

# Milford Recreation City Facilities Use Permit Application and Permitting Process





# **Facilities Use Permitting Process**

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.

## No event is guaranteed until all requirements are met and approval is issued.

- 1) Contact the department responsible for the requested facility to determine if the date(s) are available. (see page 2 for a list of facility locations and responsible departments.)
- 2) Obtain and complete the "Application for City Facilities Use Form" from the Milford Recreation website: <a href="https://www.milfordrecreation.com">www.milfordrecreation.com</a> or email <a href="mailto:recdesk@milfordct.gov">recdesk@milfordct.gov</a> to obtain a copy.
- 3) Contact an insurance agent to obtain a Certificate of Insurance & Endorsements (see attached Insurance Requirements to ensure insurance minimums are met).
- 4) Once Certificate of Insurance & endorsements meet requirements, submit a digital copy to the Recreation Department via email: <a href="mailto:recdesk@milfordct.gov">recdesk@milfordct.gov</a>. Hard copies may be delivered to Milford Recreation Department at Parsons Government Complex: 70 West River Street, Milford, CT 06460.
- 5) Contact the Public Works Department (203-783-3265) to request electricity, garbage cans, safety fencing, tables/chairs (max of 10 tables & max of 30 chairs if available at location).
- 6) Contact the Milford Health Department (203-783-3285) for license requirements and healthy/safety approvals.
- 7) Contact the Fire Marshal's Office (203-874-6321) if event includes auxiliary tents/structures, electricity/generators, or carnival type games, etc., (Charcoal grills/open fires are PROHIBITED)
- 8) Contact the Milford Police Department (203-878-6551) for security, crowd control, traffic control (the applicant may be responsible for providing police coverage). If event is a road race/walk see special instructions on page 2.
- 9) Sign and notarize attached Indemnity Agreement.
- 10) Submit complete application along with appropriate fees, event set-up diagram, Certificate of Insurance and endorsements to the department responsible for the facility for final event approval.





**Milford Recreation Department** 

Parsons Government Complex 70 West River Street Milford, CT 06460 phone: 203-783-3280

# **Facility Contacts**

For all city facilities other than below, contact the Recreation Department to determine if the date(s) are available prior to completing this form. Approval is at discretion of the department.

# **City Hall Auditorium**

Recreation Department phone: 203-783-3280 email: <u>bgarfield@milfordct.gov</u>

### **Fowler Building**

Recreation Department phone: 203-783-3280 email: <u>bgarfield@milfordct.gov</u>

### **Library Program Room**

Library Business Office phone: 203-783-3291

email: thomasd@milfordct.gov

# **Milford Senior Center**

Milford Senior Center phone: 203-877-5131

email: jmjmilfordseniorcenter@yahoo.com

# **Parsons Complex Conference Rooms**

Community Development phone: 203-783-3230 email: cschull@milfordct.gov

### Parsons Veteran's Memorial Auditorium

Recreation Department phone: 203-783-3280

email: <u>bgarfield@milfordct.gov</u>

# **Milford Lisman Landing**

Milford Lisman Landing phone: 203-874-1610

email: jdonegan@milfordct.gov

#### **Trubee Dolittle Park**

Borough of Woodmont phone: (203) 874-4430

web: Boroughofwoodmont.us

# **Road Race/Walk Special Instructions**

Organizers of road races/walks shall submit the following information to the Traffic Division of the Milford Police Department. The Traffic Division may be reached at (203) 878-5244 or Traffic@milfordct.gov and the required information may be emailed.

Be sure to include the following in your correspondence:

- 1. Copy of the required insurance and executed indemnity agreement
- 2. Letter to 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 race day registration time
  - e. Estimated attendance for event
  - f. Number of officers requested/needed (minimum of 1 officer)

Organizers of road races/walks who plan to use 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 for state approvals.







