

Local Law XXX-XXX

Cannabis Dispensary and Consumption Site.

**1. Purpose.** The purpose of these cannabis regulations is to provide for the placement and regulation of adult use recreational cannabis dispensaries and consumption sites as authorized pursuant to state law and regulations with the goal of minimizing potential adverse impacts on adjacent properties, neighborhoods, and the Town of Pound Ridge.

**2. Definitions.** As used in this subsection, the following terms shall have the meanings indicated:

**Cannabis**

All parts of the plant of the genus Cannabis, whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds or resin. It does not include the mature stalks of the plant, fiber produced from the stalks, oil or cake made from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture, or preparation of the mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the sterilized seed of the plant which is incapable of germination. It does not include hemp, cannabinoid hemp or hemp extract as defined by this section, or any drug products approved by the Federal Food and Drug Administration.

**Cannabis Retail Business or Cannabis Dispensary**

Any business, collective, establishment, association, or any other organization, or any person engaged in the licensed activities of adult-use cannabis retail sales (sometimes referred to herein as a “dispensary”).

**Public Youth Facilities**

A location or structure owned by a government or government subdivision or agency, which is accessible to the public, where the primary purpose is to provide recreational opportunities or services to children or adolescents of whom the primary population is reasonably expected to be seventeen (17) years of age or younger.

**On-Site Consumption or Consumption Site**

The consumption of cannabis in an area licensed by the Cannabis Control Board. An on-site consumption license authorizes the acquisition, possession, and sale of cannabis from the licensed premises of the on-site consumption licensee to cannabis consumers for use at the on-site consumption location or another location.

**3. Applicability.** Cannabis retail dispensaries and cannabis consumption sites are hereby permitted by special permit of the Town Board within the PB-B and PB-C zoning districts only.

**4. Application.** Any applicant for a cannabis dispensary or consumption site shall provide no less than the following when submitting a registration application:

A. Completed special use permit application and checklist.

- B. An operating license from the Cannabis Control Board (CCB) and the Office of Cannabis Management (OCM) established pursuant to the Marihuana Regulation and Taxation Act (MRTA) § 72 for regulatory jurisdiction over adult-use cannabis or demonstration that a license has been applied for with the understanding that the special permit will be conditioned on the permittee obtaining and maintaining all required state permits and licenses.
- C. A written description of day-to-day operations and hours of operation.
- D. Complete site plan showing any alterations to the property.
- E. Floor plans certified by a licensed professional engineer or architect detailing ventilation as well as interior and exterior security plans in compliance with New York State law.
- F. Sign application with all proposed building-mounted and freestanding signs.
- G. Any additional materials requested by the Planning Board or Town Board during the review process for the special permit and site plan.

#### **5. Provisions, Requirements, and Approvals.**

- A. Special permit approvals by the Town Board and site plan approvals by the Planning Board shall be required for the operation of a dispensary or consumption site in the Town of Pound Ridge.
- B. The dispensary or consumption site use must comply with all requirements as specified in the zoning district where the dispensary or consumption site is located, except as specified in this Section XXXX.
- C. All permitted dispensaries and consumption sites shall have applied for a license from the NYS Cannabis Control Board (CCB) and shall comply with all applicable state and local public health regulations and all other applicable state and local laws, rules and regulations.
- D. A special use permit issued pursuant to this section shall be conditioned on the permittee obtaining and maintaining all required state and local licenses and/or permits and complying with all applicable state and local public health regulations and all other applicable laws, rules and regulations at all times. No building permit or certificate of occupancy shall be issued for a cannabis dispensary or consumption site that is not properly licensed.
- E. A special use permit authorizing the establishment of a cannabis retail dispensary or consumption site shall be valid only for the site on which the cannabis retail dispensary or consumption site has been authorized by such special use permit. Relocation of a dispensary or consumption site to a different site shall require a new special use permit. A separate special use permit shall be required for each premises from which a licensed cannabis retail dispensary or consumption site is operated.

