

TOWN OF SCHODACK
EDUCATIONAL SEMINARS REQUEST

Pursuant to Resolution # 2010-044, the Supervisor is authorized to approve staff attendance at educational seminars if registration and expenses are deemed to be appropriately budgeted and do not exceed \$250 in the aggregate.

Please attach information about the seminar (i.e. agenda) include documentation to support each cost item, so that the Supervisor and/or Town Board can appropriately review.

Staff attending educational program:

Paul W. Peter

Name of Seminar/Conf./Course:

NYS Magistrates Assoc. Conf.

Location (Venue, City):

Turning Stone Verona NY

Dates of Seminar:

October 15-18 2017

Cost of Seminar (Registration Fees):

\$ 50.00

<u>Travel Costs:</u>	<u># of Miles</u>	<u>Rate as of 1/1/17</u>	<u>Estimated Amount</u>
Mileage -		\$ 0.535	\$ <u>130.01</u>
<small>Please include a copy of mapquest to estimate total mileage - this will be used as a guideline when your actual mileage is submitted for reimbursement.</small>			
Train/Bus/Plane	<u>NYS Thruway Tolls</u>	<u>\$ 4.95 x 2</u>	<u>\$ 9.90</u>
Town Vehicle	<u>EXIT 24-33</u>		<u>Y</u> <u>X</u> <u>N</u>

Lodging:

Name of Hotel/Motel

Turning Stone Resort

of Rooms

1

of Nights

3

Cost per night

251.67

Total Lodging Cost

\$ 755.01

Meals:

Included in seminar cost

X Y N

Estimated cost if you answered no above

Total estimated cost to attend:

\$ 944.92

Estimated cost per staff member*

(total cost divided by # of ppl attending)

Is the total cost budgeted?

X Y N

TB Resolution needed?*

If Yes, please document resolution #

X Y N

#2017-_____

Department Head Approval

[Signature]
_____ 6/27/17

Supervisor Approval

* If the estimated cost per staff member is > \$250, then a TB resolution is required. Please plan ahead. A resolution is required prior to any town obligation and/or payment for the seminar. Please attach this form and a copy of the resolution, if applicable, to all payment requests involving payment to a vendor or an employee reimbursement.

Note: Please make sure you bring the appropriate tax exemption forms with you. There is also a special tax-exempt form for hotels.



Dear Members,

As in the past, all certified sitting Justices, who are members in good standing of NYSMA and registered for the conference, attending the **New York State Magistrates Association's Annual Meeting on Monday, October 16, 2017 at 4:30 pm** will be reimbursed by the State through the Unified Court System for one (1) night of lodging and mileage at the current State rate, unless living within 35 miles of the conference site. The remaining expense is eligible for reimbursement by your town or village. **(Necessary expenses, including transportation, meals, room and registration fees incurred by fully authorized municipal officials and employees are properly reimbursable from municipal funds pursuant to §77-b of the General Municipal Law).**

Core B Training Course will be offered by the Office of Justice Court Support on Tuesday, October 17, 2017.

In order to expedite registration, we urge you to Pre-Register.

FEES: Pre-Registration: \$50.00

On-site Registration: \$75.00

All members participating in any portion of the conference are required to pay the fee, which covers the many detailed arrangements necessary for a successful conference. For your convenience, receipts will be available at our registration desk.

On behalf of President Davenport and your Executive Committee members, we urge you to attend. It is a great time to renew old acquaintances, make new ones, to learn, speak your thoughts, vote, enjoy and help celebrate our 108th Anniversary.

Please note Registration and Fees for the Conference and Hotel are separate.

- If you are not pre-registered, the Hotel will not hold a room

MAGISTRATE REGISTRATION FORM

The 108th Conference of the New York State Magistrates Association

Turning Stone – Verona, New York

Name: Paul W. Peter Town Justice of: Schoharie

Address: 1803 Brookview Rd Village Justice of: _____

Address: Castleton

City/State/Zip: New York 12033 Email: Petersdairyfarm@aol.com

County: Denmark Current Co. President: _____

Guest's Full Name if Attending: Jan Peter Court Clerk Yes or No No

Is this your first NYSMA Conference: Yes or No *Retired*

NAME TAGS WILL BE PROVIDED

Please make checks payable to: NYSMA

Send to: 163 Delaware Avenue, Delmar, NY 12054

Fee: \$50.00 must be received by September 15, 2017 * Non-refundable after September 22, 2017

29-7003
2213 26

2607

JANETTE D. PETER
1803 BROOKVIEW RD.
CASTLETON, NY 12033

DATE 6/26/17

PAY TO THE ORDER OF NYSMA \$ 50.00

Fifty and $\frac{00}{100}$ DOLLARS

Citizens Bank

MEMO _____

Janette D. Peter

⑆221370030⑆ 4480814304⑆ 2607

Turning Stone

RESORT | CASINO

RESERVATION FORM

ARRIVAL: October 15, 2017

DEPARTURE: October 18, 2017

All reservations must be made using this form and returned no later than **September 14, 2017**.

Reservations forms received after this reservation deadline will be accepted based upon space and rate availability.

NYS Magistrates Association

Package Guest Room Rates are as follows:

Single Occupancy: \$755.00

Includes: Accommodations for one guest from October 15-18, 2017

Breakfast on Monday, Tuesday and Wednesday

Lunch on Monday & Tuesday

Dinner on Sunday, Monday and Tuesday

Double Occupancy: \$1,090.00

Includes: Accommodations for two guests from October 15-18, 2017

Breakfast on Monday, Tuesday and Wednesday

Lunch on Monday & Tuesday

Dinner on Sunday, Monday and Tuesday

A surcharge of \$50.00 will apply to any package of one or two nights

To confirm your reservation, a credit card number must be provided or a check/money order for one night's room and tax sent in with reservation form. Please make checks payable to: Turning Stone Resort

Check #: _____ Credit Card: Discover

CC#: 6011 2987 5539 4727 Exp: 7/21

Name: Paul W. Peter

Address: 1803 Brookview Rd

City: Castleton State: NY Zip: 12033

Phone: 518-732-7696 Fax: _____

Email Address: Petersdairyfarm@aol.com

of rooms: 1 # of people per room: 2

Roommate(s): Janette Peter

Arrival Date: 10/15/17

Departure Date: 10/18/17

Special needs: Judge has MS needs room by

elevator, non-smoking and King Bed for
extra floor space. Thank-you

RESERVATION POLICIES

- If paying by Purchase Order, a copy of your purchase order must be received along with this form to process your reservation. If not received, reservation will not be confirmed.
- A copy of your NYS tax exemption form must be received with this form and your payment form (Purchase Order or Credit Card) must match the name on the NYS tax exemption form.
- All guests will be required to present a valid credit card at check-in
- Guests staying on dates outside group's conference and/or are self pay will be subject to tax.
- Reservation forms must be received no later than September 14, 2017. Reservations received after that date will be accepted on a space and rate availability basis.
- Cancellations must be received 3 days prior to arrival date. Cancellations after this date will result in forfeiture of the one night's advance deposit.
- Check-in time is after 3:00pm. Check-out time is 11:00am.
- Rates for early arrival, before 10/15/17 or late departure, after 10/18/17 are based upon availability, and will be offered at the discounted rates of \$189.00/night, Friday or Saturday, and \$165.00/night, Thursday.

UNLESS ALL PROPER FORMS ARE SUBMITTED & COMPLETED, RESERVATIONS WILL NOT BE PROCESSED

Reservation Form, Purchase Order, Tax Exempt Certificate
And/or Deposit must be received by Friday, Sept. 14, 2017
to:
Turning Stone Resort
Attn: Beth Edwards, Accommodations Dept.
5218 Patrick Rd., Verona, NY 13478
Fax (315) 361-7999

For Office use only:

Confirmation #: _____

Reservation Agent: _____ Date: _____

Wagner, Bruce J.

From: MapQuest <no-reply@mapquest.com>
Sent: Sunday, June 18, 2017 6:36 PM
To: Wagner, Bruce J.
Subject: MapQuest Directions to destination



MapQuest directions have been sent to you by Bruce Wagner.

Message: Mileage for SMA

To view your map, click on the link below or copy and paste it into your browser: <http://mapq.st/2rL1j7L>

From: 265 Schuurman Rd Castleton On Hudson, NY 12033-3223
To: 5218 Patrick Rd Verona, NY 13478-3012

1 HR 55 MIN (122.037 MILES)

CURRENT TRAFFIC UPDATE



Start out going northeast on Schuurman Rd toward Old Post Rd N.



Turn right onto Columbia Turnpike/US-20 E/US-9 S.



Merge onto I-90 W (Portions toll).



Take the NY-365 exit, EXIT 33, toward Verona/Oncida (Portions toll).



Merge (Portions toll).



