



**Town of Pawling**  
 Recreation Department  
 2 Lakeside Drive  
 Pawling, NY 12564  
 845-855-1131  
 recreation@pawling.org

# FACILITY APPLICATION

**Use of Town Facilities by  
 Individuals & Organizations**

*Appropriate insurance is always required.*

*The person listed below assumes all responsibility for activity during facility use on town property.*

**Full Name** \_\_\_\_\_

**Organization** \_\_\_\_\_  
*(if applicable)*

**Street Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**PLEASE CHECK YOUR FACILITY REQUEST(S)  
 & SUBMIT FULL PAYMENT.**

	<b>CHECK HERE:</b>	<b>Resident</b>	<b>Non-Res</b>
Entire Lathrop Building	<input type="checkbox"/>	\$750/day	\$1,000/day
JC Penney/Rotary Room	<input type="checkbox"/>	\$200/day \$30/hr	\$300/day \$40/hr
Johnson Room	<input type="checkbox"/>	\$100/day \$20/hr	\$150/day \$25/hr
Auditorium/Lobby/Lounge	<input type="checkbox"/>	\$400/day \$30/hr	\$750/day \$50/hr
Great Lawn	<input type="checkbox"/>	\$60/hr, \$250/day \$2,000 season	\$80/hr, \$300/day \$3,000 season
Athletic Fields	<input type="checkbox"/>	\$60/hr, PER \$250/day FIELD \$2,000 season	\$80/hr, PER \$300/day FIELD \$3,000 season
Lakeside Pavilion <i>*does not include swimming passes</i>	<input type="checkbox"/>	\$200/day	\$450/day
Teen Center	<input type="checkbox"/>	\$350/day	\$550/day
Murrow Lower Pavilion	<input type="checkbox"/>	\$75/day	\$200/day
Murrow Upper Pavilion	<input type="checkbox"/>		
Holmes-Whaley Lake Civic Center (Upstairs w/kitchen)	<input type="checkbox"/>	\$200/day \$30/hr	\$380/day \$40/hr

**PLEASE ANSWER THE FOLLOWING:**

**Date of Requested Use:** \_\_\_\_\_

**Times of Requested Use\*:** \_\_\_\_\_ - \_\_\_\_\_

**\*AFTER 11PM OR ON TOWN HOLIDAYS, THERE IS AN  
 ADDITIONAL \$20/HR FEE FOR INDOOR FACILITY USE**

**Purpose of Use:** \_\_\_\_\_

**Town of Pawling Resident:** \_\_\_ YES \_\_\_ NO

**Number of Participants Expected:**

\_\_\_ Resident Adults \_\_\_ Resident Children

\_\_\_ Non-Res Adults \_\_\_ Non-Res Children

**Will there be an independent contractor on site  
 during facility use?** \_\_\_ YES \_\_\_ NO

*If yes, please provide name:* \_\_\_\_\_

**Service provided:** \_\_\_\_\_

**EACH INDEPENDENT CONTRACTOR NEEDS THEIR OWN CERTIFICATE OF INSURANCE**

**Will there be swimming?** \_\_\_ YES \_\_\_ NO

**Will alcohol be served?** \_\_\_ YES\* \_\_\_ NO

**Will alcohol be sold?** \_\_\_ YES\* \_\_\_ NO

**Admission charged?** \_\_\_ YES \_\_\_ NO

**\*ANY ALCOHOL SERVED OR SOLD REQUIRES AN ALCOHOL  
 CONTROL PLAN IN WRITING SUBMITTED WITH THIS APPLICATION**

**Do you need tables and chairs? If so, how many?**

\_\_\_\_\_

**Total Amount Due:** \_\_\_\_\_

**+ Security Deposit: \$100 (separate check)**

*We hold this security check until rental is finished and then we mail back to address on file.*

**MAKE CHECKS PAYABLE TO "TOWN OF PAWLING"**

**THIS SECTION BELOW IS FOR STAFF USE ONLY:**

**Facility Amount PAID:** \_\_\_\_\_ **Cash/Check #** \_\_\_/CC

**Date Paid:** \_\_\_\_\_ **Staff Initials:** \_\_\_\_\_

**Security Check Received:** \_\_\_\_\_ **Date Returned:** \_\_\_\_\_

Non-Profit Organizations may be eligible for a 50% reduction of facility fees. If your organization meets this criteria, please attach a Fee Reduction Request Letter addressed to the Town Board.