F. Upon the revocation or expiration without renewal of the NYS license or registration for a cannabis retail dispensary or consumption site, the special use permit shall terminate, and a new special use permit shall be required prior to issuance of a certificate of occupancy.

G. No drive-through sales to the public shall be permitted at a dispensary or consumption site.

H. On-site use or consumption of cannabis shall only be permitted at a licensed and approved consumption site and shall not be permitted at any cannabis dispensary or at any other retail or service business located in the Town.

I. No dispensary or consumption site may sell alcoholic beverages or allow the consumption of alcoholic beverages on their premises.

J. All cannabis dispensary or consumption site buildings and sites shall be designed to mitigate any negative aesthetic impacts that might result from required security measures and restrictions on visibility into the building's interior.

K. A cannabis retail dispensary or consumption site shall not have opaque, unwelcoming ground-floor facades that may detract from other retail activity in the district. Where interior activities must be screened from public view, opaque facades should be minimized, and where they are necessary, they should include architecture and design that will contribute to visual interest and community character subject to Planning Board approval.

L. The parking requirements for dispensaries shall be 1 space for each 200 square feet of "gross floor area" or major portion thereof, and the parking requirements for consumption sites shall be 1 space for every 3 seats or 1 space for each 100 square feet of "gross floor area" or major portion thereof, whichever is greater. The Planning Board may deviate from the parking requirements on good cause shown by the applicant at the time of site plan review for the purposes of good planning while balancing the needs of fostering and developing new businesses and of protecting the community.

M. A cannabis dispensary or consumption site shall not create a nuisance to abutters or to the surrounding area, or create any hazard, including, but not limited to, fire, explosion, fumes, gas, smoke, odors, obnoxious dust, vapors, offensive noise or vibration, flashes, glare, objectionable effluent, or electrical interference, which may impair the normal use and peaceful enjoyment of any property, structure or dwelling in the area and all site operations shall comply with all local laws, ordinances, rules, and regulations.

N. A dispensary or consumption site shall not provide outdoor seating or outdoor smoking areas for the smoking or other consumption of cannabis.

O. Any activities, other than those explicitly permitted by this local law and any approved special permit, are prohibited at a cannabis retail dispensary or consumption site.

P. The hours of operation of a cannabis retail dispensary or consumption site shall be limited to 10:00 a.m. to 11:00 p.m., or as otherwise established by the Town Board as a condition of the special use permit, but in no case shall the Town Board permit a cannabis retail dispensary or

consumption site to operate between 11:00 p.m. and 6:00 a.m., nor shall the Town Board restrict the operation of a cannabis retail dispensary to fewer than 70 hours a week, unless the operator agrees to do so.

Q. All dispensaries and consumption sites shall operate within a fully enclosed building and shall not operate within any mobile facility.

R. The Town Board or Planning Board may require an applicant to prepare a parking study for an application where, due to the specifics of the application, the Board feels that parking will be of particular concern. The parking study shall conform to the most recent ITE Parking Generation Manual at the time of the application.

S. The Town Board or Planning Board may require an applicant to prepare a traffic study for an application where, due to the specifics of the application, the Board feels that the traffic generated by the application will be of particular concern. The traffic study shall conform to the most recent ITE Trip Generation Manual at the time of the application.

T. If any provision, paragraph, sentence, or clause of this section shall be determined to be in conflict with applicable state law or regulations, the provisions of said state law or regulations shall prevail.

U. Where not expressly defined in the Pound Ridge Zoning Ordinance, terms used in this section shall be interpreted as defined in the New York State Marihuana Regulation and Taxation Act.

V. The provisions of this section are severable. If any provision, paragraph, sentence, or clause in this section shall be held invalid, such invalidity shall not affect the other provisions of this section.

## **6. Location.**

A. Cannabis dispensaries and consumption sites shall be located only within the PB-B and PB-C zoning districts.

B. No dispensary or consumption site shall be located within 500 feet of public or private school grounds as defined in the NYS Education Law, serving students through the 12th grade, or within 500 feet of a public youth facility, or within 200 feet of a house of worship, in accordance with State Regulations. Distance shall be measured horizontally from the front door of the proposed dispensary or consumption site to the front door of school, public youth facility, or house of worship. If no structure exists, distance shall be measured to the nearest entrance of the grounds of the school, public youth facility, or house of worship.

