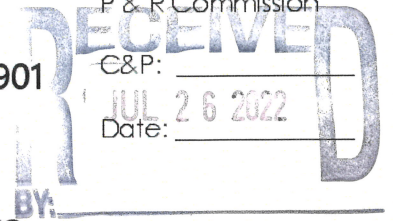




CITY OF STAMFORD
Cashiering & Permitting Division
 888 Washington Boulevard Stamford, CT. 06901
 (203)977-4692 * (203)977-4979

Authorized to go to
 P & R Commission



APPLICATION FOR SPECIAL EVENTS

Initial application should be submitted 90 DAYS PRIOR to Special Event.

ALL City costs (administrative plus any other services) MUST be paid upon approval of application. Applicant is responsible for obtaining ALL checked sign offs on the application plus a certificate of insurance when applying for a permit. Completed application -with payment- should be submitted to Cashiering & Permitting AT LEAST 60 DAYS prior to Special Event.

Date of Application: July 25, 2022 Date of Event: (Saturday) August 06, 2022 - (Sunday) August 06, 2023

Event Category:	<input type="checkbox"/> Concert/Performance	<input type="checkbox"/> Festival/Celebration	<input type="checkbox"/> Parade/Procession
	<input type="checkbox"/> Circus/Carnival	<input type="checkbox"/> Exhibit/Special Attraction	<input type="checkbox"/> Athletic/Recreational
<input type="checkbox"/> Wedding	<input type="checkbox"/> Walk-a-thon	<input type="checkbox"/> Flag Raising	<input checked="" type="checkbox"/> Other: <u>Bookmobile in park</u>

Organization: Ferguson Library

Contact Person: Josephine Fulcher Anderson

Address: 1 Public Library Plaza **City** Stamford **State** CT **Zip Code** 06904

Telephone (s): 203-351-8280

E-mail Address: janderson@fergusonlibrary.org

Location of event: Boccuzzi Park, Cove Island Park, Scalzi Park, Fairgate Farm, Mill River Park, kosciusko Park

Event Title: Outreach promoting reading and resources at Ferguson

Describe in detail activities planned:
 The Ferguson Library Bookmobile will be parked at different parks providing library services and promoting reading.



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Describe all City services needed for this event (electricity, dumpsters, parking, etc. /REQUIRES ADDITIONAL COSTS)

Attendance: Total _____ Adults _____ Children _____

Set-up starts @ N/A _____ Clean-Up ends @ N/A _____

Event Start Time: 9:00am _____ Event End Time: 5:00pm _____

Yes No

- Has this event been held before? If yes, please provide significant details:**
The bookmobile has provided services at various locations on weekends for years.

- Will the event be advertised? Explain:** We will list this service in our monthly newsletter
- Is the applicant a nonprofit entity? If yes, provide current tax exemption certificate.**
- Are you charging admission? How much:** _____
- Are you erecting a tent? Additional permit from Building Dept. & Fire Marshall is required**
- Are you serving food? Additional permit from Health Dept. is required**
- Are you serving beer? Cans only and/or Keg Permit required (\$_____)**
- Are you having food and/or merchandise for sale?**
- Will any roads need to be closed or any traffic devices needed? Street Use Permit is required**
- Will your event require a city dumpster? (Cost \$70.00 dumpster fee + \$160.00 labor)**
- Will your event require electricity? (Cost \$65.03 per hour/ 4h. min.)**
- Have you made any provision for on-site security? Police may be required**
- Will you be requesting a Podium or P.A. system?**
- Have you made any provision for on-site medical services? If yes, explain:**



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Date: _____

Signatures required before permit is approved:

To hold a Special Event in a City Park, the approval of the PARKS & RECREATION COMMISSION is required first. To get on the agenda for the next Committee meeting, a request letter outlining the event and the Special event application are required to be submitted to the Cashiering & Permitting Division.

You will have to attend the Commission meeting and present the event plan to the members. If approved, you need to collect all the remaining signatures on the Special Event application and return it to the Cashiering & Permitting Division at least 30 days before the event. Payment of all permit fees is required when the application is submitted to the office.