**RESERVATIONS ARE NOT SCHEDULED UNTIL:**  
 1. \_\_\_ PAYMENT 2. \_\_\_ APPLICATION 3. \_\_\_ INSURANCE  
**ARE ALL RECEIVED IN THE RECREATION OFFICE**



**Town of Pawling**  
Recreation Department  
2 Lakeside Drive  
Pawling, NY 12564  
845-855-1131  
recreation@pawling.org

# FACILITY APPLICATION

**Use of Town Facilities by  
Individuals & Organizations**

*Appropriate insurance is always required.*

## **INDIVIDUAL Insurance Requirements:**

The Individual shall provide a **copy of their Homeowner's or Apartment/Renter's Policy Declaration Page** – minimum liability limit of \$500,000. Policy shall not exclude the off-premises activities of the insured.

1. **Hold Harmless**

The undersigned individual requesting use of the Town of Pawling's facilities, guarantees observance of all regulations governing the use of facilities of the Town of Pawling, payment of any charge incurred, and states that the individual agrees to indemnify and save harmless the Town of Pawling, all of the Town's elected and appointed officers, employees, volunteers, and/or agents against any and all claims for damages or injury to persons or property that may be occasioned by, or arise from, the use of such facilities to the fullest extent possible pursuant to the laws of New York State.

THE PAWLING TOWN BOARD RESERVES THE RIGHT TO REQUIRE ALTERNATIVE LIABILITY LIMITS WHEN APPLICABLE.

Name of Individual: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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



**Town of Pawling**  
 Recreation Department  
 2 Lakeside Drive  
 Pawling, NY 12564  
 845-855-1131  
 recreation@pawling.org

**FACILITY APPLICATION**

**Use of Town Facilities by  
 Individuals & Organizations**

*Appropriate insurance is always required.*

**GROUP/ORGANIZATION Insurance Requirements:**

Review the following insurance requirements and forward to your insurance representative/carrier for issuance of required certificates. THE PAWLING TOWN BOARD RESERVES THE RIGHT TO REQUIRE ALTERNATIVE LIABILITY LIMITS WHEN APPLICABLE. The group/organizations shall maintain at a minimum the following insurance coverages, giving evidence of same to the Town of Pawling in a form of a Certificate of Insurance (COI), copy of General Liability Declarations Page, and a copy of the Additional Insured Endorsement, and provide 30 days' notice of cancellation, non-renewal, or material change. New York State License carrier is preferred; any non-licensed carriers will be accepted at the Town of Pawling's discretion. The insurance carrier must have an AM Best rating of at least an A-IX. Worker's Compensation and NYS Disability coverage is required for any organization that has employees that will be working on the premises. Note – Independent contractors or vendors used or employed by the organization must comply with Town of Pawling insurance requirements for Independent Contractors/Sub-Contractors.

1. Commercial General Liability

- a. Coverage Occurrence – 1988 ISO or equivalent
- b. Limits
 

General Aggregate	\$2,000,000
Products/Comp/Ops Aggregate	\$2,000,000
Personal & Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Fire Damage (any one fire)	\$ 50,000
Medical Expenses (any one person)	\$ 5,000
- c. Additional Insured The Town of Pawling and all appointed and elected officials, employees, and volunteers using ISO FormCG2005 or equivalent.
- d. Extension Mandatory Full Contractual Liability
- e. Mandatory If alcohol is being served, evidence of Host Liquor Liability is required.  
If alcohol is being sold, evidence of Liquor Law Legal Liability is required.

2. Umbrella Liability

- a. Coverage Umbrella Form or Excess Follow Form of Primary General Liability and Automobile Liability
- b. Limit \$2,000,000
- c. Additional Insured The Town of Pawling and all appointed and elected officials, employees, and volunteers.

3. Worker's Compensation and NYS Disability

Statutory Coverage is required if the organization has employees that will be working on the premises.

4. Hold Harmless

The undersigned individual requesting use of the Town of Pawling's facilities, guarantees observance of all regulations governing the use of facilities of the Town of Pawling, payment of any charge incurred, and states that the individual agrees to indemnify and save harmless the Town of Pawling, all of the Town's elected and appointed officers, employees, volunteers, and/or agents against any and all claims for damages or injury to persons or property that may be occasioned by, or arise from, the use of such facilities to the fullest extent possible pursuant to the laws of New York State. THE PAWLING TOWN BOARD RESERVES THE RIGHT TO REQUIRE ALTERNATIVE LIABILITY LIMITS WHEN APPLICABLE.

- 5. Any group/organization renting the **Holmes-Whaley Lake Civic Center** must list **BOTH** "Town of Pawling" and "Holmes Whaley Lake Civic Association" as Additional Insured on all paperwork.

Name of Individual: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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