C. Cannabis dispensaries and consumption sites shall not be located within a 2,000-foot radius of another cannabis related business including but not limited to another dispensary or consumption site, or a cannabis related business including cultivation, laboratory testing, manufacturing, distribution, construction, packaging, technology products, or accessories. Distance shall be

measured horizontally between the front doors of the existing and proposed cannabis related businesses.

D. The Town Board may deviate from the proximity restrictions as necessary, on good cause shown by the applicant, balancing the need to foster and develop new businesses and of protecting the community and aforementioned locations.

DRAFT

# Town of Pound Ridge Police Department

Tel.: 914-764-4206  
Fax: 914-764-0847



*Thomas D Mulcahy*  
*Chief of Police*

**Date:** 09/26/2024  
**To:** Pound Ridge Town Board  
**From:** Chief Thomas Mulcahy  
**Re:** OEM Request to update Maptitude software

## **Background:**

On behalf of OEM director, David Dow, we are respectfully requesting approval to order 3 updated licenses for current Maptitude software which is being utilized by our OEM's Emergency Management Program (EMP). Todd Baremore has advised that the current versions we are using are 1-2018 and 2- 2020 versions of the software and need to be updated to be compatible with Windows 11 and to update the base maps. The maps we are currently using with the software date back to 2017 and 2019. These maps are installed on individual PCs and do not require a internet connection for use. This makes the Maptitude program a stand-alone solution in an emergency.

## **Costs:**

Please see attached email from Caliper Corporation on the associated cost options per license. Todd's recommendation is to continue what we did with the last update to this program. This is to take option 2 which is a one time purchase of \$995 per license (Total: \$2,985). He feels this is most cost effective since our maps don't change that often and we just update program every 3-4 years instead of paying \$695 per license each year. When we set the OEM budget for 2024 we included this update in the OEM budget. On behalf of OEM committee, thank you for your consideration.

**Re: Fw: (Case CC421183) Maptitude mapping software**

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**From** Caliper Corporation <sales@caliper.com>  
**Date** Fri 9/20/2024 2:03 PM  
**To** Todd Baremore <tbaremore@lawenforcementrms.com>  
**Cc** Caroline Meyer <cmeyer@townofpoundridge.com>

Hi Todd,

Thank you for contacting us.

You have two options for getting the latest software and data.

**Option 1:** To upgrade and subscribe to 2024 the cost would be \$695 per license. As this is brand new software and data you would have to do new installs for each license. This would be an annual license that renews each year.

If you choose to subscribe you ensure that you always have the latest version of the software, are covered by support, and often can avoid having to wait on business approval for a new purchase.

- <https://caliper.com/store/product/maptitude-upgrade-and-subscribe/>

Only users of the current version of Maptitude can download free premium data, use the latest add-ins, access technical support, or receive an additional 60-days of learning support.

- <https://caliper.com/store/product-category/specials/>
- <https://caliper.com/maptitude/gisdk/addins.htm>

An advantage to the subscription is that you will receive the latest software and data as soon as it is released and will always be covered by support. This includes any full upgrades released over the 12-month period.

You also do not have to worry about obtaining approval for a new purchase every time an upgrade is released.

And you do not have to worry about upgrading during the discount window in order to avoid having to pay full price again.

**Option 2:** We also offer a "one-time" option which is regularly \$995 per license.

With this option you pay a one-time fee and get the software and data as-is, no updates and no ongoing support. You can continue to use the software after the first year but you have to handle your own installs and no additional updates will be available. This is what you have with your current license.

I hope this helps answer your questions.