Turn left onto State Route 365/NY-365.



Turn left onto Patrick Rd/County Hwy-48A.

265 Schuurman Rd, Castleton On Hudson, NY 12033-3223, 265 SCHUURMAN RD is on the right.



Wagner, Bruce J.

From: MapQuest <no-reply@mapquest.com>
Sent: Sunday, June 18, 2017 6:53 PM
To: Wagner, Bruce J.
Subject: MapQuest Directions to destination



MapQuest directions have been sent to you by Bruce Wagner.








Message: SMA Mileage - Return

To view your map, click on the link below or copy and paste it into your browser: <http://mapq.st/2rKU1Z6>

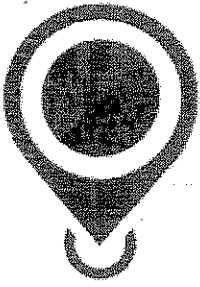
From: 5218 Patrick Rd Verona, NY 13478-3012
To: 265 Schuurman Rd Castleton On Hudson, NY 12033-3223

1 HR 52 MIN | 120.961 MILES

CURRENT TRAFFIC LIGHT

-  Start out going northwest on Patrick Rd/County Hwy-48A toward State Route 365/NY-365.
-  Turn right onto State Route 365/NY-365.
-  Turn slight right toward I-90 (Portions toll).
-  Merge onto I-90 E/New York Trwy E toward Albany (Portions toll).
-  Keep left to take I-90 E via EXIT 24 toward Albany/Montreal (Portions toll).
-  Merge onto Columbia Turnpike/US-20 W/US-9 N via EXIT 11W.
-  Turn left onto Schuurman Rd.

5218 Patrick Rd, Verona, NY 13478-3012, 5218 PATRICK RD is on the left.



Thruway Authority

Toll & Distance Calculator

**Tolls from
Exit 24 - (I-87/I-90) - Albany - Montreal - I-90 East - I-87 North
to
Exit 33 - (I-90) - Verona - Rome - Oneida - NY Route 365**

Additional E-ZPass discount plans are available for commuters, motorcycles, motorhomes and other vehicles.

The table below represents your anticipated tolls.

TOLLS FOR A CLASS 2L VEHICLE

INTERCHANGES	CASH & OUT OF STATE E-ZPASS TOLLS	NY E-ZPASS TOLLS
Exit 24 - (I-87/I-90) - Albany - Montreal - I-90 East - I-87 North to Exit 33 - (I-90) - Verona - Rome - Oneida - NY Route 365 (a ticket will be issued)	\$4.95	\$4.70
Total	\$4.95	\$4.70

E-ZPASS CUSTOMERS WILL SAVE \$0.25. DISCOUNT APPLIES TO E-ZPASSNY ACCOUNTS ONLY.

Approximate Distance: 104.6 miles
Estimated Travel Time: 1 hour, 36 minutes.

Calculate return tolls for Exit 33 to Exit 24

ALONG YOUR TRIP, YOU WILL PASS THE FOLLOWING TRAVEL PLAZAS

TRAVEL PLAZA	MILEPOST
Pattersonville Travel Plaza	Milepost 168
Parking Area/Rest Area	Milepost 184
Iroquois Travel Plaza	Milepost 210
Schuyler Travel Plaza	Milepost 227

Thruway Authority

Toll & Distance Calculator

**Tolls from
Exit 33 - (I-90) - Verona - Rome - Oneida - NY Route 365
to
Exit 24 - (I-87/I-90) - Albany - Montreal - I-90 East - I-87 North**

Additional E-ZPass discount plans are available for commuters, motorcycles, motorhomes and other vehicles.

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TOLLS FOR A CLASS 2L VEHICLE

INTERCHANGES	CASH & OUT OF STATE E-ZPASS TOLLS	NY E-ZPASS TOLLS
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Total	\$4.95	\$4.70

E-ZPASS CUSTOMERS WILL SAVE \$0.25. DISCOUNT APPLIES TO E-ZPASSNY ACCOUNTS ONLY.

Approximate Distance: 104.6 miles
Estimated Travel Time: 1 hour, 36 minutes.

Calculate return tolls for Exit 24 to Exit 33

ALONG YOUR TRIP, YOU WILL PASS THE FOLLOWING TRAVEL PLAZAS

TRAVEL PLAZA	MILEPOST
Oneida Travel Plaza	Milepost 244
Parking Area/Rest Area	Milepost 250
Indian Castle Travel Plaza	Milepost 210
Parking Area/Rest Area	Milepost 184
Mohawk Travel Plaza	Milepost 172
Guilderland Travel Plaza	Milepost 153

TOWN OF SCHODACK
EDUCATIONAL SEMINARS REQUEST

Pursuant to Resolution # 2010-044, the Supervisor is authorized to approve staff attendance at educational seminars if registration and expenses are deemed to be appropriately budgeted and do not exceed \$250 in the aggregate.

Please attach information about the seminar (i.e. agenda) include documentation to support each cost item, so that the Supervisor and/or Town Board can appropriately review.

Staff attending educational program: BRUCE J. WAGNER, TOWN JUSTICE

Name of Seminar/Conf./Course: NYS MAGISTRATES' ASSOC. CONF.
Location (Venue, City): TURNING STONE, VERONA, NY
Dates of Seminar: OCTOBER 15-18, 2017
Cost of Seminar (Registration Fees): \$50

<u>Travel Costs:</u>	<u># of Miles</u>	<u>Rate as of 1/1/17</u>	<u>Estimated Amount</u>
Mileage -	243	\$ 0.535	\$ 130.01
<small>Please include a copy of mapquest to estimate total mileage - this will be used as a guideline when your actual mileage is submitted for reimbursement.</small>			
Train/Bus/Plane TOLLS - Exits 24-33 2x		4.95	\$9.90

Town Vehicle Y x N

Lodging:

Name of Hotel/Motel	Turning Stone
# of Rooms	1
# of Nights	3
Cost per night	251.67
Total Lodging Cost	\$ 755.01

Meals:
Included in seminar cost Yes, included in lodging package
Estimated cost if you answered no above

Total estimated cost to attend: \$944.92

Estimated cost per staff member*
(total cost divided by # of ppl attending)

Is the total cost budgeted? YES

TB Resolution needed?* YES

If Yes, please document resolution # #2017-

Department Head Approval 

Supervisor Approval  6/22/17

* If the estimated cost per staff member is > \$250, then a TB resolution is required. Please plan ahead. A resolution is required prior to any town obligation and/or payment for the seminar. Please attach this form and a copy of the resolution, if applicable, to all payment requests involving payment to a vendor or an employee reimbursement.

Note: Please make sure you bring the appropriate tax exemption forms with you. There is also a special tax-exempt form for hotels.



Dear Members,

As in the past, all certified sitting Justices, who are members in good standing of NYSMA and registered for the conference, attending the **New York State Magistrates Association's Annual Meeting on Monday, October 16, 2017 at 4:30 pm** will be reimbursed by the State through the Unified Court System for one (1) night of lodging and mileage at the current State rate, unless living within 35 miles of the conference site. The remaining expense is eligible for reimbursement by your town or village. **(Necessary expenses, including transportation, meals, room and registration fees incurred by fully authorized municipal officials and employees are properly reimbursable from municipal funds pursuant to §77-b of the General Municipal Law).**

Core B Training Course will be offered by the Office of Justice Court Support on Tuesday, October 17, 2017.

In order to expedite registration, we urge you to Pre-Register.

FEES: Pre-Registration: \$50.00

On-site Registration: \$75.00

All members participating in any portion of the conference are required to pay the fee, which covers the many detailed arrangements necessary for a successful conference. For your convenience, receipts will be available at our registration desk.

On behalf of President Davenport and your Executive Committee members, we urge you to attend. It is a great time to renew old acquaintances, make new ones, to learn, speak your thoughts, vote, enjoy and help celebrate our 108th Anniversary.

Please note Registration and Fees for the Conference and Hotel are separate.

- If you are not pre-registered, the Hotel will not hold a room

MAGISTRATE REGISTRATION FORM

The 108th Conference of the New York State Magistrates Association

Turning Stone – Verona, New York

Name: _____ Town Justice of: _____

Address: _____ Village Justice of: _____

Address: _____

City/State/Zip: _____ Email: _____

County: _____ Current Co. President: _____

Guest's Full Name if Attending: _____ Court Clerk: Yes or No

Is this your first NYSMA Conference: Yes or No

NAME TAGS WILL BE PROVIDED

Please make checks payable to: NYSMA

Send to: 163 Delaware Avenue, Delmar, NY 12054

Fee: \$50.00 must be received by September 15, 2017 * Non-refundable after September 22, 2017

Turning Stone

RESORT | CASINO

RESERVATION FORM

ARRIVAL: October 15, 2017

DEPARTURE: October 18, 2017

All reservations must be made using this form and returned no later than **September 14, 2017**.

