

TOWN OF SARATOGA

P.O. BOX 486
110 E. Spring Avenue
SARATOGA, WYOMING 82331



Special Events Application

Thank you for your interest in holding a special event in the Town of Saratoga. To assist with the orderly conduct of your special event, help make your experience rewarding and the event successful we ask that you take the time to carefully review and fill out the enclosed application.

DISCLAIMER

NOTICE: You are financially responsible for your acts of negligence and may be financially responsible for the negligent acts of others involved in this event. You are encouraged to obtain insurance for this activity. You and participants in the activity are not insured by the Town of Saratoga*.

*The Town of Saratoga is a governmental entity subject to the Wyoming Governmental Claims Act, the Wyoming Constitution, Wyoming Statutes and a member of the Local Government Liability Pool. As such the Town may not indemnify another or add as an additional insured any other person or entity. The Town of Saratoga is insured for only the negligence of **its employees** up to the maximum claim allowable by law against the Town. The Town does not waive their sovereign immunity by entering into this agreement, and the Town fully retains all immunities and defenses provided by law with respect to any action based on or occurring as a result of this event.

A complete application, which includes all insurance documentation, where applicable, must be submitted to the Town of Saratoga **at least thirty (30) days prior to the scheduled event.**

The governing body may waive the thirty (30) day requirement under extraordinary circumstances however no applicant shall be entitled to more than one (1) request for a waiver in a calendar year.

All untimely submittals may be denied. The submittal of the Special Event Application in no way obligates the Town of Saratoga to issue a Application for event. The issuance of a Special Event Application by the Town of Saratoga, in no way implies that the Town of Saratoga is sponsoring, sanctioning, or is any way responsible for the special event, or the conduct of its participants.

The approval of the special event is not final until approval by the Saratoga Town Council. Due to the increased interest of conducting events throughout our community and the associated costs that burden the Town of Saratoga, we ask that you review the enclosed fee schedule when planning your event. Again, thank you for planning your special event in the Town of Saratoga and we look forward to working with you in promoting a safe, secure and successful event.

Sincerely,

Marie Christen
Town Clerk

**TOWN OF SARATOGA
SPECIAL EVENTS APPLICATION**

Applicant Name: <u>Saratoga Museum</u>	Organization: <u>Saratoga Historical & Cultural Association</u>
Address: <u>P.O. Box 1131</u> <u>104 Constitution Ave</u>	Address: <u>Same</u>
City/State/Zip: <u>Saratoga NY 12833</u>	City/State/Zip: <u>Same</u>
Phone: <u>307-326-5511</u> Cell: <u>307-710-3220</u> e-mail: <u>SaratogaMuseum@gmail.com</u>	Phone: <u>Same</u> Cell: <u>Same</u> e-mail: <u>Same</u>
Date of the Event: <u>Wed 2-18-23</u>	Start Time for Event: <u>9am</u>
Location of Event: <u>Saratoga Lake</u>	End Time for Event: <u>3pm</u>

Please check one:

- ☐ SMALL EVENT – less than 49 participants
☒ LARGE EVENT – more than 50 participants

Describe briefly the proposed event.

The Frozen Fore - ice golf Scramble

Use additional sheet if necessary.

Location of the event(please be specific)

Saratoga Lake

Schedule of event or events (attach by date the tentative activity planned for each location chosen).

Approximate number of participants expected: 130

Approximate number of support staff/volunteers: 10-12

Number of vehicles anticipated and parking requirements: 50-60

Will town property be used for this event: _____

☒ yes ☐ no (if yes, please explain fully)
Saratoga Lake and parking lots

❖ There is **NO CAMPING ALLOWED** within the Saratoga Town Limits and violators will be cited.