@milford rec ct



**Milford Recreation Department** Parsons Government Complex 70 West River Street Milford, CT 06460 phone: 203-783-3280

# **Application for Use of City Facilities**

Applicant:						
Contact #1:	Contact #2:					
Address:						
E-Mail:						
Phone:						
Purpose of Event:						
Date(s) Requested:	Time(s):					
Facility Requested:	Estimated # of Attendees:					
City Green: Center Green	**If for security measures, the City of Milford, its agents and/or representatives determine it is necessary for traffic and/or crowd control,					
City Green: Green's End	the applicant shall be required to provided police coverage at applicants					
Duck Pond: City Hall	sole cost and expense.					
Duck Pond: North Street	Will admission/exhibitor fee be charged? If yes, explain fee(s) to be charged:					
Eisenhower Park: North Street Lower Field	explain fee(s) to be enarged.					
Eisenhower Park: Tennis Courts						
Fowler Field Building						
Fowler Park: Basketball Courts	**For use of Library program room, commercial transactions (selling), charging fees and soliciting (including asking attendees personal					
Fowler Park: Rotary Pavilion	information or to sign attendance lists) are prohibited.					
Fowler Park: Tennis Courts	Will food or beverages be:					
Gulf Beach: Beach Area	Sold Served Allowed None					
Margaret Egan Center	Will there be food/beverage vendors?					
McCann Natatorium	Yes No					
Milford Lisman Landing	Will there be LP-Gas Cooking?					
Parsons Gov't Center: Gymnasium	Yes No					
Parsons Gov't Center: Veterans Memorial Auditorium	Will alcohol be:					
Trubee Doolittle Park	Sold Served Allowed None					
Walnut Beach: Beach Area	If yes to any of the above, please explain:					
Walnut Beach: Casey Pavilion	**Food/beverage vendors are required to submit a complete temporary					
Walnut Beach: Devon Rotary Pavilion	food permit application to the Milford Health Department 10-working days prior to the event. All food/beverage vendors must meet the Milford Health Department regulations, which are available at the Milford Health					
Other:	Department regulations, which are available at the Millioth realith Department. Serving and/or allowing alcohol requires Liquor Liability Insurance and an additional liquor permit per ordinances 15-3e and 15-4.					







**Milford Recreation Department** Parsons Government Complex 70 West River Street Milford, CT 06460 phone: 203-783-3280

# **Application for Use of City Facilities**

Applicant:				
Will there be amplified sound?  Amplified sound is allowed Sunday-Thursda surrounding neighborhoods must not be didetermine the reasonableness of the sound terminate the permit.	isturbed by the amplified	sound from this event.	am to 10pm. The peace The police may respond	d to complaints and
Please describe set-up and clear	n-up plans (detailed	l diagram of set-u	p must be attach	ed):
If you are making Auxiliary Requ	uests for City Facili	ties, please mark l	below and explai	n request:
(Additional fees may apply and not all items at Electricity  — Garbage Cans — Restrooms — Safety Fencing — Tables/Chairs - Max 10 tables and 30 chair Other:	rs (if available at location)			
All fees payable by cash, money order be paid by separate money order or business days prior to the event, the Athe availability of any special items that Department one (1) business day prior Rules and regulations governing the unhas read and will adhere to all applications consult the appropriate City Department and/all other permits of the Applicant limited to inadequate insurance cover to provide a Certificate of Insurance as	pank check. Police and I Applicant shall contact that have been requested or to the event and must alse of the requested factible rules and regulation ent(s). Any violation(s) of the City reserves the integral as determined by the same as determined by	Fire to be paid directly the Public Works Depail. Restroom keys may be returned on the facility are attached. The ns. Additional rules and these rules and regulation of these rules and applicate City in its sole discense.	to those department artment at (203) 783- be obtained from the first business day foll Applicant hereby ac d regulations may apulations shall be caus lation for any reason retion. The aforesaid	ats. At least two (2) 3265 to confirm e Recreation owing the event. knowledges that it oply. Please se to revoke this , including but not
(Signature of Applicant)	(Title)		(Organization)	
(Date)	(Non-Profit 501c3	Number)		

PLEASE CONTINUE TO NEXT PAGE FOR INSTRUCTIONS ON MAINTAINING MANDATORY **DEPARTMENTAL APPROVALS.** 





Milford Recreation Department

Parsons Government Complex 70 West River Street Milford, CT 06460 phone: 203-783-3280

# Application for Use of City Facilities Department Approvals

Applicant:			
Applications must be approved	d by the below departi	ments prior to final approval by the	e Recreation Director.
<u>Fire Department</u>	<u>Approval</u>	Police Depart	ment Approval
(Fire Marshal)	(Date)	(Police Department)	(Date)
Comments, if any:			
Public Works/Mainten	ance Approval	<u>Health Depart</u>	ment <u>Approval</u>
(Public Works Director) Comments, if any:	(Date)	(Health Department) Comments, if any:	(Date)
	Recreation Depa	rtment Final Approval	
Prior to final approval by th attached/emailed to bgarfie		or, please ensure the following	documents are
Certificate of Insurance			
Indemnification Agreeme			
Event set-up diagram	(F	Recreation Director)	(Date)







@milfordrecreation



Indemnitor: \_\_\_\_

Milford Recreation Department
Parsons Government Complex
70 West River Street
Milford, CT 06460
phone: 203-783-3280