Reservations forms received after this reservation deadline will be accepted based upon space and rate availability.

NYS Magistrates Association

Package Guest Room Rates are as follows:

Single Occupancy: **\$755.00**

Includes: Accommodations for one guest from October 15-18, 2017

Breakfast on Monday, Tuesday and Wednesday

Lunch on Monday & Tuesday

Dinner on Sunday, Monday and Tuesday

Double Occupancy: **\$1,090.00**

Includes: Accommodations for two guests from October 15-18, 2017

Breakfast on Monday, Tuesday and Wednesday

Lunch on Monday & Tuesday

Dinner on Sunday, Monday and Tuesday

A surcharge of \$50.00 will apply to any package of one or two nights

To confirm your reservation, a credit card number must be provided or a check/money order for one night's room and tax sent in with reservation form. Please make checks payable to: Turning Stone Resort

Check #: _____ Credit Card: _____

CC#: _____ Exp: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

of rooms: _____ # of people per room: _____

Roommate(s): _____

Arrival Date: _____

Departure Date: _____

Special needs: _____

RESERVATION POLICIES

- If paying by Purchase Order, a copy of your purchase order must be received along with this form to process your reservation. If not received, reservation will not be confirmed.
- A copy of your NYS tax exemption form must be received with this form and your payment form (Purchase Order or Credit Card) must match the name on the NYS tax exemption form.
- All guests will be required to present a valid credit card at check-in
- Guests staying on dates outside group's conference and/or are self pay will be subject to tax.
- Reservation forms must be received no later than September 14, 2017. Reservations received after that date will be accepted on a space and rate availability basis.
- Cancellations must be received 3 days prior to arrival date. Cancellations after this date will result in forfeiture of the one night's advance deposit.
- Check-in time is after 3:00pm. Check-out time is 11:00am.
- Rates for early arrival, before 10/15/17 or late departure, after 10/18/17 are based upon availability, and will be offered at the discounted rates of \$189.00/night, Friday or Saturday, and \$165.00/night, Thursday.

UNLESS ALL PROPER FORMS ARE SUBMITTED & COMPLETED, RESERVATIONS WILL NOT BE PROCESSED

Reservation Form, Purchase Order, Tax Exempt Certificate
And/or Deposit must be received by Friday, Sept. 14, 2017
to:
Turning Stone Resort
Attn: Beth Edwards, Accommodations Dept.
5218 Patrick Rd., Verona, NY 13478
Fax (315) 361-7999

For Office use only:

Confirmation #: _____

Reservation Agent: _____ Date: _____

Wagner, Bruce J.

From: MapQuest <no-reply@mapquest.com>
Sent: Sunday, June 18, 2017 6:36 PM
To: Wagner, Bruce J.
Subject: MapQuest Directions to destination



MapQuest directions have been sent to you by Bruce Wagner.

Message: Mileage for SMA

To view your map, click on the link below or copy and paste it into your browser: <http://mapq.st/2rL1j7L>

From: 265 Schuurman Rd Castleton On Hudson, NY 12033-3223
To: 5218 Patrick Rd Verona, NY 13478-3012

1 HR 55 MIN (122.037 MILES)

CURRENT TRAFFIC: LIGHT



Start out going northeast on Schuurman Rd toward Old Post Rd N.

0.04 miles



Turn right onto Columbia Turnpike/US-20 E/US-9 S.

0.54 miles

- * Columbia Turnpike is just past Old Post Rd N
- * If you are on Columbia Turnpike and reach Kraft Rd you're gone about 0.1 miles too far



Merge onto I-90 W (Portions toll).

119.68 miles



Take the NY-365 exit, EXIT 33, toward Verona/Oneida (Portions toll).

0.75 miles



Merge (Portions toll).

0.36 miles



Turn left onto State Route 365/NY-365.

0.48 miles



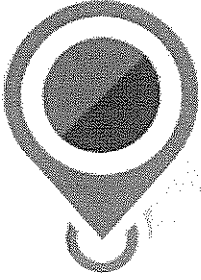
Turn left onto Patrick Rd/County Hwy-48A.

0.19 miles

- * If you reach Hill Rd you've gone a little too far

5218 Patrick Rd, Verona, NY 13478-3012, 5218 PATRICK RD is on the left.

0.00 miles



* If you reach Snyder Rd you've gone about 0.2 miles too far



Wagner, Bruce J.

From: MapQuest <no-reply@mapquest.com>
Sent: Sunday, June 18, 2017 6:53 PM
To: Wagner, Bruce J.
Subject: MapQuest Directions to destination



MapQuest directions have been sent to you by Bruce Wagner.

Message: SMA Mileage - Return

To view your map, click on the link below or copy and paste it into your browser: <http://mapq.st/2rKUfZ6>

From: 5218 Patrick Rd Verona, NY 13478-3012
To: 265 Schuurman Rd Castleton On Hudson, NY 12033-3223

1 HR 52 MIN | 120.961 MILES

CURRENT TRAFFIC: LIGHT



Start out going northwest on Patrick Rd/County Hwy-48A toward State Route 365/NY-365.

0.18 miles



Turn right onto State Route 365/NY-365.

0.34 miles

* If you reach the end of Willow Pt you've gone about 0.6 miles too far



Turn slight right toward I-90 (Portions toll).

0.52 miles



Merge onto I-90 E/New York Trwy E toward Albany (Portions toll).

104.02 miles



Keep left to take I-90 E via EXIT 24 toward Albany/Montreal (Portions toll).

15.53 miles



Merge onto Columbia Turnpike/US-20 W/US-9 N via EXIT 11W.

0.52 miles

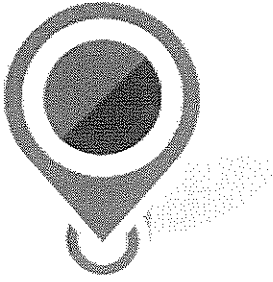


Turn left onto Schuurman Rd.

0.95 miles

* If you are on US-20 W and reach Kraft Rd you've gone about 0.1 miles too far

265 Schuurman Rd, Castleton On Hudson, NY 12033-3223, 265 SCHURMAN RD is on the right. 0.00 miles



- * Your destination is just past Old Post Rd N
- * If you reach Barbin Way you've gone about 0.2 miles too far



Thruway Authority

Toll & Distance Calculator

**Tolls from
Exit 24 - (I-87/I-90) - Albany - Montreal - I-90 East - I-87 North
to
Exit 33 - (I-90) - Verona - Rome - Oneida - NY Route 365**

Additional E-ZPass discount plans are available for commuters, motorcycles, motorhomes and other vehicles.

The table below represents your anticipated tolls.

TOLLS FOR A CLASS 2L VEHICLE

INTERCHANGES	CASH & OUT OF STATE E-ZPASS TOLLS	NY E-ZPASS TOLLS
Exit 24 - (I-87/I-90) - Albany - Montreal - I-90 East - I-87 North to Exit 33 - (I-90) - Verona - Rome - Oneida - NY Route 365 (a ticket will be issued)	\$4.95	\$4.70
Total	\$4.95	\$4.70
E-ZPASS CUSTOMERS WILL SAVE \$0.25. DISCOUNT APPLIES TO E-ZPASSNY ACCOUNTS ONLY.		

Approximate Distance: 104.6 miles

Estimated Travel Time: 1 hour, 36 minutes.

Calculate return tolls for Exit 33 to Exit 24

ALONG YOUR TRIP, YOU WILL PASS THE FOLLOWING TRAVEL PLAZAS

TRAVEL PLAZA	MILEPOST
Pattersonville Travel Plaza	Milepost 168
Parking Area/Rest Area	Milepost 184
Iroquois Travel Plaza	Milepost 210
Schuyler Travel Plaza	Milepost 227

Thruway Authority

Toll & Distance Calculator

**Tolls from
Exit 33 - (I-90) - Verona - Rome - Oneida - NY Route 365
to
Exit 24 - (I-87/I-90) - Albany - Montreal - I-90 East - I-87 North**

Additional E-ZPass discount plans are available for commuters, motorcycles, motorhomes and other vehicles.

The table below represents your anticipated tolls.

TOLLS FOR A CLASS 2L VEHICLE

INTERCHANGES	CASH & OUT OF STATE E-ZPASS TOLLS	NY E-ZPASS TOLLS
Exit 33 - (I-90) - Verona - Rome - Oneida - NY Route 365 to Exit 24 - (I-87/I-90) - Albany - Montreal - I-90 East - I-87 North (a ticket will be issued)	\$4.95	\$4.70
Total	\$4.95	\$4.70
E-ZPASS CUSTOMERS WILL SAVE \$0.25. DISCOUNT APPLIES TO E-ZPASSNY ACCOUNTS ONLY.		

