

TOWN OF CHARLOTTE
APPLICATION FOR USE OF TOWN FACILITIES

Approved for Use: September 22, 2014

Name of Organization/Event: Charlotte Children's Center "Family Fun Day"
Date(s) of Event: June 1st 2024
Organization's Address: 116 Ferry Rd PO Box 143 Charlotte, VT 05445
Non-Profit For Profit
If non-profit, briefly explain the benefit fund: Childcare Center

Contact information for Organization/Representative:

Name of Event Manager/Title: Enka Towne, Program Director + Morgan Bass, Support Specialist
Email address: enka@ccckids.org / Morgan@ccckids.org
Telephone number: 802-425-3328
Mobile telephone number: 802-503-7537 (Enka)

Location

Town highways _____
Town Beach ___ Senior Center ___ Town Hall Other Town Green
Brief description of requested use of facility: _____

Event Start Time: 11am **Event End Time:** 2pm

Anticipated Attendance

Participants 200? Staff/Volunteers 20 Vendors/Caterer 10? Total _____

Will food be served? (yes) ___ (no)

Will alcohol be served: ___ (yes) (no).

If yes, include copy of the caterer's license and certificate of insurance.

Safety Arrangements: (attach additional sheet if needed)

Parking, course monitors, water and aid stations, traffic control)

-parking at Charlotte Children's Center Charlotte Library, Post office, and Charlotte Congregational Church

Has the Charlotte Fire & Rescue been notified? Yes No _____

Are State of Vermont permits required? Yes _____ No _____

Is a port-o-let proposed? Yes No _____

Has this event been held in Charlotte before? Yes _____ No

If yes, please list years: _____

Is this event open to Charlotte residents? Yes No _____

Please attach an event map, if applicable.

Please attach or e-mail a certificate of insurance for the event which names the Town of Charlotte as an "additional insured" for general liability coverage.

Waste Management

The Town of Charlotte is dedicated to making all events in public spaces as waste free as possible by reducing packaging and single use items, and by collecting waste in three streams: *compostables, recycling and trash*. All events held in public spaces will adhere to these expectations, and comply with [VT ACT 148 Universal Recycling Law](#) and [CSWD's Solid Waste Management Ordinance](#).

Please see Recommendations for Waste Reduction in the attached addendum. (Live link)

Event sponsors are responsible for communicating these recommendations to all vendors/caterers.

Technical help is available from Charlotte CSWD representative, Abby Foulk: afoulk@gmavt.net

Event Person in Charge of Waste Management (if not event manager):

Enka Towne
Email address: enka@ccckids.org
Telephone number: 802-425-3328
Mobile telephone number: 802-503-7537

Plan for Compostables

Use of food scrap buckets is required for events at which food is served. Buckets are available from the Town, CSWD, and haulers. To obtain from Town, please contact Abby Foulk: afoulk@gmavt.net

Number of buckets needed _____

Compostable materials: ___ food scraps only; ___ food scraps and other organics

Compost management plan: ___ will use onsite compost bin; ___ will take to CCS Compost Shed; ___ will drop off at CSWD facility: ___ will hire compost or three-stream hauler

will provide compost, trash, and recycling receptacles

Plan for recyclables and trash (check one)

___ Will use Town's existing recycling and trash infrastructure. Fee may apply.

___ Will contract for three-stream pick-up by hauler

Will drop off at CSWD facility

Waste Stations

Side-by-side composting/ recycling/trash stations are required, labeled with Vermont's Universal



Symbols. See: <http://cswd.net/about-cswd/universal-recycling-law-act-148/>

Number of waste stations needed for event _____

Plan for assisting participants with sorting streams _____

Plan for decontaminating streams _____

In consideration of this request to use town highways and/or town-owned property and facilities _____ (organization/group/business) and I agree, and for myself/ourselves and my/our heirs, executors and administrators agree to indemnify, defend and hold forever harmless the Town of Charlotte and its officers, agents and employees from and against any claims, demands, liabilities, actions, judgments, settlements, damages, costs and expenses (including attorney's fees and disbursements) for injury to or death of any person or damage to property arising out of or resulting from the activity described in this request.