Coordination with the Town of Saratoga Department of Public Works (DPW)

- What traffic control or parking issues are you anticipating: None
- What parking plan have you in place: Signs to help direct Traffic
- What services do you require from the Police Department or DPW? : None
- What are your security plans: : Volunteers will help with any security needs
- What services are required from the Fire Department? : None
- What services are required from the Planning Commission? : None
- What plans have you made for garbage containment and removal? Mosrom will supply
- What plans have you made for sanitary control/portable toilets?: Posy wagon will bring porta potty the day before event.
- Will you be serving food? If yes, have you contacted the State of Wyoming Certified Food Safety Professional at 307-326-8001 for food service requirements: NA
- Alcoholic Beverages: Describe the location of any alcohol sales or serving stations, liquor license to be used, measures to insure proper ID for purchases and list persons supervising the operations. NA
- Liquor Liability insurance to be required as described in Special Events Conditions #5. NA
- Any other request by applicant: : NA
- Name of persons who will be "in charge" at the site/activity: : Dana Davis, Cindy Kessler

On-site

Manager: Dana Davis

Home Phone: _____ Cell Phone: 920-883-1969

Alternate On-site Manager

Home Phone: _____ Cell Phone: 303-888-5081

Insurance Information: (if applicable)

Name of Insurance Philadelphia Insurance Companies

Company: Burns Insurance

Address: 4105 1st, Saratoga

Phone Number: 307-326-8825

Contact Person: Lori Bredeweg

Policy Number: _____

Please provide Certificate of Insurance naming the Town of Saratoga as an additional insured,

Billing Address (if different than previously identified)

Firm/Name: _____

Street Address: _____

City/State/Zip: _____

Fax Number: _____

Phone: _____


Special Terms and Conditions to the Special Event Application

By submitting and signing this Application, the applicant/organization hereby agrees to comply with the Town of Saratoga Special Event conditions (attached hereto and made a part thereof) and further agrees not to violate any Federal, State, County or municipal laws, rules or regulations. Applicant further agrees to be bound by all Saratoga municipal codes in the conduct of the requested special event.

In consideration for permission to conduct its special event, applicant agrees to indemnify, defend and hold harmless the Town of Saratoga, its officers, agents, employees and volunteers, (including the payment of the Town's attorney's fees incurred in defense of the same) from any and all damage to property, injury to, or death of any person and from any and all liability, claims, actions or judgments which may arise from the proposed activity.

The Town of Saratoga, its employees, appointed and elected officials hereby preserve any and all immunity available to them pursuant to Wyoming law and the Wyoming Governmental Claims Act, and nothing contained herein shall be deemed to be a waiver of its immunity.

Dated this 3, day of January, 2023


Applicant Signature

TOWN OF SARATOGA SPECIAL EVENTS APPLICATION CONDITIONS



Please initial each condition as read

1. DD Application holder shall obey all Federal, State, and local rules, regulations and laws. Application holder shall obey all Town of Saratoga municipal ordinances, rules and guidelines pertaining to the use of Town property, including the location and storage of vehicles and equipment, crowd control, and the restoration of premises to their original condition after the use for the special event.

2. DD Application holder shall confine its activities to the location and time schedules approved for the Application. Traffic control shall be maintained as approved by the Saratoga Police Department and configured by the Saratoga Public Works Department when events are conducted on Town streets or on Town property.

3. DD Reference to or the use thereof of the Town of Saratoga Logo is strictly prohibited in advertising of the event, unless prior written approval is granted by the Town of Saratoga.

4. DD Application holder does hereby covenant and agree to indemnify and hold harmless the Town of Saratoga harmless from any and all loss, cost, damages, injuries, judgment and claims of any kind, including and an all costs, including any attorney's fees, on account of personal injury or property damage resulting from any activity of Application holder.

5. DD In no way limiting the indemnity agreement above, Application holder will furnish to the Town of Saratoga a certificate of insurance providing liability, casualty and property coverage acceptable to its legal department showing combined single limit coverage for death or bodily injury, property damage or loss, marine and fire protection, or the equivalent of such coverage, not less than \$1,000,000.00. Applicant shall, if given permission to sell liquor, provide insurance enforcement for liquor liability naming the Town of Saratoga as additional insured for the amount of at least \$1,000,000.00. The Town of Saratoga, including its officials, employees and agents, shall be named an additional insured in the liability policy. Contractual liability coverage insuring the obligations of this agreement is also required. The insurance cannot be cancelled or substantially modified without ten (10) days notice to the Clerk of the Town of Saratoga.

