



City of Milford, Connecticut

--Founded 1639 -

70 West River Street – Milford, CT 06460-3317

Tel 203-783-3280 Fax 203-783-3284

www.milfordrecreation.com

Procedure Outlining the Permit Process for the Use of City Facilities

An “Application for the Use of City Facilities” shall be made in writing to department responsible for the facility (see page 2) at least thirty - (30) days in advance of the event.

1. Contact the department responsible for the requested facility to determine if the date(s) are available. (see page 2.)
2. Obtain and complete an “Application for the Use of City Facilities” from said department or from the City’s website at www.ci.milford.ct.us in Document Center under General Documents <http://www.ci.milford.ct.us/files>
3. Contact your insurance agent to obtain a **Certificate of Insurance & Endorsements** (see attached Insurance Requirements and Examples).
4. **Obtain all sign offs** on page 2 of the application from the departments listed below in numbers 5 – 9. **The Department responsible for the facility is the final sign off (see #10)**
5. Contact the **Public Works Department (783-3265)** to obtain Electricity, Garbage Cans, Safety Fencing, Tables/Chairs (Max of 10 tables & Max of 30 chairs. Groups requiring more will need to rent these items from a third party), Restrooms, and Restrooms Supplies (fee may be charged).
6. Contact the **Milford Health Department (783-3285)** for licensing and health guidelines if your event is open to the public and food/beverages will be served.
7. Contact the **Fire Marshal’s Office of Milford Fire Department (874-6321)** if your event will be setting up auxiliary tents/structures, electricity/generators, carnival type games, etc., or will be sponsoring a bon-fire. (Charcoal grills / Open fires are PROHIBITED)
8. Contact the **Patrol Division of the Milford Police Department (878-6551)** for security, crowd control, traffic control (the sponsoring organization shall be responsible for providing police coverage). If your event is a road race/walk see special instructions on page 2.
9. Contact the **Recreation Department (203-783-3280)** for all recreation facilities.
10. Have the **Indemnity Agreement** on page 4 of the application notarized, then submit the **application**; along with **appropriate fees (application and other)**; **Certificate of Insurance and Endorsements** to the department responsible for the facility for final approval and permit.

**The most efficient route to obtain the departmental signoffs is: Health Department @ 82 New Haven Avenue
> Fire Department @ 72 New Haven Avenue > Police Department @ 430 Boston Post Road > Public Works & Building Maintenance @ 83 Ford Street > Recreation Department @ 70 West River Street **

Facility

City Hall Auditorium

Library Program Room

Parsons Complex Conference Rooms

Parsons Veteran's Memorial Auditorium

Milford Lisman Landing

Milford Senior Center

For All Other Locations**Responsible Department**

Community Development at 203-783-3230
ddiamond@milfordct.gov

Library Business Office at 203-783-3291
thomasd@milfordct.gov

Community Development at 203-783-3230
ddiamond@milfordct.gov

Recreation Department at 203-783-3280
recdesk@milfordct.gov

Milford Lisman Landing at 203-874-1610
jdonegan@milfordct.gov

Senior Center at 203-877-5131
jmjmilfordseniorcenter@yahoo.com

Recreation Department at 203-783-3280
recdesk@milfordct.gov

Road Race / Walk Special Instructions

The organizers of road races/walks shall submit the following information to the Traffic Division of the Milford Police Department.

Traffic Division can be reached at (203) 878-5244 or Traffic@milfordct.gov and the required information can be emailed.

Be sure to include the following in your correspondence:

1. A copy of the required insurance and a copy of the indemnity agreement
2. A letter to the Chief of Police stating the following:
 - a. Name of Race/Walk
 - b. Date/Time/Location
 - c. Map of the route, including where volunteers will be posted, water and aid stations
 - d. Start/Finish time, including the time of race day registration
 - e. Anticipated attendance
 - f. Number of officers requested/needed (minimum of 1 officer)

The organizers of road races / walks that plan to use the Silver Sands Boardwalk within the boundaries of Silver Sands State Park must also contact Mr. Joseph Maler of CT DEEP at 203-735-4311 or joseph.maler@ct.gov



City of Milford, Connecticut

- Founded 1639 -

POLICE DEPARTMENT

430 Boston Post Road - Milford, CT 06460-2570
Telephone (203) 878-6551



Keith L. Mello
Chief of Police

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APPLICATION FOR USE OF CITY FACILITIES

