

## CITY OF SARATOGA SPRINGS



### PROCEDURES FOR PARADE PERMIT

1. Complete the attached application and include the following documents with the application:
  - A. Map of parade route
  - B. Hold Harmless Agreement
  - C. Proof of insurance (include motorized vehicle if applicable)
  - D. Proof of NYS Statutory Workers Compensation and NYS Disability
  - E. Agreement that the organization is responsible for all cleanup of the event
  - F. Safety plan (if the parade will attract more than 5,000 persons)
  - G. Permit from the Department of Health (if the parade will attract more than 5,000 persons)
  - H. Fee (if applicable)
  - I. Copy of your Community Notification
2. Applications must be filed not less than 30 days before the date of the parade.
3. Application must be reviewed and approved by various departments as per code before a permit may be issued.



## CITY OF SARATOGA SPRINGS APPLICATION FOR PARADE - SPECIAL EVENTS PERMIT

**All applications for permits must be made at least thirty (30) days in advance of the scheduled event.**

1. Name/Title of Person Making this Permit: \_\_\_\_\_
2. Name of Organization Making this Permit: \_\_\_\_\_
3. Event is (Check One): Special Event: \_\_\_\_\_ Parade: \_\_\_\_\_ **Bike/Road Event: \_\_\_\_\_**
4. Mailing Address of Organization: \_\_\_\_\_
5. Organization Contact Telephone Numbers: \_\_\_\_\_
6. Purpose of Event To Be Held: \_\_\_\_\_
7. Exact Location of Event: \_\_\_\_\_
8. Date of Event: \_\_\_\_\_ Begin Time of Event: \_\_\_\_\_ End Time of Event: \_\_\_\_\_
9. In feet, please provide the width of the street to be utilized in the event: \_\_\_\_\_
10. For parades or bike/road races, please provide in miles the anticipated length of event: \_\_\_\_\_
11. Expected Participants in Event: \_\_\_\_\_ Expected Community Attendance: \_\_\_\_\_

**12. On Attachment A provided:**

- **For Special Events:** please provide a diagram of the grounds on which the event is to be held. Your diagram must show (1) the location of all buildings, highways, and other lines of communication; (2) audience access egress points; and (3) the location of all nearby trees, telegraph or telephone lines or other overhead obstructions.
- **For Parades and/or Bike/Road Events:** Please provide a map of the route to be taken showing the starting and ending points including each street to be traversed for the event.

**13. Attachment B:** Please provide a copy of the community notification your organization will distribute to any property owner who may be affected by the event conducted as needed.

**14. Attachment C:** Please provide a Permit issued by the NYS Department of Health for any event whose participants and attendance is expected to be 5,000 individuals or greater.

**15. Attachment D:** Please provide a Safety Plan approved by the NYS Department of State for any event whose participants and attendance is expected to be 5,000 individuals or greater.

I, as a legal representative of my organization, agree to the terms and conditions of the NYS Departments of Health and the NYS Department of State. I also, as a legal representative of my organization, agree to abide by all the City of Saratoga Springs' regulations that govern this permit including Alcoholic Beverages, Noise Ordinance, Parades, and Special Events. I certify that the information contained within this application is correct.

I understand that I will be responsible for any cleanup and/or costs related to cleanup If necessary of any public property after the special event, parade, and/or bike/road race has immediately transpired.

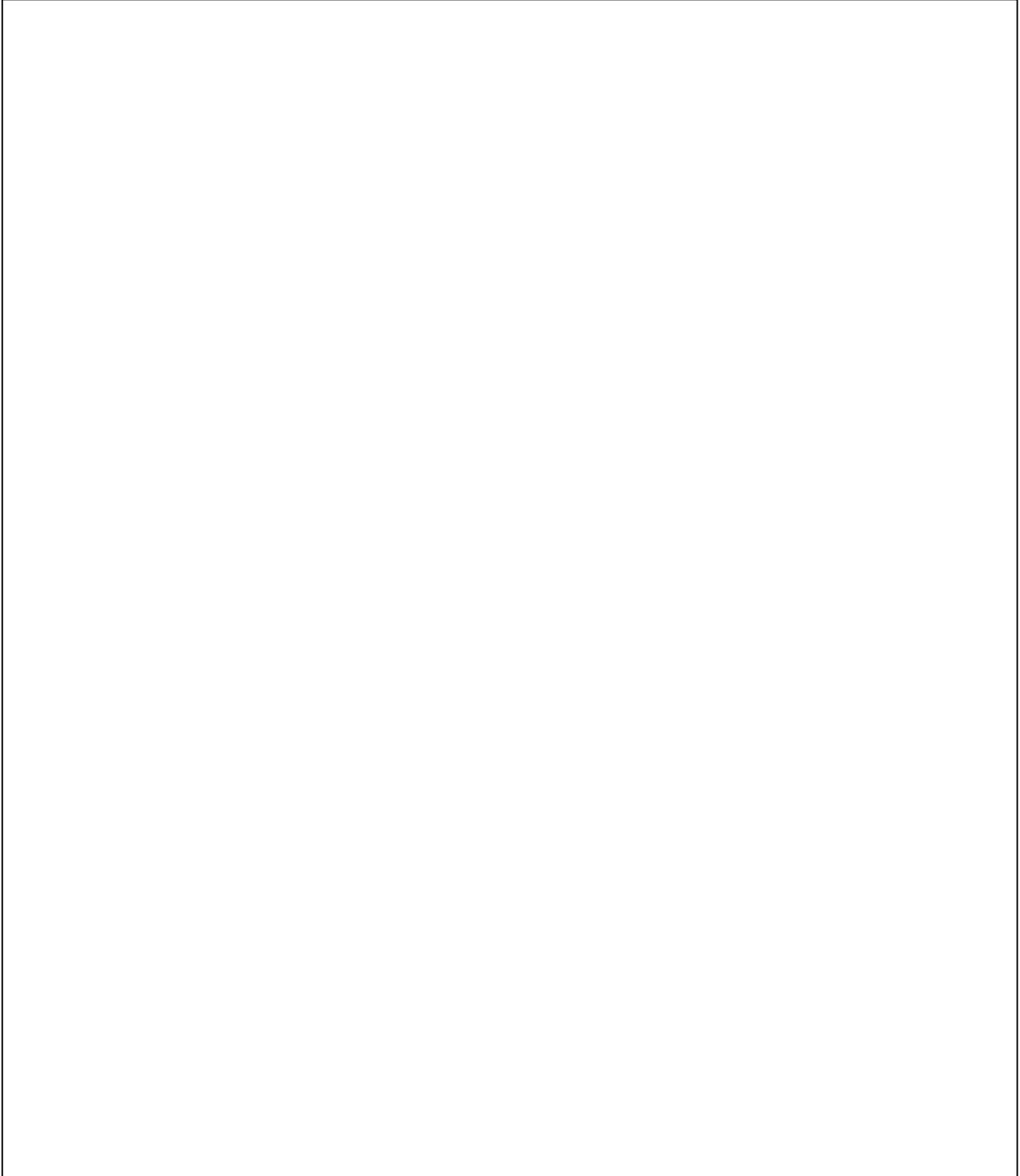
I understand that the application as submitted must be approved by the Departments of Public Works, Public Safety and Risk and Safety Management prior to the issuance of this permit by the Department of Accounts.