# **Indemnity Agreement**

(name	of applicant/orgo	anization/event	t holder)	
Event:		Event l	Date(s):	
In consideration for permission to hold the above-desthe above-named INDEMNITOR does hereby indemniinjury to persons or property to the extent of the INDout of the INDout of the INDOUTOR'S use of the public places, wh	fy and hold harr EMNITOR'S insui	nless the CITY rance coverag	OF MILFORD for a e as required by t	any and all claims for damages or
Indemnification shall include the duty to expend reasing premises liability, it is understood and agreed that include the negligence or other misconduct of City officials or location not under the control of the INDEMNITOR and of the INDEMNITOR. The INDEMNITOR shall provide to the City.	lemnification do employees on t d does not exte	es not extend he day(s) of th nd to circumst	to claims for injur e above-described ances which are c	ies or damages which are caused be devent, and does not extend to an completely unrelated to the activitie
This Agreement shall supersede any and all indemnity INDEMNITOR to be held on the aforesaid date(s), and the sole indemnity agreement for the above-describe	has been appro	ved by the Mi	ford City Attorney	's Office as sufficient to constitute
Dated this day of	, 2022.	INDE	MNITOR:	
<del></del> •				Organization/Event Holder)
In the presence of:		(1131111	г от пррпсати	organización, Event riolaci,
in the presence on		Bv:		
		-,-		ame of Person Signing)
		lts		, duly authorized
			(Title)	
STATE OF CONNECTICUT	)			
<u>y</u>	SS.			, 2022
COUNTY OF NEW HAVEN	1			
Personally appeared				signe
1)	lame of Appli	cant/Organ	ization/Event H	Holder)
and sealer of the foregoing instrument, by _				it's duly
		(Name of	Person Signing	g)
authorized and who acknowledged same to	be	f	ree act and de	ed, before me.
	(His/	Her)		
My Commission Expires:	Notary Pul	olic Signatı	ure:	



# **Insurance Requirements for Use of Facilities**

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.

\*\*Samples of insurance requirements can be found on the next page.





ACORD CERTIFICATE	OF LIABILITY INSURANCE Date of Police	
CENTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELOW THIS CERTIFICATE OF INSURANCE DOES NO	MATION ONLY AND COMPERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THE BLY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES T CONSTITUTE A CONTRACT DETWEEN THE ISSUADS INSURBERED. ANTHORIZED	COMMERCIAL GENERAL LIABILITY CG 20 01 04 13
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICAT IMPORTANT: If the certificate holder is an ADDITIONAL II	NSURED, the policy(ics) must be endorsed. If SUBRIGIATION IS WAVED, subject to	THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
the terms and conditions of the policy, certain policies may certificate holder in licu of such endorsement(a).	y require an endorsement. A statement on this certificate does not conferrights to the	PRIMARY AND NONCONTRIBUTORY –
PRODUCER Insurance Agent Name & Address	CONTACT SAME	OTHER INSURANCE CONDITION
insurancy Agent Native & Address	Profession for the second seco	OTHER INSURANCE CONDITION
	Allocate Palestonia de	
	BENEFIT OF STREET STREET	This endorsement modifies insurance provided under the following:
maurer	MORES A. Transmice Company Issuing Coverage	COMMERCIAL GENERAL LIABILITY COVERAGE PART
Applicant's Name & Address	ANAMA	PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
PART OF THE PROPERTY OF THE PARTY OF THE PAR	PROMETO .	
	PARLADE E	The following is added to the Other Insurance (2) You have agreed in writing in a contract or
	MSMS 7	Condition and supersedes any provision to the \ \ \ \ \ \ \ \ agreement that this insurance would be
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EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHO	MACE ANYORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. WAS MAY HAVE BEEN REDUCED BY PAID CLAME.	This insurance is primary to and will not seek contribution from any other insurance available to
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X (STREET) LIGHTER (MRL/T)	Polotika Kason-Peron 1	(1) The additional insured is a Named Insured
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	DEMONAL AGENCIATE 1 9,000.000	Constant and Const
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X 50007 225 100	100000000000000000000000000000000000000	**Minimum insurance requirements:
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AND PROPERTY AND ADDRESS OF THE PARTY AND ADDR	MINISTRALIZATE PARTICIPATE   2	
TOTAL CONTRACTOR	BCDLY NAME OF BERNET 1	
HAND-GROR	(Fermina)	General Liability: \$1,000,000 per occurrence
WW.OMMET 407/28		General Clabinty. \$1,000,000 per occurrence
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X SHOOSE UAS X DCCUM	BADH DODUMBANDE 8 2,000,000	
1000164	1	General Aggregate: \$2,000,000
5000000 4		
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of the desired street or	EL DECAME FOR PART OF THE	Excess Liability: \$2,000,000 per occurence
Liquor Liability (if serving alcoholis	ACCESS AND	
Sexual Assault & Molestation (if a Sports Carus / League)	1,000,000 / 2,000,00	
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monorary 110 River Street MILPOND. CT. 0444	O INDIVIDUCE IN PRIMARY AND HON-CONVEXTROUGHY MAINTAIN OF SCHOOLSCIEN	<u>Liquor Liability(if serving): \$1,000,000 / \$2,000,000</u>
WANTER IN SEASON OR LAST CITE ON MITTERS WHO MITTERS	NO BOARD OF ELOCATION AND ALL CINES REQUIRED SANTEES	
CERTIFICATE HOLDER	CANCELLATION	
City of Malford	BHOOLD ANY OF THE ABOVE DESCRIBED POLICIES BY CANTELLED REPORE THE EXPRANSION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROPAGONS.	
110 River Street	AUTHORIZES REPRESENTATIVE	
Milford CT 09460	ANTONO SANCTONO SINCO	274-762-7544
		CG 20 01 04 13 © Insurance Services Office, Inc., 2012 Page 1 of 1
ACORO 25 (2009-09)	ID 1988-2009 ACORD CORPORATION, All rights reserved.	Nation Plant
INSIG25 circles. The ACORD name	and logo are registered marks of ACORD	