Approximate Distance: 104.6 miles
Estimated Travel Time: 1 hour, 36 minutes.

Calculate return tolls for Exit 24 to Exit 33

ALONG YOUR TRIP, YOU WILL PASS THE FOLLOWING TRAVEL PLAZAS

TRAVEL PLAZA	MILEPOST
Oneida Travel Plaza	Milepost 244
Parking Area/Rest Area	Milepost 250
Indian Castle Travel Plaza	Milepost 210
Parking Area/Rest Area	Milepost 184
Mohawk Travel Plaza	Milepost 172
Guilderland Travel Plaza	Milepost 153

**TOWN OF SCHODACK
EDUCATIONAL SEMINARS REQUEST**

2017-182

Pursuant to Resolution # 2010-044, the Supervisor is authorized to approve staff attendance at educational seminars if registration and expenses are deemed to be appropriately budgeted and do not exceed \$250 in the aggregate.

Please attach information about the seminar (i.e. agenda) include documentation to support each cost item, so that the Supervisor and/or Town Board can appropriately review.

Staff attending educational program:

Alan Rocher Jr.

Name of Seminar/Conf./Course:

Location (Venue, City):

Dates of Seminar:

Cost of Seminar (Registration Fees):

TASCO CEW V20 Instructor course
Zone 5 law enforcement academy
121 Erie Blvd Schenectady NY 12305
NOV 30 2017 - Dec 01 2017 \$435.00

<u>Travel Costs:</u>	<u># of Miles</u>	<u>Rate as</u>	<u>Estimated Amount</u>
Mileage -	_____	_____	_____
<small>Please include a copy of mapquest to estimate total mileage - this will be used as a guideline when your actual mileage is submitted for reimbursement.</small>			
Train/Bus/Plane	_____	_____	_____
Town Vehicle	_____	_____	_____

<u>Lodging:</u>	_____
Name of Hotel/Motel	M/A
# of Rooms	_____
# of Nights	_____
Cost per night	_____
Total Lodging Cost	\$ _____

<u>Meals:</u>	_____
Included in seminar cost	x Y X N
Estimated cost if you answered no above	_____

Total estimated cost to attend: \$435.00

Estimated cost per staff member*
(total cost divided by # of ppl attending)

Is the total cost budgeted? x Y _____ N

TB Resolution needed?*
If Yes, please document resolution # X Y x N

Department Head Approval _____

Supervisor Approval _____

* If the estimated cost per staff member is > \$250, then a TB resolution is required. Please plan ahead. A resolution is required prior to any town obligation and/or payment for the seminar. Please attach this form and a copy of the resolution, if applicable, to all payment requests involving payment to a vendor or an employee reimbursement.

Note: Please make sure you bring the appropriate tax exemption forms with you. There is also a special tax-exempt form for hotels.

Events (/events/) > Menands, NY TASER CEW V20 Instructor Course

Event type

TASER CEW V20 Instructor Course

Date and time

Thursday, November 30, 2017 8:00 AM to
Friday, December 1, 2017 5:00 PM EST

Purchasing Options

Taser CEW Instructor Certification / \$435 / Nov 30 8:00 AM - Dec 1 5:00 PM

Taser CEW Instructor Re-Certification / \$225 / Dec 1 8:00 AM - 5:00 PM

Online Component

Start Date: Thursday, November 9, 2017 12:00 AM EST

Due Date: Monday, November 27, 2017 12:00 AM EST

Location

Zone 5 Law Enforcement Training Academy

121 Erie Boulevard

Schenectady, New York , 12305-2202

United States

Description

TASER X26, X26P and X2 Instructor certification - This course will certify you to instruct others on the use of the X26, X26P AND X2 TASER Conducted Electrical Weapons and is a prerequisite for all TASER CEW certifications.

What To Bring:

The dress is casual. Bring your department issued TASER holster (if applicable). Holsters will be available for those who need them. Please bring your duty belt with NO firearms, ammunition, or weapons of any kind.

Reminder:

New certifications – complete the 4 hour online training block and attend BOTH days of the practical session.

Re-certifications – complete the 8 hour online training block and attend the second listed practical date (Day 2 of the session).

All payment arrangements are to be made during the online registration process.

Payment is required to be received no later than 21 days before the training dates or enrollment is automatically canceled.

The online coursework does not open until three weeks before the training dates. All online work is required to be completed no later than three days before those same training dates.

All Instructor courses close, whether or not they're full, 21 days in advance. Once a class is closed or full, additions may not be made.

Registration

This event is open for registration

Close date: Thursday, November 9, 2017 12:00 AM EST

Tickets left: 20

New registration

Host

Michael Dambro

mdambro@menandspolice.com ([mailto:mdambro@menandspolice.com?subject=Axon Academy event: Menands, NY TASER CEW V20 Instructor Course](mailto:mdambro@menandspolice.com?subject=Axon%20Academy%20event%3A%20Menands%2C%20NY%20TASER%20CEW%20V20%20Instructor%20Course))

(518) 463-1681

Instructors

Dan Carlson

dcarlson768@yahoo.com ([mailto:dcarlson768@yahoo.com?subject=Axon Academy event: Menands, NY TASER CEW V20 Instructor Course](mailto:dcarlson768@yahoo.com?subject=Axon%20Academy%20event%3A%20Menands%2C%20NY%20TASER%20CEW%20V20%20Instructor%20Course))

Dennis Woessner

dwoessner@taser.com ([mailto:dwoessner@taser.com?subject=Axon Academy event: Menands, NY TASER CEW V20 Instructor Course](mailto:dwoessner@taser.com?subject=Axon%20Academy%20event%3A%20Menands%2C%20NY%20TASER%20CEW%20V20%20Instructor%20Course))

All items must be sent by **Jul 15, 2017**. Tell us about your return experience.

Additional Instructions for mailing your package

- Before UPS comes, securely pack your return. UPS will bring a prepaid label for your package. UPS will pick up your return package on the next business day. An adult must be present. If the first attempt fails, UPS will try again 2 more times on the next 2 business days. Reach out to UPS at **1-800-742-5877** with your tracking ID for more details. If all 3 attempts fail, please cancel your return and place it again using a different shipping option, or contact customer service.

Pickup Address

Joseph Belardo
100 N MOHAWK ST UNIT 5301
COHOES, NY - 12047-1751
Phone: 5188588402

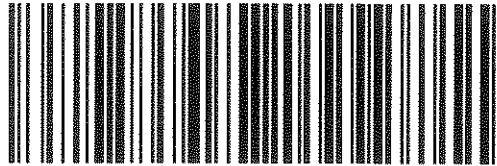
Tracking ID:

1Z7F75Y72627227269

Return Authorization Slip

Place this barcode and item description inside your return package (in case your mailing label gets damaged).

D45BqGP2RRMA



Item Descriptions	Quantity
Wrong item and wrong product box or label	1

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mdambro@menandspolice.com ([mailto:mdambro@menandspolice.com?subject=Axon Academy event: Menands, NY TASER CEW V20 Instructor Course](mailto:mdambro@menandspolice.com?subject=Axon%20Academy%20event%3A%20Menands%2C%20NY%20TASER%20CEW%20V20%20Instructor%20Course))

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TOWN OF SCHODACK
EDUCATIONAL SEMINARS REQUEST

Pursuant to Resolution # 2010-044, the Supervisor is authorized to approve staff attendance at educational seminars if registration and expenses are deemed to be appropriately budgeted and do not exceed \$250 in the aggregate.

Please attach information about the seminar (i.e. agenda) include documentation to support each cost item, so that the Supervisor and/or Town Board can appropriately review.

Staff attending educational program: Karen S. Justus

Name of Seminar/Conf./Course: Ethics And The Assessor
Location (Venue, City): Crowne Plaza Resort, Lake Placid, NY
Dates of Seminar: 10/3/2017
Cost of Seminar (Registration Fees): \$150.00 ✓

<u>Travel Costs:</u>	<u># of Miles</u>	<u>Rate as of 1/1/16</u>	<u>Estimated Amount</u>
Mileage	294	.53.5	\$ 157.29 ✓

Please include a copy of mapquest to estimate total mileage - this will be used as a guideline when your actual mileage is submitted for reimbursement.

Train/Bus/Plane \$
Town Vehicle _____

Lodging:
Name of Hotel/Motel Crown Plaza
of Rooms 1
of Nights _____
Cost per night _____
Total Lodging Cost 161.00

Meals:
Included in seminar cost two per day
Estimated cost if you answered no above _____

Total estimated cost to attend: _____
Estimated cost per staff member* \$307.29 468.29
(total cost divided by # of ppl attending)

Is the total cost budgeted? _____

TB Resolution needed?* yes
If Yes, please document resolution # #2017

Department Head Approval _____

Supervisor Approval _____

* If the estimated cost per staff member is > \$250, then a TB resolution is required. Please plan ahead. A resolution is required prior to any town obligation (payment) for the seminar. Please attach this form and a copy of the resolution, if applicable, to all payment requests involving payment to a vendor or an employee reimbursement.