APPLICANT: _____

CONTACT (1): _____
(Name) (Address) (E-Mail)

(Home Phone) (Bus. Phone) (Cell)

CONTACT (2): _____
(Name) (Address) (E-Mail)

(Home Phone) (Bus. Phone) (Cell)

PURPOSE OF EVENT: _____

IS THIS AN OVERNIGHT EVENT: ☐ Yes ☐ No

If Yes, please described: _____

DATE(S) REQUESTED: _____ **TIME(S):** _____

FACILITY REQUESTED (Check Appropriate Box Below): Contact the Recreation Department for all facilities, except where noted.

- ☐ Margaret Egan Center
- ☐ McCann Natatorium
- ☐ Milford Library, Program Rm. **Library**
- ☐ Milford Lisman Landing **Lisman Landing**
- ☐ Milford Senior Center **Senior Center**
- ☐ Other: _____

TRUBEE DOOLITTLE

- ☐ Beach
- ☐ Field
- ☐ Playground
- ☐ Other: _____

WALNUT BEACH

- ☐ Beach
- ☐ Casey Pavilion
- ☐ Rotary Pavilion
- ☐ Other: _____

Issuance of a permit for Walnut Beach or Gulf Beach does not waive the parking fee.

PARSONS GOVERNMENT CENTER

- ☐ Veterans Mem. Auditorium
- ☐ Gymnasium
- ☐ Conference Room **Community Dev**
- ☐ Other: _____

EISENHOWER PARK

- ☐ Lower North Street Area
- ☐ North Street Pavilion
- ☐ West River Street
- ☐ Tennis Courts
- ☐ Other: _____

FOWLER PARK

- ☐ Ballfields
- ☐ Basketball Courts
- ☐ Rotary Pavilion
- ☐ Tennis Courts
- ☐ Other: _____

CITY GREEN

- ☐ Center Green
- ☐ Green's End
- ☐ Lower Green
- ☐ North Street
- ☐ Other: _____

OTHER: _____

ESTIMATED # OF ATTENDEES: _____

**If for security measures, the City of Milford its agents and/or representatives determines it is necessary for traffic and/or crowd control, the applicant shall be required to provided police coverage at its sole cost and expense.

WILL ADMISSION/EXHIBITOR FEE BE CHARGED? ☐ Yes ☐ No

If yes, explain fee(s) to be charged: _____

**For use of Library program room, commercial transactions (selling), charging fees and soliciting (including asking attendees personal information or to sign attendance lists) are prohibited.

COMPLETE FOR USE OF VETERANS MEMORIAL AUDITORIUM ONLY:

Contact Public Works at 203-701-4542 to confirm availability

SHOW TIME(S)

REHEARSAL, SET UP OR OTHER PREPARATION

Dates you wish to reserve facility:

_____ to _____

Which rooms do you expect to use:

Times you wish to reserve facility:

_____ to _____

What time do you want doors opened?

State any equipment needed
(tables, microphones, etc.)

What time do you expect to leave?

EVENT, PERFORMANCE OR SHOW

Dates you wish to reserve facility:

_____ to _____

Times you wish to reserve facility:

_____ to _____

State any equipment needed
(tables, microphones, etc.)

What time do you want doors opened?

What time do you expect to leave?

Which rooms do you expect to use:

INDEMNITY AGREEMENT

INDEMNITOR: _____

(Name of Applicant / Organization / Event Holder)

EVENT: _____

DATE(S) OF EVENT: _____

In consideration for permission to hold the above-described event within the territorial limits of the City of Milford on the aforesaid date(s) the above-named **INDEMNITOR** does hereby indemnify and hold harmless the **CITY OF MILFORD** for any and all claims for damages or injury to persons or property to the extent of the **INDEMNITOR'S** insurance coverage as required by the City of Milford which may arise out of the **INDEMNITOR'S** use of the public places, which are accepted in an "as is" condition. Indemnification shall include the duty to expend reasonable attorney's fees for the defense of any such claim. Except as to general premises liability, it is understood and agreed that indemnification does not extend to claims for injuries or damages which are caused by the negligence or other misconduct of City officials or employees on the day(s) of the above-described event, and does not extend to any location not under the control of the **INDEMNITOR** and does not extend to circumstances which are completely unrelated to the activities of the **INDEMNITOR**. The **INDEMNITOR** shall provide the City of Milford with a Certificate of Insurance in the amount and form acceptable to the City.