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

Authorized Representative/Title: \_\_\_\_\_

**Attachment A:**

- **For Special Events:** please provide a diagram of the grounds on which the event is to be held. Your diagram must show (1) the location of all buildings, highways, and other lines of communication; and (2) audience access egress points.
- **For Parades and/or Bike/Road Events:** Please provide a map of the route to be taken showing the starting and ending points including each street to be traversed for the event.





**CITY OF SARATOGA SPRINGS  
CLEANUP AGREEMENT FOR  
SPECIAL EVENTS/PARADES**

\_\_\_\_\_  
NAME OF ORGANIZATION/BUSINESS/INDIVIDUAL

\_\_\_\_\_  
ADDRESS OF ORGANIZATION/BUSINESS/INDIVIDUAL

I, \_\_\_\_\_, agree that I will be responsible for any cleanup and/or costs related to cleanup if necessary of the public ways after the special event/parade.

\_\_\_\_\_  
Name of Authorized Representative (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative



## CITY OF SARATOGA SPRINGS HOLD HARMLESS AGREEMENT

### The City of Saratoga Springs requires:

A Certificate of Insurance naming the City of Saratoga Springs as an ***Additional Insured*** evidencing the following coverages:

- **Commercial General Liability:** \$1,000,000 per occurrence \$2,000,000 aggregate including completed operations and product liability and personal injury liability insurance
- **Automobile Liability Insurance:** \$1,000,000 Combined Single Limit for Owned, Non-owned and Hired Vehicles if using a motorized vehicle in your special event or parade
- **Statutory Workers Compensation, Disability and Employer's Liability Insurance** for all employees  
(Please note that for this coverage per NYS Law, the City of Saratoga Springs shall not be named as an ***Additional Insured***.)

The Certificate naming the City of Saratoga Springs as ***Additional Insured*** should be addressed to the attention of:

Accounts Department  
City of Saratoga Springs  
474 Broadway  
Saratoga Springs, NY 12866  
Attn: City Clerk

The **Permitee** acknowledges that failure to obtain such insurance on behalf of the municipality constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the City. The **Permitee** is to provide the City with a Certificate of Insurance naming the City as ***Additional Insured*** prior to the issuance of any permit. The failure to object to the contents of the Certificate of Insurance or the absence of same shall not be deemed a waiver of any and all rights held by the municipality.

In the event the **Permitee** utilizes a Subcontractor for any portion of the services outlined within the scope of its activities, the Subcontractor shall provide insurance of the same type or types and to the same extent of coverage as that provided by the **Permitee**, and shall name the City of Saratoga Springs as an ***Additional Insured*** for all those activities performed within its contracted activities for the contact as executed.

### In all cases, the following hold harmless agreement shall apply:

The Permitee shall indemnify and save harmless the City, its Agents and Employees (hereinafter referred to as "City"), from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of or resulting from the issuance of this permit, sustained by any person or persons, provided that any such claim, damage, loss or expense is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the tortious act or negligent act or omission of Permitee or its employer, agents or subcontractors.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Permitee: \_\_\_\_\_  
Address: \_\_\_\_\_  
Authorized Representative: \_\_\_\_\_  
Title: \_\_\_\_\_



**City of Saratoga Springs**  
**OFFICE OF COMMISSIONER OF ACCOUNTS**

**74 Broadway City Hall  
Saratoga Springs, New York 12866**

**Telephone 518-587-3550  
Fax 518-587-6512**

**JOHN P. FRANCK  
COMMISSIONER**

**SHARON J. KELLNER-CHILLE  
DEPUTY COMMISSIONER**

NYS statutory workers compensation coverage and disability coverage must be evident before any permit/license can be issued by a municipality.

In compliance with the New York State rules, the City of Saratoga Springs requires proof of NYS statutory workers compensation and disability before any license or permit can be issued. If you need samples of the forms please contact the City Clerk's office.

If you have any questions, please call the NYS workers compensation office at 1-866-750-5157.

To complete the waiver, if qualified to do so, visit [www.wcb.state.ny.us](http://www.wcb.state.ny.us)