Note: Please make sure you bring the appropriate tax exemption forms with you. Most restaurants will accept the tax-exempt letter. There is also a special tax-exempt form for hotels.

VOUCHER TOWN OF SCHODACK 265 Schuurman Rd Castleton, New York 12033		(CLAIMANT - DO NOT WRITE IN THIS AREA)		VOUCHER NUMBER _____
		DATE VOUCHER RECEIVED _____		
		FUND APPROPRIATION	AMOUNT	
		A-1355.4	161.00	
Crowne Plaza Hotels & Resorts 101 Olympic Drive Lake Placid, NY 12946				
DETAILED INVOICE MAY BE ATTACHED AND TOTAL ENTERED ON THIS VOUCHER. CERTIFICATION BELOW MUST BE SIGNED.		TOTAL	\$ 161.00	
		CHECK NO. _____ DATE: _____		
		TERMS _____		PURCHASE ORDER NO. _____

DATE	VENDOR'S INVOICE NO.	QUANTITY	DESCRIPTION OF MATERIAL OR SERVICES	UNIT PRICE	AMOUNT
6/22/17		1 night room rate	\$161.000		161.00
				TOTAL	\$ 161.00

CLAIMANT'S CERTIFICATION

I, _____ certify that the above account in the amount of \$_____ is true and correct; that the items, services and disbursements charged were rendered to or for the municipality on the dates stated; that no part has been paid or satisfied; that taxes, from which the municipality is exempt, are not included; and that the amount claimed is actually due.

_____ DATE _____ SIGNATURE _____ TITLE _____
 (SPACE BELOW FOR MUNICIPAL USE)

<p style="text-align: center;">DEPARTMENT APPROVAL</p> <p>The above services or material were rendered or furnished to the municipality on the dates stated and the changes are correct.</p> <p>6/22/17 DATE</p> <p><i>Karen S. Justus</i> AUTHORIZED OFFICIAL</p>	<p style="text-align: center;">APPROVAL FOR PAYMENT</p> <p>This claim is approved and ordered paid from the appropriations indicated above</p> <p>_____ _____ _____</p>
---	--

Karen Justus

From: Ray Damp <ray@lakeplacidcp.com>
Sent: Thursday, June 22, 2017 10:05 AM
To: Karen Justus
Subject: room rate

Karen Justice,

For 1 night October 1, 2017 we have rooms starting at \$161.00 per night.



RAY DAMP
HOTEL MANAGER

CROWNE PLAZA
HOTELS & RESORTS

E: ray@lakeplacidcp.com T: 518-523-2556 ext. 485
Crowne Plaza Resort and Golf Club
101 Olympic Drive, Lake Placid, NY, 12946

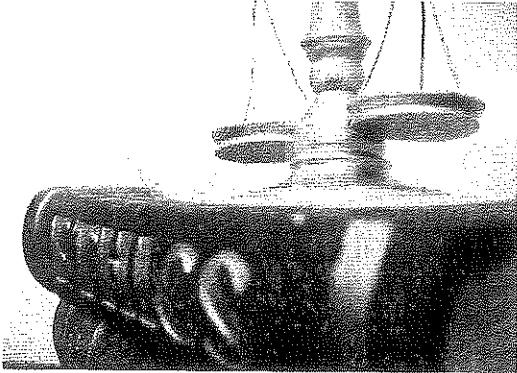
ETHICS AND THE ASSESSOR

The Institute of Assessing Officers affiliated with the New York State Assessors' Association
Presents a One Day Seminar At:

Crowne Plaza Resort - Lake Placid, NY
October 3, 2017

ALL COURSE ATTENDEES MUST REGISTER TO TAKE THIS ONE DAY SEMINAR

NOTE: If you are registered to attend the entire NYSAA Conference, this course is included at no addition cost. If you are just attending this course, all One Day Seminar fees and requirements must be met.



Ethics for Assessors is being offered to help local assessing officials understand the ethical dilemmas they may encounter during the normal course of their workday. Participants will receive information on the laws and address ethics including, Conflict of Interest of Municipal Officers and Employees, RPTL Sec. 336, Statement of Disclosure for Assessors, Freedom of Information Laws and Open Meeting Laws. There will be real life question and answer sessions the will be explored through group discussions. **An Ethics course is required for all Assessors and County Directors that have been elected, appointed or reappointed within the last year.**

Instructor - Teri Ross, IAO



Continuing Education Hours / Re-Certification Credits

The Institute of Assessing Officers will award (6) six re-certification credits to all Institute Members who attend this seminar. Eligible Assessors and County Directors who attend will receive continuing education credit and reimbursement from ORPS, pursuant to their rules.

General Information

Registration: 8:30 AM
Seminar: 9:00 AM to 4:00 PM
Location: **Crowne Plaza Resort**
101 Olympic Drive
Lake Placid, NY 12946
(518) 523-2556

Tuition:
\$100.00 - IAO Members
\$110.00 - NYSAA Members
\$150.00 - All Others

Please **CIRCLE** Membership Status

Tuition Includes:
Course Materials, Coffee, Pastry,
Lunch, Breaks

NOT APPROVED FOR DOS CREDITS

Enrollment is limited to the first 40 applications received. No refunds after **September 22, 2017**. Consider your reservation confirmed unless otherwise notified, Call - Patricia McVee, IAO for additional information at (518) 487-5291 or Email: patricia.mcvee@albanycounty.com

Reservations Must Be Made By
September 22, 2017

Name: Karen S. Justus Telephone: (518) 477-7932

Town: Schodack Fax: (518) 479-3122

Title: Sole Assessor Email: Karenj@schodack.org

Address: 265 Schuurman Rd.

City / State / Zip Castleton, NY 12033

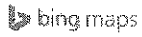
Please Indicate IAO - Yes No

Enclose a check or your Municipality's completed voucher for the amount you qualify for.

Make checks payable to: **New York State Assessors' Association**

C/O Patricia McVee, IAO
Albany County Real Property
112 State Street, Rm 1340
Albany, NY 12207

Or register and pay online at www.nyassessor.com






A 130 S Main St, Castleton-On-Hudson, NY 12033 2 hr 38 min, 148.8 mi
B Crowne Plaza Lake Placid, 101 Olympic Dr, Lake Placid, NY 12946 Light traffic (2 hr 29 min without traffic)
Via I-87 N, RT-73