6. DD Application holder shall reimburse the Town of Saratoga for costs incurred in the use of Town equipment and assignment of municipal employees to duty in connection with the special event activities. A schedule of expected costs shall be prepared by the Saratoga Department of Public Works Supervisor after identification of the municipal sites to be used for the special event. Application holder shall post a cash bond as a refundable deposit against the estimated cost when requested.

7. DD Neither the Application holder, nor its agent, employees, servants or helpers shall be or deemed to be, the employee, agent or servant of the Town of Saratoga. None of the benefits provided by the Town of Saratoga to its employees, including, but not limited to medical insurance, compensation insurance, and unemployment insurance are available to Application holder or its employees, agents, servants or helpers.

8. DD Fees shall be charged for the use of Town Property: Application holder shall not conduct any event on Town property intended to attract or entertain the public or charge fees to spectators without specific approval of the Town of Saratoga in writing. No alterations or changes to Town owned property would be allowed without prior written permission from the Town Council or their designee.

9. DD Additional Applications and fees may be required for use of facilities of the Town of Saratoga and entry upon areas subject to special security requirements, such as the Saratoga Lake area, Veterans Island, Kathy Glode Park or the Hot Pool and Municipal Pool areas. Use of such facilities and areas may be further conditional upon assurances of compliance with security and other requirements of these facilities.

10. DD Application holder shall designate a local agent to sign this Application application who shall have the authority to represent them in all matters relating to exercise of the privileges herein granted and who shall be responsible for compliance with these conditions.

11. DD Arrangements for use of Town property, (i.e. building, streets/alleys, sidewalks, parks or other public places or property) owned by the Town must be approved by the Town Clerk in writing in advance of the actual event.

12. DD If Application holder finds it necessary or desirable to use Town equipment, only Town employees will be allowed to operate said equipment, unless prior arrangements in writing are made and then only with the prior approval of the DPW Supervisor.

13. DD The Application holder will be required to reimburse the Town as provided for contracting/ use of town services, equipment, building, or if not addressed, for the wages due the employees, calculated at their regular hourly overtime rate and including all withholdings required by the federal and state governments. In addition, the Application holder will be responsible for reimbursing the Town for additional bookkeeping or clerical costs.

15. DD Application holder shall be responsible for all additional costs incurred by the Town of Saratoga for garbage and sanitary clean-up due to the special event.

Application approved:

Mayor /Clerk

Date: _____



What other agencies or groups have you contacted?

Have you received Applications from these agencies for your event (IF APPLICABLE)?

Please circle applicable agencies and attach a copy of the Application.

- ☐ Saratoga Planning Commissioners –(zoning issue if event is not an applicable use)
- ☐ Zoning and Planning Officer – (events requiring zoning clarification)
- ☐ Saratoga Department of Public Works (street closures – use of public parks)
- ☐ Saratoga Police Department: (events with alcohol sales or use – crowd control)
- ☐ Wyoming Highway Department –(parades or use of Highway 130/230)

TOWN OF SARATOGA SPECIAL EVENTS SIGN OFF SHEET

Proposed Special Event: Frozen Tote

Date of Special Event: 2-18-23

Approved: _____ Date: _____
Planning and Zoning Officer

Approved: _____ Date: _____
DPW Supervisor

Approved: _____ Date: _____
Police Chief

Approved: _____ Date: _____
Fire Chief

Approved: _____ Date: _____
Planning Commission

Approved: _____ Date: _____
Town Council



SARAHIS-01

LBREDEWEG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/3/2023

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
Burns Insurance Agency, Inc
PO Box 130
Saratoga, WY 82331

CONTACT

NAME:

PHONE
(A/C, No, Ext): (307) 326-8825

FAX

(A/C, No): (307) 326-8828

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : RISK PLACEMENT SERVICES

INSURED

Saratoga Historical & Cultural
Po Box 1131
Saratoga, WY 82331

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR			CPS7711610	2/18/2023	2/19/2023	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E L EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E L DISEASE - EA EMPLOYEE \$
							E L DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

Town of Saratoga
PO Box 486
Saratoga, WY 82331

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