This Agreement shall supersede any and all indemnity or hold harmless agreements previously executed for the above-named **INDEMNITOR** to be held on the aforesaid date(s), and has been approved by the Milford City Attorney's Office as sufficient to constitute the sole indemnity agreement for the above-described event between the **CITY OF MILFORD** and the above-named **INDEMNITOR**.

Dated this ____ day of _____, 2020.

In the Presence of:

INDEMNITOR: _____

(Name of Applicant / Organization / Event Holder)

By: _____

(Printed Name of Person Signing)

Its _____, duly authorized

(Title)

STATE OF CONNECTICUT)

)

SS.

COUNTY OF NEW HAVEN

)

Personally appeared _____ signer

(Name of Applicant / Organization / Event Holder)

and sealer of the foregoing instrument, by _____ its duly

(Name of Person Signing)

authorized and who acknowledged same to be _____ free act and deed, before me.

(His/Her)

NOTARY PUBLIC

My Commission Expires:



City of Milford, Connecticut

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INSURANCE REQUIREMENTS FOR USE OF CITY FACILITIES

The City's insurance requirements for the use of City Facilities have changed effective January 1, 2016. The City now requires limits in the amount of:

General Liability:	\$1,000,000.00 per occurrence
General Aggregate:	\$2,000,000.00
Excess:	\$2,000,000.00

Please provide your insurance agent with a copy of this notice prior to submitting your Certificate of Insurance to the City. Certificates of Insurance are required to be submitted to the City of Milford, together with your application for use of the facility, at least one (1) week prior to the date of use and **must**:

- 1) Identify the City of Milford as a certificate holder
- 2) Name the City of Milford and Milford Board Education, its Governing Board, Official, Agents and Employees as additional insureds.
- 3) Include the language "on a primary, non-contributory basis" and "waiver of subrogation applies in favor of the City of Milford and Milford Board of Education and all other required parties". **Copies of the endorsements for the additional insured and primary non-contributory, waiver of subrogation language must be provided.**
- 4) Events where alcoholic beverages will be served / sold must include Liquor Liability coverage with limits \$1,000,000 per occurrence and \$2,000,000 aggregate
- 5) Sports Leagues / Camps / Clinics must include Sexual Abuse and Molestation coverage with limits of \$1,000,000 per occurrence and \$2,000,000 aggregate

The City of Milford reserves the right in its sole discretion to require additional insurance.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Date of Policy

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Agent Name & Address	CONTACT NAME:	
	PHONE (A/C, No, Ext): FAX (A/C, No):	
INSURED Applicant's Name & Address	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Insurance Company Issuing Coverage	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL1332803492

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
A	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR				COMBINED SINGLE LIMIT (Ea accident) \$
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				PERSONAL INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N				WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
Liquor Liability (if serving alcohol)						1,000,000 / 2,000,000
Sexual Assault & Molestation (if a Sports Camp / League)						1,000,000 / 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INSURED: THE CITY OF MILFORD AND MILFORD BOARD OF EDUCATION ITS GOVERNING BOARD, OFFICIAL, AGENTS AND EMPLOYEES 110 River Street MILFORD, CT. 06460 INSURANCE IS PRIMARY AND NON-CONTRIBUTORY WAIVER OF SUBROGATION APPLIES IN FAVOR OF THE CITY OF MILFORD AND MILFORD BOARD OF EDUCATION AND ALL OTHER REQUIRED PARTIES

CERTIFICATE HOLDER

City of Milford
110 River Street
Milford, CT 06460

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED PERSON OR
ORGANIZATION**

Policy Number:
Insured:

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
City of Milford 110 River Street Milford, CT 06460
Information required to complete this schedule, if not shown as above, will be shown in the Declarations.