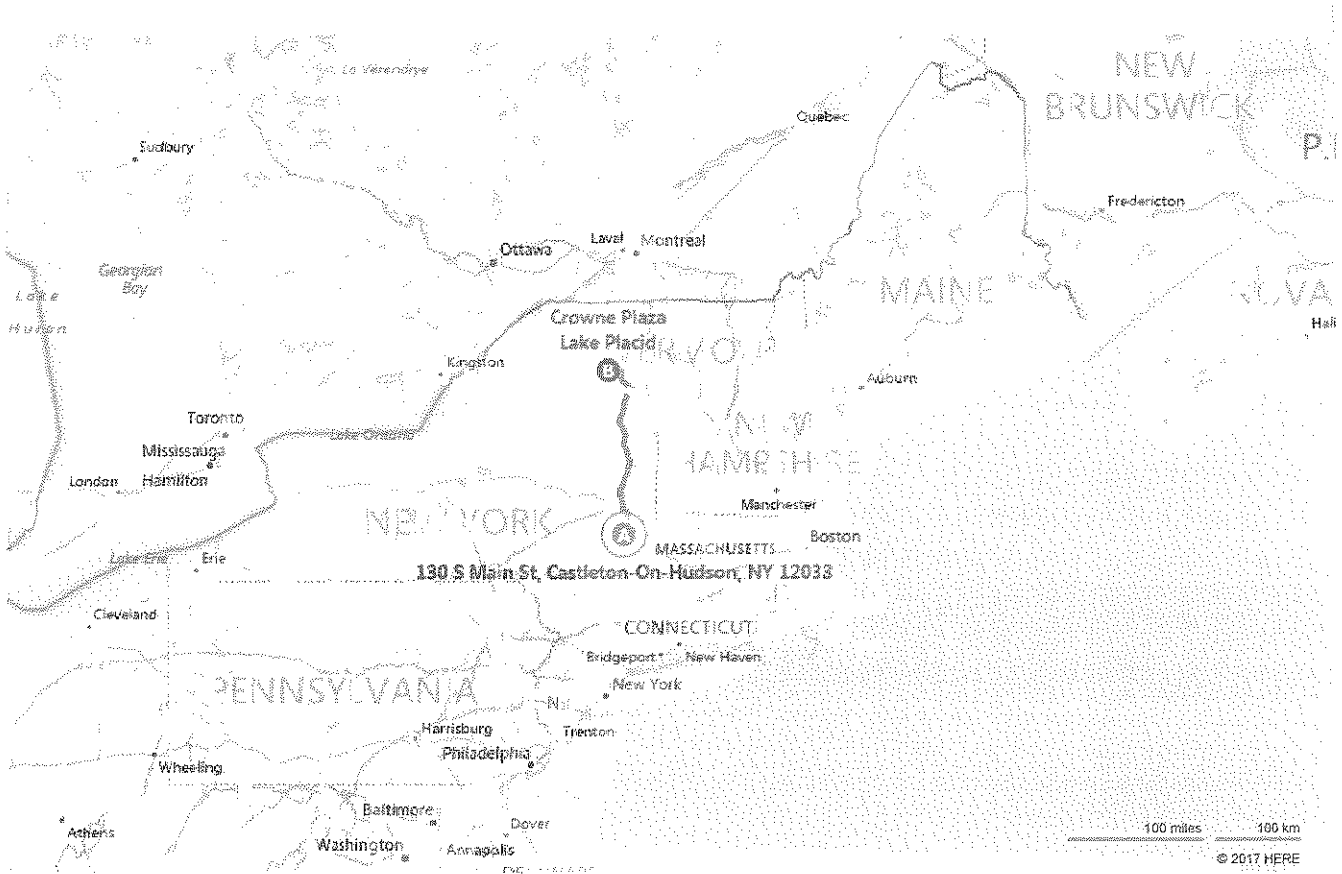
Type your route notes here

A 130 S Main St, Castleton-On-Hudson, NY 12033

↑	1. Depart RT-9J / River Rd / S Main St toward Green Ave	7.3 mi
↗	2. Bear right onto South St	0.1 mi
↖	3. Take ramp left and follow signs for US-20 West / US-9 North	240 ft
↘	4. Turn right onto US-9 / US-20 / Columbia St	0.7 mi
↗	5. Bear right onto US-20 W / US-9 N	0.5 mi
	6. Take ramp right for I-787 North toward Troy	7.6 mi
	7. At exit 9W , take ramp right for RT-7 West toward Saratoga Springs / Schenectady	3.5 mi
	8. Take ramp right for I-87 North toward Glens Falls / Saratoga Springs <small>▲ Construction: At Boreas Rd/Exit 29 - Construction work.</small> <small>▲ Minor Congestion</small>	98.4 mi, 1 hr 24 min
↘	9. At exit 30 , take ramp right for US-9 toward Keene / Keene Valley	0.2 mi
↖	10. Turn left onto US-9 <small>▲ Minor Congestion</small>	2.2 mi
↙	11. Bear left onto RT-73 N <small>▲ Minor Congestion</small>	25.9 mi, 30 min

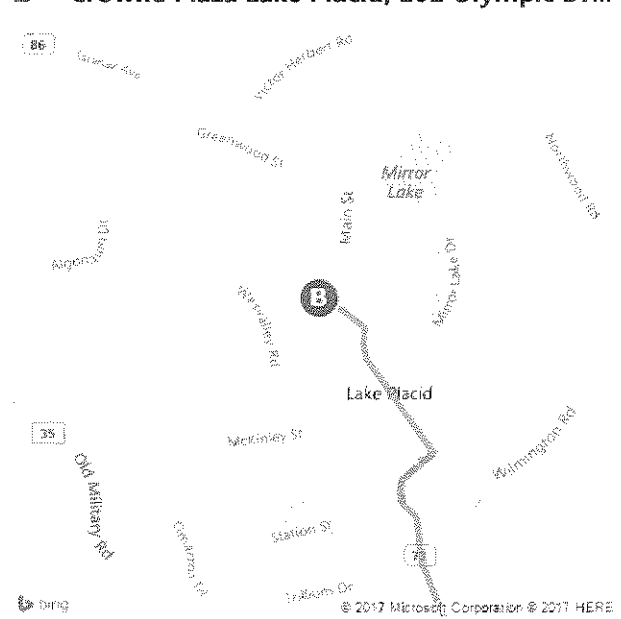
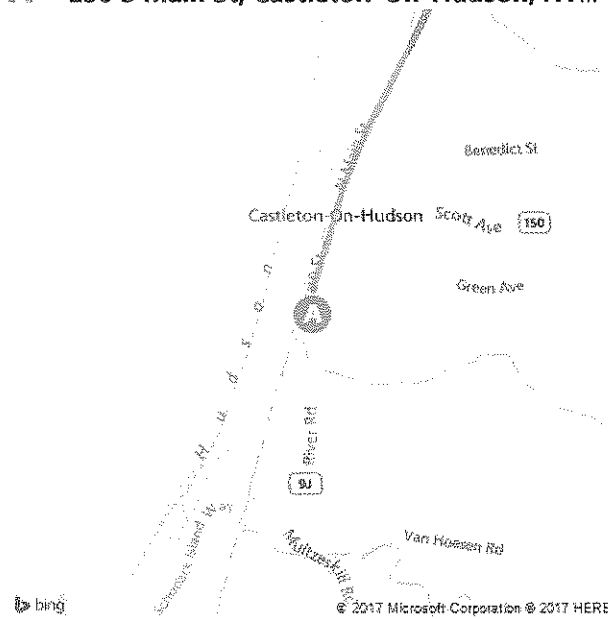
	12. Keep right to stay on RT-73 / Cascade Rd	1.7 mi
	13. Turn left onto RT-86 / Main St Sunoco on the corner	0.4 mi
	14. Turn left onto Olympic Dr	0.2 mi
	15. Arrive at Olympic Dr The last intersection is RT-86 / Main St If you reach Hillcrest Ave, you've gone too far	

B Crowne Plaza Lake Placid



A 130 S Main St, Castleton-On-Hudson, NY...

B Crowne Plaza Lake Placid, 101 Olympic Dr...



These directions are subject to the Microsoft® Service Agreement and are for informational purposes only. No guarantee is made regarding their completeness or accuracy. Construction projects, traffic, or other events may cause actual conditions to differ from these results. Map and traffic data © 2017 HERE™.

2017-186

July 5, 2017

VIA EMAIL & MAIL

Dennis Dowds, Supervisor
Town of Schodack
Schodack Town Hall
265 Schuurman Road
Castleton, New York 12033

Re: Professional Services Agreement
Addendum No. 2017-08
WQIP Grant Application
Town of Schodack, New York

Dear Supervisor Dowds:

Transmitted herewith are three copies of our Professional Services Agreement Addendum No. 2017-08 for your review, comment and approval. Upon review and execution, please return one fully executed copy to our office.

If you have any questions or comments, please contact our office.

Very truly yours,
LABERGE GROUP

By: 

Carol J. Burometto
Assistant to the President

Enc.

C: Nadine Fuda, w/enc. (via email only)
Dawne Kelley, w/enc. (via email only)
Paul Harter, Comptroller w/enc. (via email only)

CONTRACT ADDENDUM NO. 2017 – 08
(Water Quality Improvement Program (WQIP) Grant)

DATED: July 5, 2017

TO
Agreement for Professional Services
(Original agreement date: January 3, 2011)

The original Agreement, between Town of Schodack, Rensselaer County, New York, the OWNER and Laberge Group, the ENGINEER is hereby amended as follows:

This Addendum authorizes services concerning the preparation of a grant application to the NYS Department of Environmental Conservation Water Quality Improvement Program for MS4 Mapping. A grant of \$18,675 will be applied for and a Town match of \$6,225 will be required for a total project cost of \$24,900.

Grant writing services shall be performed on a lump sum basis of \$2,500 including normal reimbursable expenses.

This Addendum shall be attached to and form a part of the Contract Documents.

TOWN OF SCHODACK

BY: _____
Dennis Dowds, Supervisor

LABERGE GROUP

BY: _____
Richard F. Laberge, P.E., President

2017-18

RECEIVED
JUN 20 2017
Schodack Town Clerk

APPLICATION UNDER CHAPTER 80 OF THE TOWN CODE OF THE TOWN OF SCHODACK

Applicant hereby applies for a permit pursuant to Chapter 80 of the Town of Schodack Code pursuant to this Verified Petition.