Signature of authorized representative *Enka Towne*



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/11/2024

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 123 Insurance, Inc. Pam Parah Tobin Agency 123 South Main St St Albans VT 05478 | CONTACT NAME: Robin Sweeney, ACSR, CPIW PHONE (A/C, No, Ext): (802) 524-0202 E-MAIL ADDRESS: Robin@123insurancevt.com | FAX (A/C, No): (802) 524-3029 |
| | INSURER(S) AFFORDING COVERAGE INSURER A: MMG Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |
| INSURED Kitty Ain't Right LLC 339 Morgan Dr Shelburne VT 05482 | | |

COVERAGES

CERTIFICATE NUMBER: CL2432608542

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 INSD | 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO. SUBJECT <input type="checkbox"/> LOC OTHER: | | | BP24002973 | 08/30/2022 | 08/30/2025 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY | | | KA14186742 | 08/30/2023 | 08/30/2024 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | 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 | | | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 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)

"All limits at policy inception" Food Truck

Event Date: June 1, 2024

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|---|
| Charlotte Children's Center 116 Ferry Road PO Box 143 Charlotte VT 05445 | 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  |
|---|---|

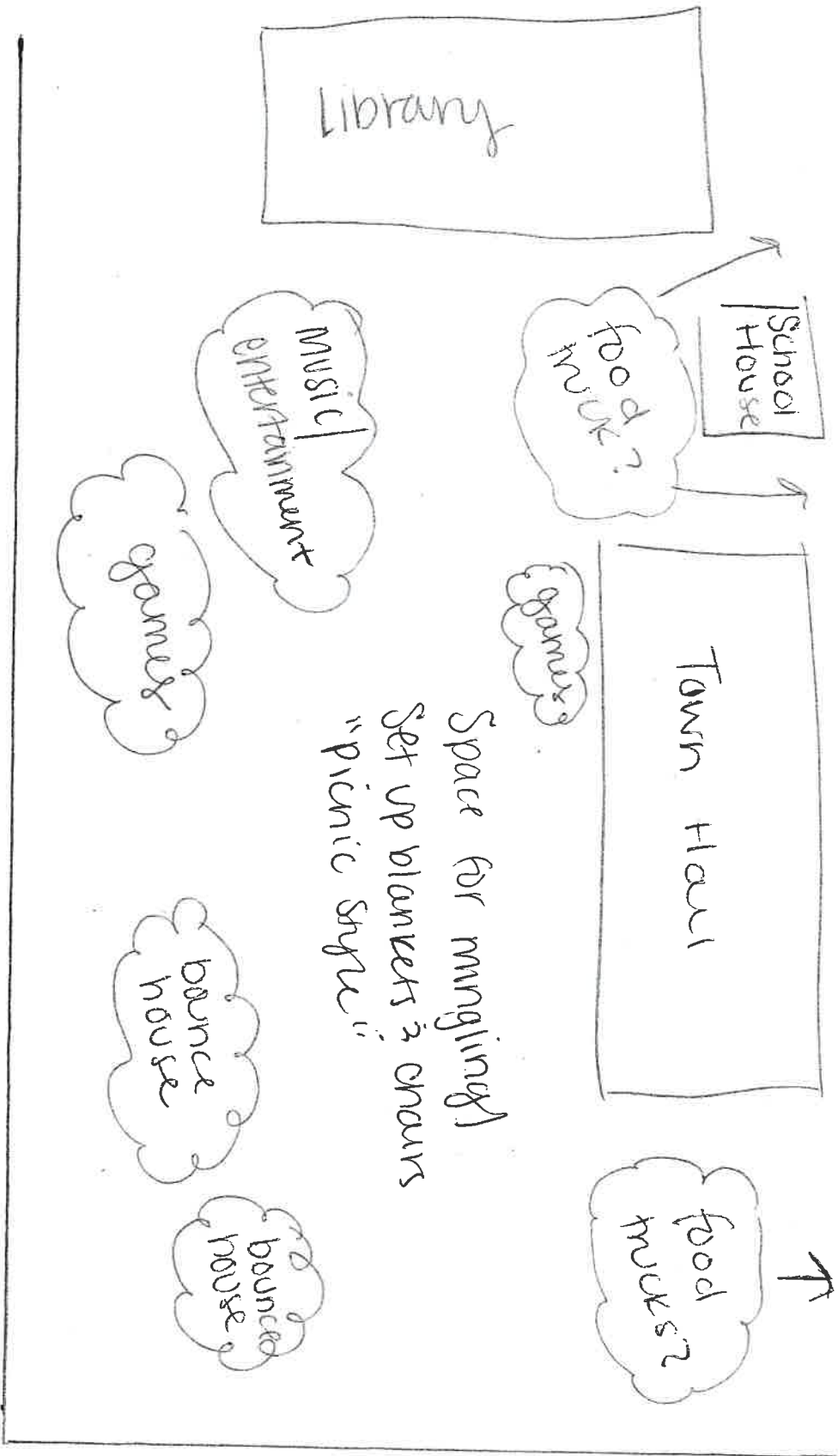
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Charlotte Children's Center Family Fun Day

2024

proposal map



Ferry Road

PARKING

Children's Center

Fire Station

Senior Ctr.

Post office