



**POS SALES RECEIPT**

Receipt # 235624  
Payment Date: 02/27/24  
Household: 49063

Town of Babylon Parks and Recreation  
151 Phelps Lane  
North Babylon NY 11703  
Phone: (631)893-2100  
www.townofbabylon.com

Paul Gordon  
320 45th St  
Lindenhurst NY 11757  
thebigdawg81@gmail.com

Cell Ph: (631)946-4731

**POS Ticket Details: 2024 Athletic Field Permit**

	<u>New Fees</u>	<u>Total Fees</u>	<u>New Paid</u>	<u>Total Paid</u>	<u>Amount Due</u>
Quantity:	1	0.00	0.00	0.00	0.00
Family Member:	Paul Gordon				
Ticket Numbers:	025				
Ticket Comments:	.				

Approved by:

Date:

Special Questions: What Organization Is The Athletic Field Permit For? Lindenhurst Junior Squires Soccer League  
What field is being reserved? Venetian Shores  
What are the dates of the permit? 02/27/24-06/30/24-M/W-4P-10P F-7:15-10P SAT-12P-10P SUN-5:30P-10P

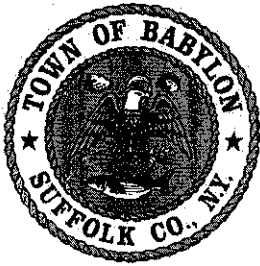
Processed on 02/27/24 @ 8:02am by MFE

Total New Fees	0.00
Discount Applied	0.00
<b>Total Due</b>	<b>0.00</b>
Total Fees Paid	0.00
<b>Total Paid</b>	<b>0.00</b>

**Household Balance Information**

Overall Household Credit Balance Available	0.00
Overall Household Balance Due	0.00

marie ferrara



Town of Babylon  
Department of Parks, Recreation & Cultural Affairs  
151 Phelps Lane, North Babylon, NY 11703

## Athletic Field Permit Application 2024

### Application Requirements:

All documents and fee(s) must be returned to the address listed above.

1. Athletic Field Permit Application
2. Signed Rules and Regulations form
3. Proof of tax information, proving not-for-profit or for-profit status
4. Certificate of insurance for two (2) million-dollar liability naming the Town of Babylon additionally insured.
5. Rosters, Practice and Game Schedules
6. If applicable, non-refundable permit fee. *See fee schedule.* (Please make checks Payable to "Town of Babylon." **CASH NOT ACCEPTED.**)

### League Information:

League: Lindenhurst Junior Squires Soccer League  For Profit  Not For Profit  
 Organization Address: PO Box 611 Town: Lindenhurst  
 League President's Name: Paul Gordon Phone: 631-946-4731  
 League President's Address: 320 45th St Town: Lindenhurst  
 League President's Email: thebigdawg81@gmail.com

### Field Request:

Sport/Activity: Soccer Games & Practices  
 Park Requested: Venetian Shores Specific Field Code: G3 & G4  
 Overall Dates: From: Feb 9th 2024 To: June 30th 2024  
 Opening Day: Date: March 2nd 2024 Time: 12pm  
 Rain Date: \_\_\_\_\_ Sound/Mic Requested: Y  N

Office Use Only: Date Received: \_\_\_\_\_ Office Staff Initial: \_\_\_\_\_

Rich Schaffer, Supervisor  
 Antonio Martinez, Councilman  
 Parks, Recreation & Cultural Affairs Committee

Eva Rodriguez-Greguski, Commissioner  
 (631) 893-2100

**Specific Dates/Times:**

	Dates	Times
Mondays:	<u>Feb 9 - Jun 30</u>	From: <u>4pm</u> To: <u>10pm</u> ✓
Tuesdays:	<u>  </u>	From: <u>                        </u> To: <u>                        </u>
Wednesdays:	<u>Feb 9 - Jun 30</u>	From: <u>4pm</u> To: <u>10pm</u> ✓
Thursdays:	<u>  </u>	From: <u>                        </u> To: <u>                        </u>
Fridays:	<u>Feb 9 - Jun 30</u>	From: <u>7:15pm</u> To: <u>10pm</u>
Saturdays:	<u>Feb 9 - Jun 30</u>	From: <u>12 pm</u> To: <u>10pm</u>
Sundays:	<u>Feb 9 - Jun 30</u>	From: <u>5:30pm</u> To: <u>10pm</u>

**General Information:**

It is within the policy of this Department to grant as many permits as possible to organizations seeking facilities within the Town. Due to the limited number of facilities, especially lighted facilities, plus the increasing number of athletic organizations requesting permits, the Department of Parks, Recreation & Cultural Affairs cannot guarantee any organization the facility or complete schedule they seek. However, every effort will be made to satisfy all requests.

The holder of a permit will be held responsible for careful and prudent use of the area, and for all damage to person or property resulting from the activity allowed by a permit.

**AUTHORIZATION AND ACCEPTANCE**

I HAVE READ THE RULES AND REGULATIONS GOVERNING THE USE OF A TOWN SHOWMOBILE AND AGREE THAT BY MY SIGNATURE, AS WELL AS THE ORGANIZATION THAT I REPRESENT, WILL ABIDE BY THEM.

League President's Signature: *Paul McGonion*                      Date: 2/9/2024

**Office Use Only:**

**Indicate date each item was received:**

**Permit Application:**         **Tax Documentation:**     
**Insurance:**                 **Rosters:**     
**Practice/Game Schedules:**         **If applicable, Fee:**     
**Signed Rules and Regulations:**



Town of Babylon  
Department of Parks, Recreation & Cultural Affairs  
151 Phelps Lane, North Babylon, NY 11703

## Athletic Field Permit Application 2024

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### Permit Fee Schedule

Field	Rate
Field without lights	\$15 per day
Field with lights	\$25 per day



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/7/2023

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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b>	
LIC #40558248	Player's Health Cover USA Inc.	PHONE (A/G, No, Ext): 612-345-9683	FAX (A/G, No):
718 Washington Ave North #402	Minneapolis MN 55401	E-MAIL ADDRESS: certificates@playershealth.com	
<b>INSURED</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	
Eastern New York Youth Soccer Association		<b>INSURER A:</b> Everest National Insurance Company	<b>NAIC #</b> 10120
167 Nassau Blvd.		<b>INSURER B:</b> Great American Insurance Company	16691
Garden City South NY 11530		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 59471

REVISION NUMBER: 3

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 type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: PER EVENT		Y	S18ML02684-231	9/1/2023	9/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 PARTICIPANT LEGAL LIAB \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			S18ML02684-231	9/1/2023	9/1/2024	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 0			S18EX02099-231	9/1/2023	9/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Accident Medical			BSRE758936-01	9/1/2023	9/1/2024	PER INJURY LIMIT \$ 200,000

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

Certificate Holder is Additional Insured as required by written agreement per policy endorsement ECG 20 600 05 09. Coverage applies only to official, sanctioned & approved activities of ENYSSA. This certificate is issued on behalf of: LIJSL /Lindenhurst SC

**CERTIFICATE HOLDER****CANCELLATION**

County of Suffolk	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PO Box 6100 Hauppauge NY 11788	AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

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8/7/2023

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<b>PRODUCER</b>		<b>CONTACT NAME:</b>	
LIC #40558248		PHONE (A/C, No, Ext): 612-345-9683	FAX (A/C, No):
Player's Health Cover USA Inc.		E-MAIL ADDRESS: certificates@playershealth.com	
718 Washington Ave North #402		<b>INSURER(S) AFFORDING COVERAGE</b>	
Minneapolis	MN 55401	<b>INSURER A:</b> Everest National Insurance Company	<b>NAIC #</b> 10120
<b>INSURED</b>		<b>INSURER B:</b> Great American Insurance Company	16691
Eastern New York Youth Soccer Association		<b>INSURER C:</b>	
167 Nassau Blvd.		<b>INSURER D:</b>	
Garden City South		<b>INSURER E:</b>	
	NY 11530	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 59363

REVISION NUMBER: 3


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 type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: PER EVENT		Y	SI8ML02684-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ EXCLUDED
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
							PARTICIPANT LEGAL LIAB	\$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			SI8ML02684-231	9/1/2023	9/1/2024	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED:      RETENTION \$ 0			SI8EX02099-231	9/1/2023	9/1/2024	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/>	N/A			PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Accident Medical			BSRE758936-01	9/1/2023	9/1/2024	PER INJURY LIMIT	\$ 200,000

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**CERTIFICATE HOLDER****CANCELLATION**

Town of Babylon  200 E. Sunrise Highway Lindenhurst  NY 11757	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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167 Nassau Blvd.		INSURER B : Great American Insurance Company	16691
Garden City South NY 11530		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER: 59445

REVISION NUMBER: 3

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A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		SI8ML02684-231	9/1/2023	9/1/2024	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 checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$ 0		SI8EX02099-231	9/1/2023	9/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A	N/A	BSRE758936-01	9/1/2023	9/1/2024	PER INJURY LIMIT \$ 200,000

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**CERTIFICATE HOLDER****CANCELLATION**

Venetian Shores Park	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Venetian Blvd & Granada Pkway	AUTHORIZED REPRESENTATIVE
Lindenhurst NY 11757	

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