

TOWN OF ULSTER TOWN CLERK

Suzanne L. Reavy
1 Town Hall Drive
Lake Katrine, NY 12449
845-382-2455

Melanie Rieker, Deputy Clerk
melanie@townofulster.ny.gov



www.townofulster.ny.gov
townclerk@townofulster.ny.gov

ROBERT E. POST PARK: Located at 515 Park Road, off Ulster Landing Road, on the Hudson River.

OPEN: For functions from May 1st to Oct. 31st.
There are two pavilions available on a first come first served basis.
Reservations open on February 1st of each year.

RATES

May 1st to September 30th:

	<u>Small Pav.</u>		<u>Large Pav.</u>	
	<u>Weekend</u>	<u>Weekday</u>	<u>Weekend</u>	<u>Weekday</u>
Resident	\$110/day	\$55/day	\$220/day	\$110/day
Non-Resident	\$165/day	\$80/day	\$300/day	\$160/day

October 1st to October 31st :

	\$50	\$25	\$100	\$50
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** Holiday rentals will be charged the weekend rate**

Large Pavilion:

36 - 8' picnic tables - Accommodates up to 250 people - Electricity
Kitchen with counter space, sink, refrigerator -- Covered barbecue area

Small Pavilion

10 - 6' picnic tables - Accommodates up to 60 people - Electricity - Small barbecue area

- The park has a playground and a large playing field, as well as smaller fields for volleyball and bocce ball. These amenities are available to all and we ask for your cooperation in sharing them.
- There is a park attendant on duty that will supervise use of the facility and maintain the rules. Cooperation with his requests is appreciated.



TOWN OF ULSTER ROBERT E. POST PARK PAVILION PERMIT

PERMIT NO. _____ LARGE PAV [] SMALL PAV []
FEE: _____ RESIDENT [] NON- RESIDENT []
DATE OF RESERVATION: _____ GROUP SIZE (#): _____
ESTIMATED TIME OF ARRIVAL: _____
NAME OF ORGANIZATION
OR PERSON(S) IN CHARGE: _____
ADDRESS: _____
PHONE: _____ EMAIL: _____

PARK HOURS
May 1 - Last Sunday in May: 8am – 7pm
Memorial Day – Labor Day: 8am - 9pm
After Labor Day - October 31: 8am - 7pm

ALCOHOL POLICY
ALCOHOL ALLOWED PROVIDED THAT INSURANCE
COVERAGE IS PROVIDED TO THE TOWN CLERK AT
LEAST 10 DAYS PRIOR TO THE EVENT
(SEE ATTACHED RULES ON ALCOHOL)
INSURANCE RECEIVED ___ YES ___ NO ___ N/A

PARK RULES

- 1) PARK BATHROOMS WILL LOCK 15 MINUTES PRIOR TO CLOSING OF PARK.
- 2) **NO**: SMOKING ON TOWN PROPERTY; SWIMMING; ANIMALS (excluding service dogs only), FIREWORKS; COOKING OR FIRES UNDER THE PAVILIONS; BOUNCE HOUSES
- 3) REFUSE MUST BE PUT INTO PROPER CONTAINERS AND THE AREAS MUST BE CLEANED BEFORE LEAVING.
- 4) TABLES MUST BE RETURNED TO THEIR ORIGINAL POSITION.
- 5) USE OF THE ATHLETIC FIELDS ARE LIMITED TO TWO HOURS.
- 6) RIDING OF MOTORCYCLES OR MOTORIZED BIKES AROUND THE PARK GROUNDS, OTHER THAN ON ROADWAYS, IS STRICTLY PROHIBITED.
- 7) THE SERVING OF FOOD TO THE PUBLIC – FREE OR AT A COST – REQUIRES A PERMIT FROM THE ULSTER COUNTY DEPARTMENT OF HEALTH.
- 8) CONFETTI, GLITTER, STREAMERS, ETC. MUST BE CLEANED UP BY THE GROUP.
- 9) PARK STAFF HAVE AUTHORITY TO ENFORCE ALL RULES ABOVE.

* FAILURE TO COMPLY WILL RESULT IN DENIAL OF FUTURE USE OF OUR FACILITIES *

I UNDERSTAND PARK HOURS, PARK RULES, AND TOWN OF ULSTER ALCOHOL POLICY:

SIGNATURE _____ DATE: _____

TOU OFFICE SIGNATURE: _____ DATE: _____

*** Make all checks payable to: **TOWN OF ULSTER** *** NO REFUNDS***NO RAINDATES

HOLDING AN EVENT IN THE TOWN OF ULSTER WITH ALCOHOL

- HERE IS WHAT IS REQUIRED -

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AT LEAST 10 DAYS PRIOR TO YOUR EVENT, PROVIDE THE TOWN CLERK WITH A COPY OF YOUR INSURANCE POLICY:

- 1. OBTAIN AN INSURANCE POLICY FROM ANY INSURANCE COMPANY**
- 2. THESE INSURANCE POLICIES ARE SOMETIMES REFERRED TO AS: EVENT POLICY, ALCOHOL POLICY**
- 3. THE INSURANCE POLICY MUST HAVE A \$1,000,000 RIDER**
- 4. INSURANCE POLICY MUST COVER THE DATE OF YOUR EVENT**
- 5. THE INSURANCE POLICY MUST NAME THE TOWN OF ULSTER AS AN ADDITIONAL INSURED, USING THIS NAME AND ADDRESS:**

**TOWN OF ULSTER
1 TOWN HALL DRIVE
LAKE KATRINE, NY 12449**

DO NOT! USE THE TOWN PARK ADDRESS !!

- 6. SUBMIT THE INSURANCE POLICY IN PERSON OR VIA EMAIL TO:
TOWNCLERK@TOWNOFULSTER.NY.GOV**
- 7. THE TOWN OF ULSTER DOES NOT CHARGE A SEPARATE FEE FOR THE USE OF ALCOHOL; HOWEVER YOU WILL HAVE TO PAY FOR THE INSURANCE POLICY THROUGH THE INSURANCE COMPANY OF YOUR CHOICE.**
- 8. NO INSURANCE POLICY? NO ALCOHOL.**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/30/2015

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

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

PRODUCER AGENCY NAME 123 MAIN ST BURBANK CA 91502	CONTACT NAME: AGENT NAME PHONE (A/C No. Ext): E-MAIL ADDRESS: FAX (A/C No.):
INSURED INSURED NAME 123 MAIN ST BURBANK CA 91502	INSURER(S) AFFORDING COVERAGE INSURANCE COMPANY NAME NAIC # 12345 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	X	POLICY NUMBER	01/30/2015	01/30/2016	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 300,000
	MED EXP (Any one person)						\$ 10,000
	PERSONAL & ADV INJURY						\$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS \$
							OTHER \$
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

The Town of ULSTER is listed as additionally insured with respect to liability as required by written contract on a primary and non contributory basis for the rental and use of Town property on _____ date(s)

CERTIFICATE HOLDER Town of Ulster 1 Town Hall Drive Lake Katrine, NY 12449	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
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