

Milford Recreation City Facilities Use Permit Application and Permitting Process



Milford Recreation Department Parsons Government Complex 70 West River Street

Milford, CT 06460 phone: 203-783-3280

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: www.milfordrecreation.com or email recdesk@milfordct.gov 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: recdesk@milfordct.gov. 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.





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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: <u>imimilfordseniorcenter@yahoo.com</u>

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: bgarfield@milfordct.gov

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 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:	Address	•					
E-Mail:							
Phone:							
Purpose of Event:							
Date(s) Requested:	Time(s)	:					
Facility Requested:	Estimated # of Attendees: **If for security measures, the City of Milford, its agents and/representatives determine it is necessary for traffic and/or cr						
City Green: Center Green							
City Green: Green's End	the applica	erage at applicants					
Duck Pond: City Hall	sole cost ar						
Duck Pond: North Street	Will admission/exhibitor fee be charged? explain fee(s) to be charged:						
Eisenhower Park: North Street Lower Field	ехріані	ree(s) to be ci	naigeu.				
Eisenhower Park: Tennis Courts							
Fowler Field Building							
Fowler Park: Basketball Courts	**For use of Library program room, commercial transactions (charging fees and soliciting (including asking attendees persor			=			
Fowler Park: Rotary Pavilion	information or to sign attendance lists) are prohibited.						
Fowler Park: Tennis Courts	Will foo	d or beverage	es be:				
Gulf Beach: Beach Area	Sold	Served		None			
Margaret Egan Center	Will the	ere be food/be	verage vendo	rs?			
McCann Natatorium	Yes 1	No					
Milford Lisman Landing	Will there be LP-Gas Cooking?						
Parsons Gov't Center: Gymnasium		Vo					
Parsons Gov't Center: Veterans Memorial Auditorium		ohol be:					
Trubee Doolittle Park	Sold	Served	Allowed	None			
Walnut Beach: Beach Area	ii yes to	any of the at	ove, please ex	kpiain:			
Walnut Beach: Casey Pavilion		_	ıst meet the Milford H	· ·			
Walnut Beach: Devon Rotary Pavilion	regulations, which are available at the Milford Health Department. Servir and/or allowing alcohol requires Liquor Liability Insurance and an additional liquor permit per ordinances 15-3e and 15-4.						
Other:							

@milfordrecreation



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? Yes No Type: Live Band Amplified Music DJ PA System Amplified sound is allowed Sunday-Thursday from 9am to 8pm and Friday & Saturday from 8am to 10pm. The peace and quiet of the surrounding neighborhoods must not be disturbed by the amplified sound from this event. The police may respond to complaints and determine the reasonableness of the sound. If it is determined that the level of sound is unreasonable the police have the right to terminate the permit.								
Please describe set-up and clea	n-up plans (detailed diagram	of set-up must be attached):						
If you are making Auxiliary Rec	uests for City Facilities, pleas	e mark below and explain request:						
(Additional fees may apply and not all items Electricity Garbage Cans Restrooms Safety Fencing Tables/Chairs - Max 10 tables and 30 cha Other:								
be paid by separate money order or business days prior to the event, the the availability of any special items th Department one (1) business day pri Rules and regulations governing the has read and will adhere to all applic consult the appropriate City Departmand/all other permits of the Applican	bank check. Police and Fire to be pa Applicant shall contact the Public W hat have been requested. Restroom I for to the event and must be returned use of the requested facility are attal able rules and regulations. Additional ment(s). Any violation(s) of these rules at. The City reserves the right to deny erage as determined by the City in its	le payable to the City of Milford. Cleanup Bond to id directly to those departments. At least two (2) orks Department at (203) 783-3265 to confirm keys may be obtained from the Recreation d on the first business day following the event. ched. The Applicant hereby acknowledges that it al rules and regulations may apply. Please is and regulations shall be cause to revoke this of an application for any reason, including but not is sole discretion. The aforesaid Applicant agrees sfactory to the City of Milford.						
(Signature of Applicant)	(Title)	(Organization)						
(Date)	(Non-Profit 501c3 Number)							

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





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 depar	tments prior to final approval by the F	Recreation Director.
<u>Fire Department Approval</u>		<u>Police Departm</u>	ent <u>Approval</u>
(Fire Marshal) Comments, if any:	(Date)	(Police Department) Comments, if any:	(Date)
Public Works/Maintena		Health Departm (Health Department)	(Date)
Public Works Director) (Date) Comments, if any:		Comments, if any:	
	Recreation Dep	artment Final Approval	
Prior to final approval by th attached/emailed to <u>bgarfic</u>		tor, please ensure the following d	ocuments are
Certificate of Insurance Indemnification Agreeme	nt .		
Event set-up diagram	((Recreation Director)	(Date)







@milfordrecreation





Indemnitor: ____

Milford Recreation Department
Parsons Government Complex
70 West River Street
Milford, CT 06460

