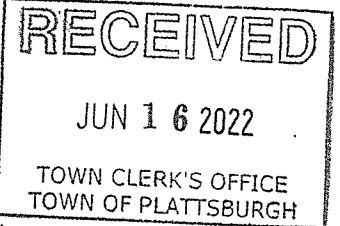


APPLICATION

For a License to Conduct and Operate a Place of  
Public Amusement Within the Town of Plattsburgh  
Clinton County, New York



Date 6/16/22

TO THE TOWN BOARD OF THE TOWN OF PLATTSBURGH

The undersigned an individual  
a corporation of Plattsburgh  
a firm ) (Town or City)  
NY County of Clinton (if an  
(State)

individual or a firm) that (he is / they are) a: Citizen of the United States of America, or (if a corporation that it is a domestic corporation organized under the laws of the State of New York) or a foreign corporation licensed to do business in the State of New York

pursuant to an ordinance of the Town Board of the Town of Plattsburgh enacted the 24th day of May, 1971, do hereby make application to the Town Board for permission and license to conduct and operate

The Agricultural & Industrial Fair of Clinton County  
(if a corporation or firm, please state name and type of business)

at 84 Fairgrounds Rd. within the Town of Plattsburgh  
for the term of ~~January~~ through ~~December 31, 2022~~  
(specific dates) July 26 - July 31

(License shall expire no later than next December 3rd)

I ) agree to obey all rules, regulations and ordinances of the Town of  
We) Plattsburgh, and will not violate any of the laws of the State of New York, or of the United States of America in the conduct or operation of the same under penalty of revocation or annulment of a license to be issued hereunder. It is understood that such license cannot be transferred, nor the location of the public amusement changed, without the consent of the Town Board.

YOU MUST SUBMIT THE FOLLOWING WITH YOUR APPLICATION:

(For outdoor use only)

- A Certificate of Insurance, naming the Town of Plattsburgh.
- A New York State Certificate of Inspection.
- A New York State Certificate of Authority.

SECTION 2. Licenses Required. No person, firm, partnership, association or corporation shall operate, conduct or exhibit for money, or for any other consideration, a circus, carnival, indoor theatre, outdoor theatre, amusement park or motor vehicle speedway within the Town of Plattsburgh, without first being issued a license as herein provided.

- (a) For each license for a circus for  
each day's performance ..... \$ 300.00
- (b) For each license for a carnival  
for each day's performance ..... 100.00
- (c) For each license for operating  
an indoor theatre, per year ..... 500.00
- (d) For each license for operating  
an outdoor theatre, per year ..... 250.00
- (e) For operating an amusement park,  
per year ..... 250.00
- (f) For operating a motor vehicle  
speedway, per year ..... 250.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/13/2022

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).

<b>PRODUCER</b> Sports Insurance Specialists, LLC 14033 Illinois Rd., Suite A Fort Wayne IN 46814	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Jeff Ladd</td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> 260-969-0305</td> <td><b>FAX (A/C, No):</b> 260-459-1630</td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> info@kicksomerisk.com</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td colspan="2"><b>INSURER A:</b> T.H.E Insurance Company</td> </tr> <tr> <td colspan="2"><b>INSURER B:</b></td> </tr> <tr> <td colspan="2"><b>INSURER C:</b></td> </tr> <tr> <td colspan="2"><b>INSURER D:</b></td> </tr> <tr> <td colspan="2"><b>INSURER E:</b></td> </tr> <tr> <td colspan="2"><b>INSURER F:</b></td> </tr> </table>	<b>CONTACT NAME:</b> Jeff Ladd		<b>PHONE (A/C, No, Ext):</b> 260-969-0305	<b>FAX (A/C, No):</b> 260-459-1630	<b>E-MAIL ADDRESS:</b> info@kicksomerisk.com		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>INSURER A:</b> T.H.E Insurance Company		<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER E:</b>																					
<b>INSURER F:</b>																					
<b>INSURED</b> Agricultural & Industrial Fair of Clinton County, Inc. PO Box 280 Morrisonville NY 12962																					

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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"/> <b>COMMERCIAL GENERAL LIABILITY</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CPP0107301-02	1/31/2022	1/31/2023	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY
	OTHER:						GENERAL AGGREGATE
							PRODUCTS - COMP/OP AGG
							\$
A	<b>AUTOMOBILE LIABILITY</b>	<input type="checkbox"/>	<input type="checkbox"/>	CPP0107301-02	1/31/2022	1/31/2023	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 checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)
							\$
A	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/>	<input type="checkbox"/>	ELP0013388-01	1/31/2022	1/31/2023	EACH OCCURRENCE
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>				AGGREGATE
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
							\$
A	Directors and Officers	<input type="checkbox"/>	<input type="checkbox"/>	DOO0075243-02	1/31/2022	1/31/2023	\$1,000,000 Agg

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

The Certificate Holder is included as Additional Insureds, but only as respects to claims arising out of the negligence of the Named Insured.

<b>CERTIFICATE HOLDER</b>  Town of Plattsburgh 151 Banker Road Plattsburgh, NY 12901	<b>CANCELLATION</b>  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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**\*\*\* RECEIPT \*\*\***

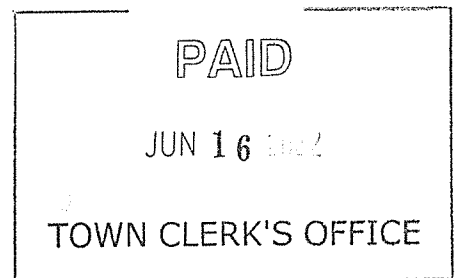
**Date:** 06/16/22

**Receipt#:** 41599

Quantity	Transactions	Reference	Subtotal
1	Carnival	321	\$600.00
<b>Total Paid:</b>			<b>\$600.00</b>

**Notes:**

Payment Type	Amount	Paid By
CK #17562	\$600.00	The Agricultural & Industrial Fair Inc.



**Name:** The Agricultural & Industrial Fair Inc.  
84 Fair Grounds Road  
Morrisonville, NY 12962

**Clerk ID:** CLERK

Internal ID: 321