Applicant, being duly sworn, deposes and says: 1. If individual:

Name N/A Sue Gould Miller

Age: 63

Address: 1283 Brookview Station Road, Castlein, NY 12033

If Corporation:

Name: **Goold Orchards, Inc.**

Names and addresses of Directors, Officers and Stockholders owning more than 5% of the number of shares outstanding:

**Goold Orchards, Inc.: 100 shares
Sue Goold Miller, sole shareholder
1283 Brookview Station Road
Castleton-on-Hudson, New York 12033**

If Partnership or Other Organization:

Name: _____

Address: _____

Ages of Each Individual Associated: 60

Set forth:

The name and address of the record owner of the real property upon which such event is to occur:

**Sue Goold Miller
Goold Orchards, Inc.
1297 Brookview Station Road
Castleton-on-Hudson, New York 12033**

The nature and interest of the applicant in such property: **long-term lease**

The proposed dates and hours of such event:

**October 7 & 8, 2017
9 AM to 5 PM daily**

The expected maximum and minimum numbers of persons intended to attend the event at any one time and collectively: maximum 500 people per hour, maximum 2,000 people on site at any one time.

3. Set forth:

The expected number of automobiles and other vehicles intended to use the property for such event: Our review of attendance figures from previous Festivals indicates that the average automobile brings 3.2 people for a maximum of 1250 cars per day. We have parking for 2,000 cars.

The purpose of the function, including nature of activities to be carried out and admission fees, if any, to be charged:

The Annual Apple Festival & Craft Show at Gould Orchards is a celebration of the arts and agriculture, the crafts and culture of the Capital Region. We offer a craft show, music and family entertainment, apple & pumpkin picking. Admission is Nine Dollars (\$9) for each adult. Children 12 and under are admitted free.

The names and addresses of all concessionaires and other persons providing any services or facilities under contract, lease or other arrangement for the event:

As of May 2017, we have four known food vendors: Diane Iadiciccio, 53 Crestwood Drive, Schenectady, NY 12306 and Mark Guido of Guido's Frozen Desserts, 160 Quail Street, Albany, NY 12203, The Corner Grill, 5004 Western Turnpike, Altamont NY 12009 and B&B Kettle Korn, 3 Allendale Road, Binghamton NY 13903.

4. Set forth a detailed drawing to scale showing the size of the property, the name(s) of the owner(s) of record of the adjoining properties, the streets or highways abutting said property, the size and location of any existing building or structures or facilities to be erected thereon, the placement of the proposed distribution of water, location of any parking areas and the means of ingress and egress, location of all service and other roads serving all areas associated with said event.

Please See Attached Map B

5. Set forth a detailed plan, statement and contract with drawings showing the method and location to be used for toilet facilities and for disposal and treatment of sanitary sewage.

Annually, we rent a sufficient number Portable Toilet Units, including handicap accessible units, and an appropriate number of hand-washing stations from a local vendor [Mountaintop]. Please see map B for location of facilities. The vendor is responsible for all disposal and treatment of sanitary sewage.

6. Set forth a detailed plan with a drawing showing a distribution and supply system for supply, storage and distribution of drinking water.

Goold Orchards has a water system inspected by the Rensselaer County Health Department. During the Festival, vendors sell bottled water for participant consumption. There are no livestock at the event near the water system.

7. Set forth a detailed plan with drawings showing the layout of parking areas off public roadways for automobiles and other vehicles and the methods of traffic control to be used.

We have 15 acres of open fields marked out for parking. The lots are laid out according to New York State Dept of Transportation specifications with 200 square feet of space for each vehicle. Allowing space for roadways we can park nearly 2000 vehicles.

Please see Map Attachment B

8. Set forth a detailed plan, contracts, or permits showing the facilities for, if applicable, food and alcoholic beverages with the means of service in said area as well as the disposal of said refuse generated therein.

Please see Attachment A
as a sample of our vendor contract.

8A. There is a Brookview Station-Uncork NY Wine tent offering sampling of wines from across New York State. Admission to the wine tent is free. In order to sample wine, persons 21-years of age and older are required to pay Eight Dollars (\$8) each. This tent is set apart from all other vendors.

Please see Festival map B

All patrons entering the tent must be at least 21 years of age, provide valid picture identification and have a wristband applied to them before they are allowed to enter the tent. Children ten and under accompanying their parents are exempted from being banded.

There is a 2-wristband system in place.

Green wristband—Over 21 and has paid admission to sample wine.

Flag Wristband—Over 21 and has not paid to sample wine but may enter to purchase wine for off-site consumption.

Please see Attachment E

9. Set forth a detailed plan, fully describing any private security personnel who will be engaged, citing the qualifications for such personnel.

We have not hired security personnel in the past. This is a daytime family event. We have not experienced significant behavioral problems. In the past, deputies have been onsite with a booth for the Rensselaer County Sheriff. Deputies have provided free child identification kits and assisted with any issues of concern from participants, such as parents separated from youngsters. The Rensselaer County Sheriff will be onsite again this year.

10. Set forth a plan providing for fire protection.

Our property is located within the Schodack Valley Fire Company district. They are located within a two (2) mile radius and are anticipated to be prepared to respond to any emergency within their district during the two-day event.

11. Set forth a plan for nursing, medical and ambulance service, setting forth the means and qualifications of all medical personnel which will be provided for the event prior to issuance of the permit.

The Castleton Volunteer Ambulance Company is located within a two (2) mile radius and is prepared to respond rapidly for any emergencies requiring transport. Additionally, it is our intent to have a first aid station on site, staffed by emergency medical technicians (EMTs), to assist with medical emergencies as they may arise.

12. Set forth the date upon which the Town of Schodack Planning Board approved a detailed plan for use of directional signs pursuant to Town Code Section 80-3

Since 1969 Goold Orchards has had an 8 foot by 12 foot directional sign at the intersection of Routes 9 & 20 and Route 150. In 2013, we were permitted to have service signs on I-90 at Exits 11 and 11E.

B. (11) Please see Attachment C, Waiver Request.

13. Set forth a statement from local fire and ambulance authorities having jurisdiction over the subject area pursuant to Town Code Section 80-3 B. (12).

We respectfully suggest that such a statement would be superfluous. Both Schodack Valley Fire Company and Castleton Volunteer Ambulance Company are located nearby and are prepared to respond to emergencies within their districts.

14. Set forth a detailed description of all insurance policies and bonds to be provided for the protection of the general public pursuant to Section 80-3 B.(13)

Please see Attachment D.

Set forth an authorized form subscribed by the owner of the real property upon which the event is to be held authorizing the Town of Schodack to go onto the property for the purpose of inspecting same to determine compliance with this chapter.

We are agreeable to inspection by the Town of Schodack at anytime.

15. The applicant agrees to specify in all advertisement and promotional endeavors to limitations on the number of tickets to be sold or otherwise issued as specified in the permit and will neither sell nor otherwise issue tickets at the site while the event is in progress.

We charge admission on site with two gates and four sale points to accommodate any heavy influx of people in a short time span. Parking is always free.

17. Set forth detailed plans for any amplifying equipment pursuant to Code Section 80-3 B. (16).

We have a contract for rental of necessary audio equipment. Sound systems will be provided for musical and other entertainment.

18. Set forth a detailed plan indicating all lights, other than permanent building lights, and measures to be taken to prevent exterior lighting from becoming visible across property lines.

This is a daytime event so no lights of any type will be used.

19. Set forth a plan showing that the proposed activities are adequately buffered.

In the past 28 years we have never had a complaint of any kind about noise at this event. The music typically ends by 4:30 PM.

20. If the applicant believes that there is good cause shown that certain conditions or requirements herein should not be applicable, the applicant shall so state in writing in this application setting forth a basis for the request to waive information contained herein.

Please see Attachment C, Waiver Request.

21. Applicant has filed an application with the NYS Labor Department for an Amusement Inspection or such permit is inapplicable.

Each year we meet with a representative of the NYS Dept of Labor, Division of Safety and Health. A representative is scheduled to return to the farm in October, just before the event to inspect tents falling under jurisdiction of this Department.

22. Applicant agrees to comply with all applicable codes, including the NYS Building Code for outdoor assembly, and to permit the Town Building Department access to inspect said use at all times.

Yes, we agree to this item.

23. Applicant has submitted a sworn statement by the promoters and/or landowners that no off-site parking will be permitted and that the promoters/landowners are liable for all costs to the Town and property owners in the event off-site parking is used by attendees of the event.

We agree that no off-site parking will be permitted.

24. Applicant has submitted a sworn statement by both the promoters and landowners that an application under Title 10, Part 18 of the NYCRR for EMS Operational Plans has been made and approved by the State. If the applicant does not fall under the jurisdiction of Part 18, applicant shall provide to the Town information required by Part 18 for any single event in excess of 2500 anticipated attendees.

We request a waiver from the EMS operational plans requirement because both the Castleton Volunteer Ambulance and the Schodack Valley Volunteer Fire Company are located nearby and rescue equipment should be available to respond throughout the event.

The Town Board shall, within forty (40) days after the application is filed with the Town Clerk either, grant in part or in whole, or deny the application. In the event the Town Board grants the application, the Town Clerk may not issue a permit until the applicant has furnished the following to the Town Clerk's Office:

- A. A comprehensive liability insurance policy insuring the Town against liability for damage to business or properties with limits not less than \$1,000,000.00 for bodily injury or death to one person or \$2,000,000.00 for bodily injury or death in one event and with limits of not less than \$1,000,000.00 for property damage pursuant to Town Code Section 80-4.