06460 miliora, C1 100460 phone: 203-783-3280

Indemnity Agreement

	name of ap	plicant/organiz	zation/event	holder)		
Event:		Event Date(s):				
In consideration for permission to hold the aborthe above-named INDEMNITOR does hereby incipility to persons or property to the extent of thout of the INDEMNITOR'S use of the public place.	demnify and e INDEMNI	d hold harmle: TOR'S insuran	ss the CITY ce coverag	OF MILFORD for a e as required by th	ny and all claims for c	lamages or
Indemnification shall include the duty to expend premises liability, it is understood and agreed the the negligence or other misconduct of City offici- location not under the control of the INDEMNIT of the INDEMNITOR. The INDEMNITOR shall pro- to the City.	nat indemn als or emp OR and doe	ification does loyees on the es not extend	not extend day(s) of th to circumst	to claims for injuri e above-described ances which are co	es or damages which event, and does not ompletely unrelated t	are caused by extend to any o the activities
This Agreement shall supersede any and all inde INDEMNITOR to be held on the aforesaid date(s the sole indemnity agreement for the above-de), and has l	peen approved	d by the Mi	ford City Attorney's	s Office as sufficient to	o constitute
Dated this day of		, 2022.	INDEMNITOR:			
)rganization/Even		
In the presence of:			(Marrie	2 of Applications	organization, Even	i i ioidei j
in the presence of.			Ву:			
			<i>- - - -</i>		me of Person Sig	ning)
		-	lts		, duly autho	rized
				(Title)		
STATE OF CONNECTICUT)					
)	SS.				_, 2022
COUNTY OF NEW HAVEN)					
Personally appeared						signer
	(Nam	e of Applica	nt/Organ	ization/Event H	older)	
and sealer of the foregoing instrument, by					it's du	ıly
		(Name of	Person Signing)	
authorized and who acknowledged same to be _			f	ree act and dee	ed, before me.	
		(His/He	er)			
My Commission Expires:	No	tary Publi	c Signatı	ıre:		
-		-	="			



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

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 INS	SURANCE	BATE (WEIGHTYY)		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORM			Date of Policy	-	
CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVE					
BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT	CONSTITUTE A CONTRACT BE				
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE IMPORTANT: If the certificate holder is an ADDITIONAL IN		ademed If SUBBOGATION IS	WASTED Aubiod to	4	THIS ENDO
the terms and conditions of the policy, certain policies may	require an endorsement. A staten	sent on this certificate does not	confer rights to the		
certificate holder in liqu of such endorsement(s).	- Control				F
PRODUCTS Insurance Agent Name & Address	SAME:	FAX IAC N			
manufacture of the control	PHONE IAC No. Reti	(AC, 5)	ě		
	PRODUCES CUSTOMES D.A.			1	
		ERISI AFFORDING COVERAGE	540.4	1	This endorsement me
95952		Company Issuing Coverage			
Applicant's Name & Address	insultate a				COMMERCIAL G
Applicant's Name & America	INSURER C				PRODUCTS/COM
	INDURER D			4	The fell of the least to a date
	NEWSON E :				The following is adde Condition and supers
COVERAGES CERTIFICATE NUMBER	NSURDEF:	REVISION NUMBER:		,	contrary:
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EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOW	WY MAY HAVE BEEN REDUCED BY PA	D CLAIMS.	TO NOT THE TENERS		contribution from
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(Mandatory in Not)		EA. GASEASE - EA SUPLOW	1		Excess
If yes, desirbe under 0250/EPTION OF GREAKT ONG Selbe		EL DISEASE FOUCY UNIT			FYCE22
Liquor Liability (if serving alcohol)					
Sexual Assault & Molestation (if a Sports Gamp! League) DESCRIPTION OF OPERATIONS I LOCATIONS I VENICUES MINING ACCESS 191, AND	Contract to the Contract Contr		1,000,000 / 2,000,00	—	
ADDITIONAL INSURED: THE CITY OF MILPORD AND MILP	OND BOARD OF EDUCATION ITS O	COVERNING BOARD, OFFICIAL	AGENTS AND		Liquer
EMPLOYEES 110 River Street HILPORD, CT. 06460 APPLIES IN PAYOR OF THE CITY OF HILPORD AND HILPOR					Liquor
APPLICATION OF THE CITY OF HILPOND AND HILPON	O BONNE OF ELOCATION AND A	OTHER SEGUISED SYSTEES			
CERTIFICATE HOLDER	CANCELLATION				
	SHOULD ANY OF THE	ABOVE DESCRIBED POLICIES BE C ATE THEREOF, NOTICE WILL	ANCELLED BEFORE		
City of Milford	ACCORDANCE WITH 1	HE POLICY PROVISIONS.	ee Jeureneu IN		
110 River Street					
Milford, CT 06460	AUTHORIZED REPRESENTATIVE				
					CG 20 01 04 13
ACORD 25 (2009/09)	D 1988.1	2009 ACORD CORPORATION.	All rights reserved		
INS025 (2008) The ACORD name	and logo are registered marks of	ACORD	re-rigina resurves.		

RSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

RIMARY AND NONCONTRIBUTORY -OTHER INSURANCE CONDITION

odifies insurance provided under the following:

ENERAL LIABILITY COVERAGE PART

primary to and will not seek any other insurance available to ired under your policy provided

al insured is a Named Insured ther insurance; and

nd to the Other Insurance (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insurance.

nimum insurance requirements:

al Liability: \$1,000,000 per occurrence

\$2,000,000 al Aggregate:

Liability: \$2,000,000 per occurence

Liability(if serving): \$1,000,000 / \$2,000,000

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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 Sec-tion IV - Conditions:

won av - conditional:
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-compileted 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: Insured:

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

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

acts or omissions of the acts or omiss acting on your behalf:

A. In the performance of your ongoing operations; or B. In connection with your premises owned by or The e ant that by of the additional insureds named he ain are like for occurrences arising out of the not of the not are int acts or comissions, 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 ander 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 lisability under this policy shall not be reduced by the existence of such other insurance.

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CG 20 26 07 04

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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

Fees:

\$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.



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.