PARKS & RECREATION COMMISSION: _____

Date: _____

DIRECTOR OF OPERATIONS: _____
Matt Quiñones (10th. Floor) 203-977-4842

Date: _____

RECREATION SERVICES: _____
Laurie Albano (1st. floor) 203-977-4690

Date: _____

TRAFFIC ENGINEER: _____
Frank Petise (7th. floor) 203-977-4124

Date: _____

POLICE DEPT. /AUXILIARY SVCS: _____
Extra-duty Police Detail @ Police Dept. 203-977-4425

Date: _____

FIRE MARSHALL: _____
Walter Seely (7th. floor) 203-977-5667

Date: _____

BUILDING DEPT.: _____
Shawn Reed (7th. floor) 203-977-5700

Date: _____

RISK MANAGER: _____

Date: _____

PARK FACILITIES: _____

Date: _____

SOLID WASTE DEPT.: _____
Dan Colleluori 203-977-4117

Date: _____

Costs: _____

HEALTH DEPT.: _____
Eden Huang (8th. floor) 203-977-4228

Date: _____



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248222395
Dec. 10, 2010 LTR 4168C E0
06-0646528 000000 00

00017990

BODC: TE

FERGUSON LIBRARY
ATTN ERNEST DIMATTIA
1 PUBLIC LIBRARY PLAZA
STAMFORD CT 06904



029112

Employer Identification Number: 06-0646528
Person to Contact: Miss Converse
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Dec. 01, 2010, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in December 1971.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

OR-251 (Rev. 08/11)

NOT TRANSFERABLE or ASSIGNABLE

DUPLICATE

The Ferguson Library
Stamford Public Library
One Public Library Plaza
Stamford CT 06904



STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
25 Sigourney Street, Ste 2, Hartford CT 06106-5032

Permit Number E. 0936

April 10 2012

Date Issued

Kevin B. Sullivan
Commissioner

Tax Exemption Permit Issued
Under the Sales and Use Tax Act

In accordance with the provisions of the Sales and Use Taxes Act and the regulations thereunder, it is hereby certified that the charitable or religious organization named above is exempt from all sales taxes on purchases of tangible personal property made by it for the sole and exclusive purposes of the organization.

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 any rights to the certificate holder in lieu of such endorsement(s).


PRODUCER USI Insurance Svcs 40 Richards Avenue 5th Floor Norwalk, CT 06854 203-855-0123	CONTACT NAME: Cheryl Harrigan
	PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: usictcertificates@usi.com
INSURED Ferguson Library Of Stamford One Public Library Plaza Stamford, CT 06904	INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Indemnity Insurance Co. NAIC # 18058
	INSURER B : Hartford Accident and Indemnity Co 22357
	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 checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2433630	07/01/2022	07/01/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PHPK2433630	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000			PHUB821714	07/01/2022	07/01/2023	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	31WEAL9U7C	07/01/2022	07/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The General Liability policy includes an automatic Additional Insured endorsement that provides Additional Insured status to City of Stamford, only when there is a written contract that requires such status, and only with regard to work performed on behalf of the named insured.

CERTIFICATE HOLDER City of Stamford 888 Washington Blvd. Stamford, CT 06901	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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1. If the Special Event is to be held in a City Park, the approval of the **PARKS & RECREATION COMMISSION** is required.
2. If food is going to be served and/or sold, a **HEALTH DEPARTMENT** signature is required.
3. If Show-mobile/Stage, Podium or P.A. system is required, additional labor and rental fees are required.
4. If Special Event is at Cove Island Park and the Pavilion is requested, a separate **COVE PICNIC RESERVATION** is required. Additional fees must be paid.
5. Certificate of insurance is required. See attached.
6. There is **NO** amplified sound allowed in City Parks.



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- Permit does NOT include guaranteed use of any ball fields in parks, nor does it waive unauthorized vehicles from restricted areas.
- City Parking Permits (Beach stickers) are required from May 1st through September 30th.
- Area MUST be left clean, and garbage disposed off by group using the facility.
- Services provided by the City MUST BE PAID IN ADVANCE by the applicant to the individual Departments.
- Approved permit MUST be available at event to be shown to any City of Stamford official.
- Special Event application fee is \$_____

Must be signed by responsible officer of organization/company, if other than an individual applicant. Signature represents that the group will adhere to all Federal, State and Local Laws, Rules, and Policies.

As the applicant, I hereby certify that the information I have provided on the form is complete and accurate to the best of my knowledge. I agree to abide by the terms set forth in this application, and the rules and regulations of the City of Stamford. I understand that failure to do so may result in the cancellation of the event, the denial of future permits, plus, any other legal action deemed appropriate.

APPLICANT: _____ DATE: _____

Cashiering & Permitting: _____ DATE: _____

PLEASE SUBMIT COMPLETED APPLICATION WITH PAYMENT TO CASHIERING & PERMITTING DIV. FOR FINAL APPROVAL. UPON PAYMENT, A RECEIPT AND OFFICIAL SPECIAL EVENT PERMIT WILL BE ISSUED. COPY OF THIS APPLICATION IS NOT PROOF OF PERMISSION TO HOLD YOUR EVENT.