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 insurence provided under the following:

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

SCHEDULE

Name Of Person Or Organization:

CITY OF MILEORD, MILEORD 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 Ageinst Others To Us of Sec-tion 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 mighty or damage staining out of your engoing operations or "your work" done under a contract with that person or organization and included in the "products-comprised operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

COMMERCIAL GENERAL LIABILITY CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

Policy Number.

This endorsement modifies insurance provided under the following:

Name Of Additional Insured Person(s) Or Organization(s)

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

City of Milford 110 River Street Milford, CT 05450

A. In the performance of your ongoing operations; or B. In connection with your premises owned by or named he ain are lighter for occurrences arising out of the name of the late for occurrences arising out of the name of the late for occurrences arising out of the name of the late occurrence of the insurance elements of the late occurrence over any other valid or coffectible insurance which the additional insureds may have with respect to liss under any of the listent policies. Other namence of any additional insured applicable to loss is non-contributory and excess over the occurrence provided by this endorsement, and the amount of the company's listabley under this policy shall not be reduced by the existence of such other insurance.

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**Milford Recreation Department** 

Parsons Government Complex 70 West River Street Milford, CT 06460 phone: 203-783-3280

# **Milford Recreation Facility Use Fees**

- Gulf Beach Parking
- Walnut Beach Parking

\$5.00 per hour - metered parking per day per car (Walnut Beach only) \$40.00 per day – metered parking per day per car \$250.00 Non-Resident Season Pass – available for purchase at the Milford Recreation Department.



RESIDENT PARKING

Free parking with current Milford Beach sticker. For sticker, contact the Milford Tax Collector's Office.

For all parking, the City reserves the right, in its sole discretion, to determine if parking is validated. All questions regarding parking fines shall be directed to the Traffic Division of the Milford Police Department, 430 Boston Post Road, Milford, CT. The Traffic Division is open Monday through Friday 8:30am to 4:00pm.

 City Park, Pavilion and Field Facilities

#### Fees:

\$100.00 per use - no electricity \$150.00 per use - if electricity is required

#### **Additional Fees:**

\$150.00 – Safety fencing (required if alcohol present at event)

\$250.00 – 12-yard garbage dumpster\* \$400.00 - 20-yard garbage dumpster\*

\*Requirement of garbage dumpster and size at the discretion of

the Public Works Director

Parsons Veterans' **Memorial Auditorium** 

Company/Organization

limited to one(1) event per calendar year.

#### **Facility Rental for Per Day Use:**

\$1,500.00 per use\* (Monday through Thursday)

\$2,500.00 per use\* (Friday and Saturday)

\$2,000.00 per use\* (Sunday)

\$500.00 Cleaning Fee\*

\$300.00 Dressing Room use

\$50.00 per hour - Stagehand\Sound Manager

\$50.00 per hour - Lighting

(Cleaning fee subject to additional costs per the evaluation of the Public Works Department)

#### \*\$1,000.00 non-refundable deposit required to reserve date. Deposit will be applied to Use Fee.

For all events, the City reserves the right, in its sole discretion, to determine if staff is required. Additional fees may be charged for necessary city personnel at such staff member's contractual hourly rate.







