

## USE OF FACILITIES

Village of Arcade 17 Church St Arcade NY  
Office: (585) 492-1111 Mon – Fri, 7am – 4pm

Facility Use Policy & applications available at the Village office & at: [www.villageofarcade.org](http://www.villageofarcade.org)

Submit reservations to the Village of Arcade office. Include application, hold harmless waiver, certificate of liability insurance, and fees. All forms require the same applicant name. Applications for the fire department meeting room or shelter must be received at least 5 days prior to the requested date (except for funeral luncheons prepared by Auxiliary members.) Applications will be accepted up to one year in advance of requested rental date. Don't hesitate to check availability by calling (585) 492-1111.

For access to the Village board room during non-business hours, the Park cabin, or the Fire Hall meeting room, please contact the Arcade Police Dept: (585) 492-3111.

When leaving the Park cabin, first lock the front door from the inside then lock the back door as you exit. Prior to leaving the Village board room during non-business hours or the Fire Hall meeting room, please notify the Arcade Police Dept: (585) 492-3111.

### GENERAL INFORMATION

Any accident resulting in injury to any person or damage to any VOA property must be immediately reported to the Arcade Police Department at (585) 492-3111.

With regards to use of facilities on weekends, any one individual or organization is limited to a maximum of one Saturday and Sunday per month.

Smoking is prohibited in all VOA facilities.

No glass containers are allowed.

Use of generators prohibited.

Admission fees may be charged only when the proceeds are to be expended for a charitable purpose. Exceptions are provided by law for veteran organization and volunteer firemen.

Noise from any sound reproduction system, operating or playing any radio, stereo, television, or similar device that reproduces or amplifies sound in such a manner as to be heard over any property line shall be prohibited, per VOA Local Law, Chapter 29.

Applicants must supply their own plates, cups, table covers, napkins, silverware, garbage bags, dish clothes/towels, and soap.

No decorations or other material of any kind may be nailed, tacked, taped, screwed, or pinned to any surface within VOA facilities. Masking tape is allowed.

**Use of Facilities Rental Fee Schedule  
Effective 07/05/2011**

FACILITY	RESIDENCY	RENTAL FEE PER OCCURRENCE
Park cabin	Village taxpayer or non-profit organization	\$50.00
	Non-village taxpayer	\$100.00
Large shelter at Village park *	Village taxpayer or non-profit organization	\$10.00
	Non-village taxpayer	\$25.00
Concession stand at Village park	Village taxpayer or non-profit organization	\$10.00
	Non-village taxpayer	\$25.00
Fire hall meeting room	Village taxpayer or non-profit organization	\$100.00 **
	Non-village taxpayer	\$200.00 **
Shelter at fire hall ***	Village taxpayer or non-profit organization	\$10.00
	Non-village taxpayer	\$25.00
Village board room****	Village taxpayer or non-profit organization	N/C
	Non-village taxpayer	N/C

\* No other shelters in the Village park are reserved. They are available on a first-come, first-served basis.

\*\* \$50.00 will be paid to the Ladies Auxiliary for each use and will be paid in May of each year.

\*\*\* Portable toilets are available throughout the summer.

\*\*\*\* No public restrooms available during non-business hours.

FACILITY	RENTAL FEE PER TEAM
Hockey rink	Organized hockey leagues \$50.00

Applicants that rent a facility on a weekly or monthly basis are required to pay rental fees for each use.

No fees shall be collected from local government agencies (e.g., Villages, Towns, Cities, Counties, State, or School Districts), local CSEA units (General unit #9252 and Police unit #9252-01) for official CSEA business or meetings, fire department/auxiliary members, leagues for use of the ball diamonds.

**VILLAGE OF ARCADE<sup>1</sup>**

17 Church Street  
Arcade, NY 14009  
(585) 492-1111  
(585) 496-7444 (fax)

FOR OFFICE USE ONLY	
<input type="checkbox"/>	Certificate of Insurance attached
<input type="checkbox"/>	Rental fees received, in accordance with fee schedule
<input type="checkbox"/>	N/C
<input type="checkbox"/>	Copy forwarded to Arcade Police Department

**USE OF FACILITIES  
APPLICATION AND AGREEMENT**

This application and agreement made upon approval by the Clerk/Treasurer between the Village of Arcade (VOA) and the following applicant:

Applicant's Name:					
Is applicant VOA resident or taxpayer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Organization non-profit or not-for-profit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide tax identification number	
If Organization, Representative's Name <sup>2</sup> :					
Street Address, City & Zip:					
Telephone Number:	Home:	Cell:	Work:		
Date(s) Requested:		Time Requested including set-up	From:	To:	
Description of Activity:					
Will Function be Catered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Caterers Name & City		Wyoming County Health Inspection Certificate obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Expected Attendees: <small>(Attendees shall not exceed maximum occupancy)</small>		Will Admission be Charged? <small>(Refer to Page 3, Section 1.4.5)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Place an "X" in the box <b>BEFORE</b> the requested area			
REQUESTED AREA		MAXIMUM OCCUPANCY	REQUESTED AREA
<input type="checkbox"/>	Village Park Cabin	81	<input type="checkbox"/>
<input type="checkbox"/>	Village Park Shelter (located behind Park Cabin)	N/A	<input type="checkbox"/>
<input type="checkbox"/>	Village Board Room	54	<input type="checkbox"/>
<input type="checkbox"/>	Fire Hall <sup>3</sup> Meeting Room <b>ONLY</b> (truck bays not included)	N/A	<input type="checkbox"/>
<input type="checkbox"/>	Fire Hall <sup>3</sup> Meeting Room with Kitchen (truck bays not included)	84	<input type="checkbox"/>
<input type="checkbox"/>	Fire Hall <sup>3</sup> Shelter (located behind Fire Hall) (enclosed area not included)	N/A	<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>

By signing this Application and Agreement, the applicant certifies that they agree to comply with the Village of Arcade Facility Use Policy \*\* available upon request and on the Village of Arcade website \*\*. Failure to comply may result in the forfeiture of future usage of facilities. Applicant may be invoiced for damages incurred or for clean-up activities not performed at the close of the function.

**X**

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

FOR OFFICE USE ONLY			
_____ Approved	_____ Disapproved	_____ Clerk/Treasurer	_____ Date
_____ Approved	_____ Disapproved	_____ Fire Department Chief, if required	_____ Date
_____ Approved	_____ Disapproved	_____ Auxiliary President, if required	_____ Date

<sup>1</sup> The term "Village of Arcade" refers to the Mayor, Members of the Board of Trustees, and all employees while acting in the course of their employment.  
<sup>2</sup> Representative must complete form titled, "Authorization to Sign on Behalf of Organization."  
<sup>3</sup> Requires approval by Fire Department Chief and Auxiliary President.

**VILLAGE OF ARCADE  
HOLD HARMLESS WAIVER**

I, \_\_\_\_\_, understand and agree that, in consideration for being  
**APPLICANT'S NAME**  
granted access to and the use of the property and facilities of the Village of Arcade, I assume any and all risk with respect to such access and use, and hereby release said Village of Arcade, its representatives, agents, and employees from liability for any injuries sustained or damages incurred in the course of such access and use resulting from any cause whatsoever which may be sustained.

\_\_\_\_\_  
**Signature** **Date**

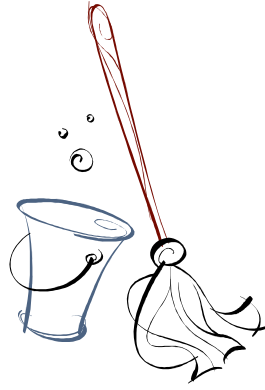
If Organization, Representative must complete form titled, "Authorization to Sign on Behalf of Organization."

**VILLAGE OF ARCADE  
AUTHORIZATION TO SIGN ON BEHALF OF ORGANIZATION**

I, \_\_\_\_\_, certify, that I executed the attached Village of Arcade  
**NAME**  
Use of Facilities Application and Agreement and attached the necessary liability release form (if required) on behalf of the referred to Organization in said Use of Facilities Application and Agreement.

In addition, I ,certify that I am the \_\_\_\_\_ of such Organization and  
**TITLE**  
that the execution of such Release and Agreement is in my authority to execute on behalf of the Organization.

\_\_\_\_\_  
**Signature** **Date**



### Cleaning Checklist

Please remove all personal effects, rental equipment, and decorations from VOA facilities. Please dismantle tables, chairs, and other equipment and return to facility storage and/or return the facility to the condition it was originally presented. Additional fees may be charged if applicant fails to comply with these requests.

All cleaning must be performed before scheduled departure time.

- Have all supplies, equipment, decorations been removed?
- Have all floors been vacuumed, swept, or mopped, as applicable to the surface?
- Have all papers and trash from the facilities used, grounds, parking areas, and smoking areas been removed? All trash must be placed in the dumpster provided by the VOA.
- Has refrigerator, freezer, oven, stove, and microwave been cleaned?
- Have sinks and countertops been cleaned?
- Have restrooms been cleaned including floors mopped, trash emptied, sinks and toilets cleaned?
- Have tables and chairs been wiped?
- Has all furniture been returned to its proper place?
- Has all cleaning materials been returned to their proper storage area (mops, mop buckets, brooms, etc.)?
- Have the lights been turned off?
- Have the windows been locked?
- Have all outside doors been locked?

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE



DATE (MM/DD/YYYY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$								
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
		<b>EXCESS UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER													
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E.L. DISEASE - EA EMPLOYEE	\$													
DISEASE - POLICY LIMIT	\$													

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE