

TOWN OF CHARLOTTE
APPLICATION FOR USE OF TOWN FACILITIES

Approved for Use: September 22, 2014

Name of Organization/Event: Vermont CARES / Champ Ride
Date(s) of Event: June 11 2016
Organization's Address: 187 Saint Paul Street
Non-Profit For Profit
If non-profit, briefly explain the benefit fund: HIV Prevention

Contact information for Organization/Representative:
Name of Event Manager/Title: Christen Pinillos
Email address: Christen Pinillos
Telephone number: 802-863-2437
Mobile telephone number: 802-863-2437

Location
Town highways Spears Street, Hinesburg Rd, Church Hill Rd, Ferry Rd, Greenburg Rd.
Town Beach Senior Center Town Hall Other
Brief description of requested use of facility: _____

Event Start Time: 8:00 AM Event End Time: 4:00 PM

Anticipated Attendance
Participants 100 Staff/Volunteers 20 Vendors/Caterer 0 Total 120

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, water available at Oakledge Park outside Charlotte.

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: 2012, 2013, 2014, 2015, 2016

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):

Christian Pinillo
Email address: Christian@vtcater.com
Telephone number: 802.8632437
Mobile telephone number: 802 793 2286

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 0

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

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 0

Plan for assisting participants with sorting streams 0

Plan for decontaminating streams 0

In consideration of this request to use town highways and/or town-owned property and facilities Vermont CARES (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 [Handwritten Signature]

February 22, 2016

Mary Mead, Town Clerk
Town of Charlotte
PO Box 119
Charlotte, VT 05445

Re: Notification of Bicycle Fundraiser in Charlotte on June 11, 2016

Dear Mary,

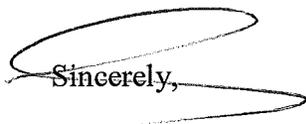
On Saturday, June 11, 2016, Vermont CARES will hold its annual bike tour to raise funds for HIV/AIDS, the Champ Ride, which will start and finish at Oakledge Park in Burlington. The routes are the same as last year's, and are largely those we have used for over a decade, thanks to your encouragement.

Riders this year have a choice between 17, 32, 67 and 100 mile routes. We estimate based on past ridership a maximum of 150 riders in total. We have planned careful and safe routes which may bring riders through Charlotte between five a.m. and four p.m. We have consulted various riding guides for safe routes in the region, as well as similar rides in this area.

I have attached a map to show where this ride is currently planned, as well as a certificate of liability insurance naming Charlotte as an additional insured for this event. We undertake to provide all materials, EMTs, and security at our own cost and we do not need any officers to direct traffic on the day of the ride. Furthermore, we will pick up all directional signs and other materials after the ride.

I am writing to see if we need to secure any permits or provide you with further information. Feel free to contact me by email at christian@vtcares.org or by phone at (802) 863-2437 ext. 11.

Thank you.


Sincerely,

Christian Pinillos
Events & Marketing Manager

Enclosures: proposed route map, certificate of liability insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/13/2016

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 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 Berrian Insurance Group, Vermont PO Box 647 Waitsfield VT 05673	CONTACT NAME: Jason Hulsizer PHONE (A/C, No, Ext): (802) 496-9190 E-MAIL ADDRESS: jay@bigvermont.com	FAX (A/C, No): (802) 496-9515
	INSURER(S) AFFORDING COVERAGE	
INSURED Vermont CARES, Inc. 187 St. Paul St. Burlington VT 05401	INSURER A New Hampshire Ins. Co.	NAIC # 23841
	INSURER B National Union Fire Ins. Co.	NAIC # 19445
	INSURER C New York Marine and General	NAIC # 16608
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: CL1621300761

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	X		01-LX-066415653-0	2/17/2016	2/17/2017	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Employee Benefits \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			29-CA-048193042-0	2/17/2016	2/17/2017	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						OCCUR CLAIMS-MADE
C	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	WC201500008777	4/5/2015	4/5/2016	<input 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						
A	PROFESSIONAL LIABILITY			01-LX-066415653-0	2/17/2016	2/17/2017	EACH OCCURRENCE 1,000,000 GENERAL AGGREGATE 3,000,000

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

Certificate Holder is added as Additional Insured respects General Liability for the Vermont CARES Champ Ride June 11, 2016

CERTIFICATE HOLDER

mary@townofcharlotte.com

Town of Charlotte
 Town Clerk
 PO Box 119
 Charlotte, VT 05445

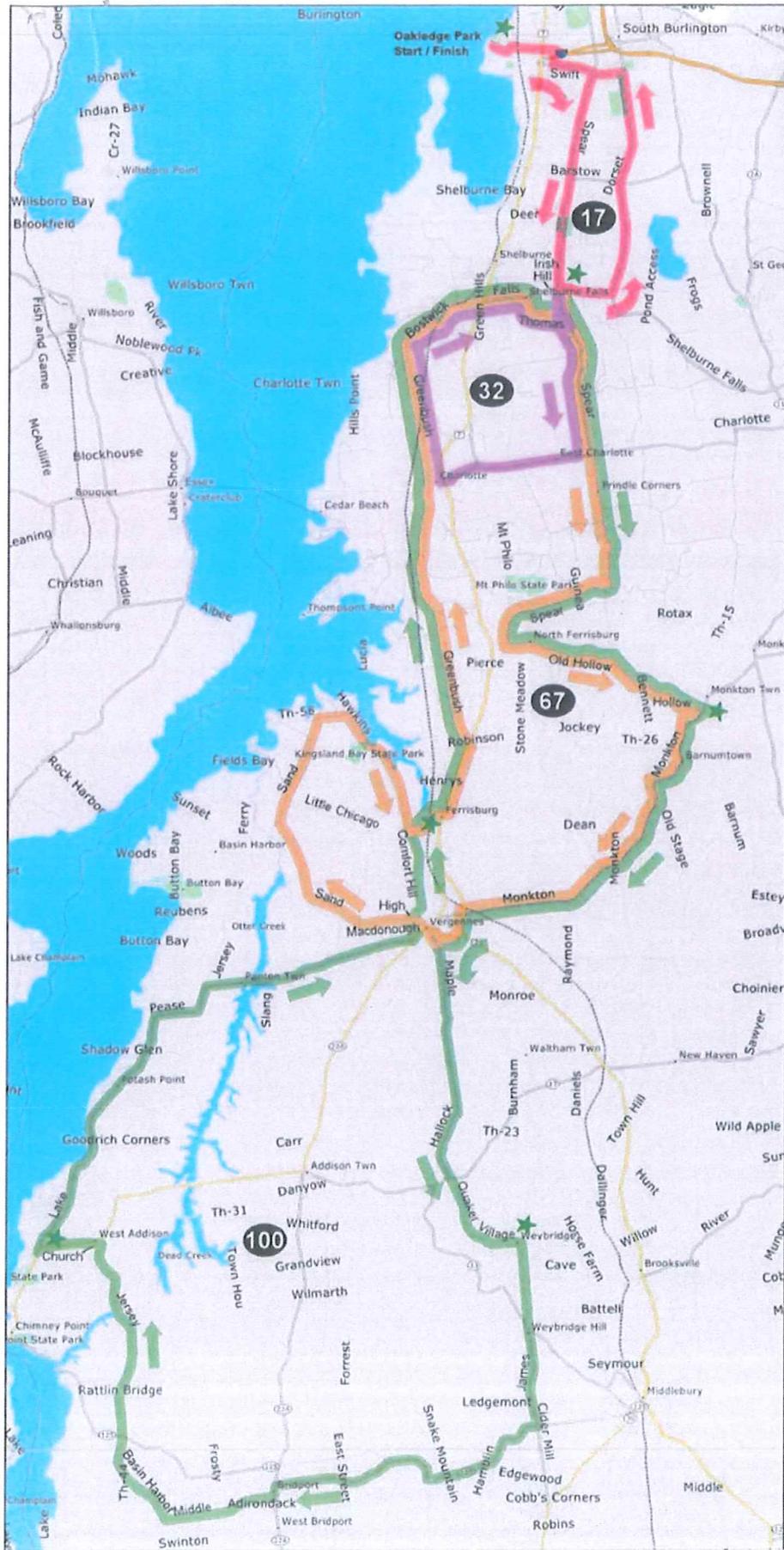
CANCELLATION

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

Jason Hulsizer/KJB

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Start / Finish
Oakledge Park

0 miles 2 4

★ Sag Stop



- 17 miles, 336' climb
- 32 miles, 742' climb
- 67 miles, 1,560' climb
- 100 miles, 2,300' climb

All rides begin and end on the 17-mile route.

NOTES