Please See Attachments C & D

- B. The applicant must also deposit with the Town Clerk cash or good surety company bond in a sum not less than \$100,000.00 or as the Board may reasonably require, pursuant to Code Section 80-4(b).

Please See Attachment C

- C. Upon application, the promoters and landowners must pay the permit fee of _____ as established by resolution of the Town Board at the beginning of the year for permission or who request a waiver from some or all of the provisions of Town Code Section 80.

Goold Orchards, Inc.

Steve Goold Miller
Applicant Signature

State of New York }:

}SS:

County of Rensselaer):

Sworn to before me this 8th
day of ~~June~~ May, 2017

Barry E. Secor
Notary Public, State of New York

BARRY E. SECOR
Notary Public, State of New York
Qualified in Rensselaer County
No. 4734895
Commission Expires 4-30-19

MASS ASSEMBLY
PERMIT

FOR OFFICIAL USE ONLY

The application by Goold Orchards Inc, 1297 Brookview Station Road, Castleton-on-Hudson, New York 12033, for the 29th Annual Apple Festival & Craft Show Mass Assembly permit for October 7-8, 2017 was approved/not approved/approved with conditions by the Town Board of the Town of Schodack on the _____ day of _____ 2017 per resolution

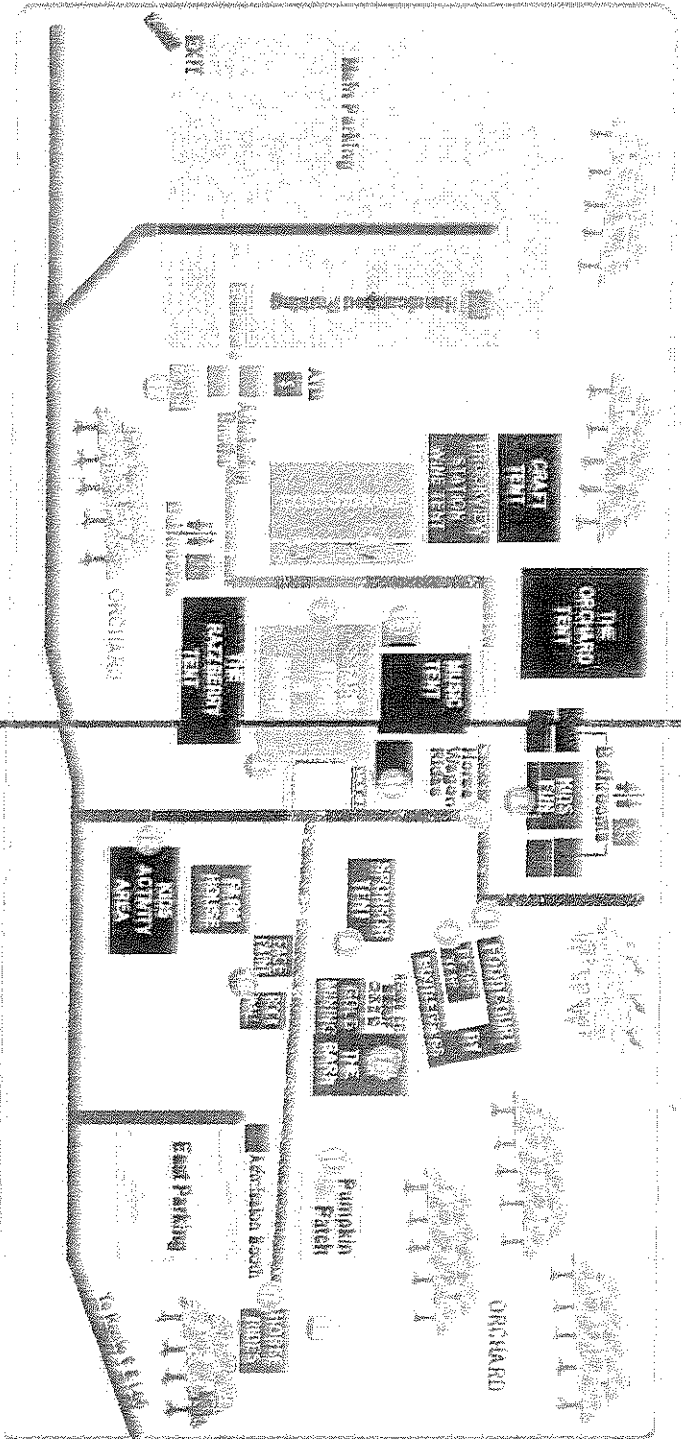
The Town Clerk certifies that the provisions of Section 80-4 of the Code of the Town of Schodack have been complied with and issued the permit on the _____ day of _____, 2017.

Donna L. Conlin, Town Clerk/CMC/RMC



ANNUAL

APPLE FESTIVAL & CRAFT TENT MAP



- 1 FARM STORE & BAKERY
- 2 EXHIBITORS ROW
- 3 GOLD APPLE STAND & DISPLAY
- 4 GOLD APPLE STAND & DISPLAY
- 5 KIDS FOR ACTIVITY AREA
- 6 SPONSOR TENT, SAT. - 9:30-5:30 SUN. - WRDM

- 7 HORSE WAGON RIDES
- 8 FOOD COURT BY BOTTLENECKERS ON BROADWAY
- 9 PICNIC TENT BY ED LAROB SANMORELLI
- 10 ROCKWALL ADVENTURE & FACE PAINTING
- 11 THE PUMPKIN PATCH
- 12 KIDS ACTIVITY AREA & BOUNCE HOUSES

- 13 FOOD VENDORS
- 14 GOLD APPLE CAFE
- 15 REISS, CO. SHERIFF CHILD ID BOOTH
- 16 PICK-YOUR-OWN APPLES
- 17 HORSEBACK RIDES

11/13

••ATTACHMENT C. WAIVER REQUEST••

We request that the following requirements of this permit be waived:

Item #12: Detailed plan for use of directional signals. Goold Orchards maintains year round directional signs from Routes 9 & 20 to our farm. We request a waiver from the requirement to seek approval from the Schodack Town Zoning Board of Appeals.

Item #22 (a) Goold Orchards currently has insurance coverage of \$500,000 for bodily injury or death to one person and \$2,000,000 (including our umbrella liability policy) for bodily injury or death in one event. We propose naming the Town of Schodack as an additional insured on this policy. Please see Attachment D.

Item #22 (b) Goold Orchards requests a waiver from the requirement for the deposit of \$100,000 cash or bond with the Town. We have held this event continuously for 28 years now and have a spotless record. The event has included participation of approximately 20 community and non-profit groups, including the Town of Schodack itself who have raised a great deal of money and support for themselves. Goold Orchards agrees to indemnify the Town against any damage to town property by festival vehicles, employee or participants. Goold Orchards also agrees to reimburse the town for any expense made necessary by the event. Please see Attachment E.

ATTACHMENT C.



GOOLD-1

OP ID: KD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/03/2017

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 have ADDITIONAL INSURED provisions or 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 Ryan & Ryan Insurance Brokers 400 Stockade Drive Kingston, NY 12401-3874 Kathleen M. DiBella	545-340-0001	CONTACT NAME: Kathleen DiBella PHONE (A/C, No, Ext): 545-340-0001 FAX (A/C, No): 845-340-0002 E-MAIL ADDRESS: kdibella@ryansinsure.com
	INSURER(S) AFFORDING COVERAGE	
INSURED Goold Orchards, Inc Goold Miller Properties LLC 1297 Brookview Station Rd Castleton, NY 12833	INSURER A: Countryway Insurance Company	NAIC #: 10022
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **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 (INSD /WV)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	F0750323	12/29/2016	12/29/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		CX750325	12/29/2016	12/29/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 103 Additional Reporting Schedule may be attached if more space is required)
Goold Orchards 29th Annual Apple Festival & Craft Show October 7-8, 2017
Certificate holder is listed as additional insured as required by written contract with respect to General Liability.

CERTIFICATE HOLDER TOWNSC1 Town of Schodack 265 Schuurman Rd Castleton, NY 12033	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

- AH D -



1297 Brookview Station Rd. Castleton, NY 12033
Ph.518-732-7317 Fax: 518-732-2496
Web site: www.goold.com

027104 003961

PHOTOCOPYING PERMITTED BY
1-877-656-6565

ATTACHMENT E

Sample of ID wristbands used for the Wine Tasting Tent
MUST BE 21 – Age Verified by State issued photo id.

Green Bands- Over 21 Age Verified has paid for wine tasting.

Flag Bands- Age Verified -Non Tasting, May purchase for offsite consumption.