Section II - WHO IS AN INSURED is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions of the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

To the extent that any of the additional insureds named herein is liable for occurrences arising out of the named insured's negligent acts or omissions, the insurance afforded to the additional insureds under this endorsement is primary insurance over any other valid or collectible insurance which the additional insureds may have with respect to loss under any of the listed policies. Other insurance of any additional insured applicable to loss is non-contributory and excess over the coverage provided by this endorsement, and the amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

CITY OF MILFORD, MILFORD BOARD OF EDUCATION, ITS GOVERNING BOARD, OFFICIALS,
AGENTS AND EMPLOYEES

SAMPLE

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



City of Milford, Connecticut

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Tel 203-783-3280 Fax 203-783-3284
www.milfordrecreation.com



TO: League & Organizations Presidents and Event Coordinators

FROM: Bill Garfield,
Interim Director of Recreation *B.G.*

SUBJECT: Smoke & Tobacco Free Policy

DATE: Original Date: April 21, 2015 Updated: July 10, 2020

Please be advised that the Milford Park, Beach and Recreation Commission approved a Smoke and Tobacco Free Policy for all Recreation Facilities under its jurisdiction at its April 2015 meeting. A copy of the policy is enclosed.

The policy provides, in relevant part, that, “[it] shall apply equally to all organizations and persons using Recreation facilities, and their use of the facilities is contingent upon compliance with policy.”

Thus, the policy applies to your organization’s use of City’s Recreation facilities.

The City will post signs, in the form attached, at all recreation facilities. In addition, the City will publicize the adoption of this policy to inform and educate the public in an effort to ensure cooperation and adherence with same.

Thank you for your cooperation and support of this policy. If you have any questions or concerns, please do not hesitate to contact me.

Enclosures

Cc: Benjamin G. Blake, Mayor

Jonathan Berchem, City Attorney
Dan Worroll, Chairman – Parks, Beach and Recreation Commission

WHEREAS, the Milford Park, Beach and Recreation Commission is committed to maintaining and improving the health and well-being of the community; and

WHEREAS, the Milford Park, Beach and Recreation Commission recognizes that medical research has proven that smoking and the use of tobacco products poses a significant risk to the health of the smoker and the non-smoker, and the Commission accepts the belief that adults should be positive role models and should exhibit healthy and positive behaviors; and

WHEREAS, cigarettes, often discarded on the ground when consumed in public places, diminish the beauty of the City's recreational facilities and poses a risk to children; and

WHEREAS the Milford Park, Beach and Recreation Commission determined that the prohibition of tobacco product use at the City's recreational facilities serves to protect the health, safety, and welfare of the citizens of our City.

NOW, THEREFORE BE IT RESOLVED by the Milford Park, Beach and Recreation Commission that all City recreational facilities shall be smoke and tobacco free zones.

Section 1

No person shall use any form of tobacco at or on any City-owned or operated outdoor recreational facilities, including the restrooms, spectator and concession areas. These facilities include, but are not limited to, athletic fields, beaches, parks, playgrounds, recreation/community centers, skate park, tennis / basketball courts, and walking/hiking trails.

The use of tobacco products is permitted in designated parking areas.

This smoke and tobacco free policy shall apply equally to all organizations and persons using Recreation facilities, and their use of the facilities is contingent upon compliance with policy.

Section 2

Appropriate signs shall be posted at all areas that prohibit the use of tobacco products.

The community, especially facility users and staff, will be notified about this policy.

Staff will make periodic observations of recreational facilities to monitor compliance.

Any person found violating this policy shall be subject to immediate ejection from the recreation facility and may further be denied access to such facility in the future.

Definitions

As used herein, the terms "smoke " or "smoking" shall mean the use of any tobacco products including, but not limited to, the lighting or carrying of a lit cigarette, cigar, pipe or similar device; or the use of smokeless tobacco products e.g. electronic cigarettes or chewing tobacco.

As used herein, the term "recreation facilities" shall mean any outdoor area owned or operated by the City of Milford and open to the general public for primary recreational purposes, regardless of any fee or age requirement including but not limited to beaches, picnic areas, playgrounds, sports or athletic fields, bleachers, walking paths, gardens, hiking trails, bike paths and dog parks.

This Recreation Facility is

SMOKE & TOBACCO FREE



We Appreciate Your Cooperation

Per Policy of the Park, Beach and Recreation Commission
(Adopted April 2015)



MILFORD HEALTH DEPARTMENT
82 NEW HAVEN AVE.
MILFORD, CT 06460
203.783.3285

