FACILITIES • BEACHES/PARKS/POOLS/FACILITIES**

If your event is not on Town property and/or is over 200 people, please skip to page two.  
This application must be submitted 60 days prior to the event.

FACILITY REQUESTED: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ **MUST BE 21 YEARS OR OLDER**

NAME OF ORGANIZATION OR COMPANY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ACTIVITY PLANNED: \_\_\_\_\_

Do you charge admission or fees to participate with your group? YES NO

If so, how much and what is it used for? \_\_\_\_\_

DATE(S) REQUESTED: \_\_\_\_\_ M T W TH F SAT SUN  
PLEASE CIRCLE APPROPRIATE DAY(S)

RAIN DATE: \_\_\_\_\_ **Must be paid for in full. NO REFUNDS.**

TIME REQUESTED: START: \_\_\_\_\_ END: \_\_\_\_\_ EST. # OF VEHICLES: \_\_\_\_\_

ESTIMATED NUMBER OF PEOPLE INVOLVED: \_\_\_\_\_ WILL NEED BATHROOMS OPENED: YES NO

**ALL GROUPS SEEKING NON-PROFIT RATES** must submit evidence of incorporation as a non-profit organization either from the NY State Dept. of Finance or the Federal IRS. Groups may also be required to submit their by-laws, publications, registration fees, or rosters upon request.

Tax Exempt # \_\_\_\_\_

All members of the event must show either a Town of Islip Recreation Card, Disabled Recreation Card, Senior ID card or pay the appropriate gate admission. **WE DO NOT GUARANTEE PARKING SPACES.**

I have read the rules and regulations governing the use of Town property. By my signature, I, as well as the members of my group or organization, which I represent that we will abide by the rules and regulations. Please initial here \_\_\_\_\_

**PLEASE SEE REVERSE SIDE FOR FEES AND PAYMENT INFORMATION.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ (MUST BE 21 YEARS OR OLDER) TODAY'S DATE: \_\_\_\_\_

**OFFICE USE ONLY**

APPROVED DENIED REASON: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ GROUP NAME (if applicable): \_\_\_\_\_

FACILITY: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

CAMP PAYMENT INSTRUCTIONS: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

FEE REQUIRED: YES NO AMOUNT PAID: \_\_\_\_\_ INSURANCE REQUIRED: YES NO

INCIDENT ACTION PLAN REQUIRED: YES NO COMMENTS: \_\_\_\_\_

DIVISION APPROVAL: \_\_\_\_\_ DATE

DEPUTY/COMMISSIONER: \_\_\_\_\_ DATE

**\* PLEASE BRING THIS APPROVAL SLIP WITH YOU ON THE DAY OF YOUR EVENT \*  
During your event if you need assistance, please call Public Safety at 631-224-5306.**



PARADE / RACE / ASSEMBLY APPLICATION

\*\*\* MUST BE SUBMITTED 60 DAYS PRIOR TO THE EVENT \*\*\*

Date of Application: E-Mail Address of Organization:

Title of Event:

Exact Name of Organization :

Organization Address:

Day and Date of Event: Beginning Time & Ending Time:

Is this event a New Event? if not, please specify the prior date: Rain Date (if any):

Location of Event:

Popular Name If Applicable:

Staging area: Street address of Staging Area:

Staging Beginning Time and End Time:

Contact information of Parade/Race /Assembly chairman to be in control of the Parade/Race/Assembly for which the permit is sought:

Name: Telephone Number #:

Address:

Street

Hamlet

Zip code

Contact information of Parade/Race /Assembly chairman to be in control of the Parade/Race/Assembly for which the permit is sought:

Name: Telephone Number #:

Cell Phone # of person at the event to contact on the day of event:

Specify purpose of Parade/Race for which permit is sought:

Total Number of: Bands Marching Units Floats Vehicles Other

Total number of marchers/runners (approximately):

Assembly Location (s) and time (s):

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

Give exact parade/race route - Must state starting and ending locations. Include streets and hamlets (specify north/south/ east or west) - SUPPLY GOOGLE (Street View) MAP OF THE SITE. THE PARADE/RACE ROUTE (MARK EMERGENCY INGRESS AND EGRESS).

Will the American Flag be displayed during the course of the parade? \*to be no less than thirty-six by sixty inches (36"X60")

Specify if speeches will be made during course of parade: By Whom:

Specify whether any arrangements have been made for private policing/security (Yes No 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 so how many?

Will there be any alcohol serve at this event?



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

**Linda D. Vavricka**  
Town Clerk & Registrar of Vital Statistics

Name of Event: \_\_\_\_\_

Rain Date (If any): \_\_\_\_\_

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

**\*\*For your convenience, you may make copies of this page to drop off for the first Responders to sign. \*\***

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

Comments:  
  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Date

Comments:  
  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Date

Comments:  
  
\_\_\_\_\_

I, \_\_\_\_\_ solemnly swear that all the above are true and correct, and unconditionally guarantee the quiet, lawful and peaceful conduct of the Parade/ Race/ Assembly 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**  
655 Main Street  
Islip NY 11751

**Linda D. Vavricka**  
Town Clerk & Registrar  
of Vital Statistics

1. **INSPECTIONS**

- Event will be subject to inspections to ensure ingress and egress for emergency vehicles.

2. **ANTICIPATED ATTENDANCE OF 2,000 OR MORE**

- Event will be subject to inspections to ensure compliance with Islip Town Ordinances and NY State Fire Code chapter 24 regarding crowd control.
- Event will require specific Incident Action Plan as defined by the Suffolk County Department of Emergency Services. This process will be initiated by the Town of Islip Fire Marshal's office after the application is filed in the Islip Town Clerk's Office.

3. **ANTICIPATED ATTENDANCE OF 5,000 OR MORE**

- Applicant must supply a NYS Sanitary Code Part 18 permit issued by Suffolk County Department of Health Services.

4. **IF A TENT OR CANOPY WILL BE USED**

- Please contact the Town of Islip Fire Marshal.

5. **LIABILITY INSURANCE CERTIFICATE**

- Must be issued by an insurance company licensed to do business within New York State
- Islip Town must be named as an additional insured and as the certificate holder.
- **Coverage Minimums**
  - \$1,000,000.00 for bodily injury per person
  - \$2,000,000.00 for bodily injury per accident
  - \$1,000,000.00 for property damage per accident
- After Town of Islip review of the Special Event application, **ADDITIONAL INSURANCE MAY BE REQUIRED**
- All insurance coverage is subject to approval

**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**  
**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:** \_\_\_\_\_



# 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**

**Kevin T. Catalina**  
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.

**Matthew Mc Kee**  
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.