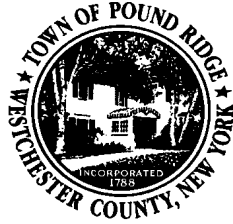
Best,

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Drew Smith

Reviews ★★☆☆☆

# TOWN OF POUND RIDGE



## PARKS AND RECREATION DEPARTMENT

Recreation Supervisor: Andrea Russo

Recreation Leader: Melissa Farella

### Part-Time Recreation Assistant (Senior Program Focus)

#### **Responsibilities:**

1. Manage senior programs:
  - Supervise chair yoga
  - Coordinate senior events (e.g., manage RSVPs, help with mailings, lead luncheons)
  - Serve as primary contact for seniors
  - Develop new senior program offerings with the recreation department
2. Assist with office operations:
  - Support seasonal registrations using the Community Pass platform
  - Help with resident and non-resident registrations
  - Provide coverage in the recreation department office
3. Organize facility usage:
  - Maintain the master calendar
  - Coordinate school programs and outside events
4. Support community events and activities led by recreation department:
  - Community sports programs, movies in the park, concerts, etc.

#### **Additional Information:**

- The Recreation Assistant will report directly to the Recreation Supervisor
- This is a non-competitive Civil Service position
- Refer to the Westchester County job specification for required qualifications [www.westchestergov.com/hr/jobspecs/ljs/local/R/RECREATIONASSISTANT.pdf](http://www.westchestergov.com/hr/jobspecs/ljs/local/R/RECREATIONASSISTANT.pdf)
- The position may require occasional evening and weekend hours
- Candidate must be able to lift at least 50 lbs
- Salary range: \$16-\$30 per hour, based on experience (no benefits)
- Flexible hours based on program needs

For more information, contact the Recreation Supervisor at

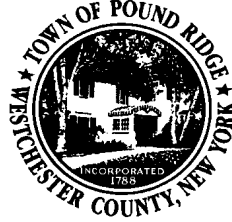
[arusso@townofpoundridge.com](mailto:arusso@townofpoundridge.com)



# Town of Pound Ridge

Tel.: 914-764-5511

Fax: 914-764-0102



To: Town Board

From: Andrea Russo

Date: September 25, 2024

Re: Approval to post part-time Recreation Assistant Position

Respectfully requesting approval to post/recruit for Part-Time Recreation Assistant Position. The Recreation Commission and HR Consultant has approved the attached job description.

Respectfully,

Andrea Russo  
Supervisor of Recreation & Parks

# Town of Pound Ridge

Tel.: 914-764-5511

Fax: 914-764-0102



To: Town Board

From: Andrea Russo

Date: September 26, 2024

Re: Picnic Tables/Garbage & Recycling Bins

I respectfully request the approval to purchase 2 picnic tables. Picnic tables will replace damaged tables in the park, but also add additional eating areas for campers. Two garbage bins and two recycling bins to replace and add to the park area.

The purchase of the new items is within the recreation budget line and under park equipment 001.7140.0201. Items have been discussed with the head of maintenance and approved.

We request to move forward with global industrial company who had the lower bid and we have worked with before. The bid is quoted at \$4,980.00.

Respectfully,

Andrea Russo  
Supervisor of Recreation & Parks



## SALES QUOTE

**QUOTE ISSUED:** 09/25/2024  
**ACCOUNT NO.** 6597345  
**QUOTE NO.** 7563175

## CUSTOMER INFORMATION

**Account Name:** TOWN OF POUND RIDGE  
**Name:** ANDREA RUSSO  
**Address:** 199 WESTCHESTER AVE  
POUND RIDGE, New York 10576  
**Email:** [arusso@townofpoundridge.com](mailto:arusso@townofpoundridge.com)  
**Phone:** (914) 764-3987

Part#	Description	Shipping	Qty	Price	Extended
B264186	Global Industrial; 6' A Frame Rectangular Picnic Table, Recycled Plastic, Cedar Country Of Origin: UNITED STATES	TRUCK	2	\$1,144.00	\$2,288.00
261926BL	Global Industrial; Outdoor Diamond Steel Trash Can With Rain Bonnet Lid, 36 Gallon, Blue Country Of Origin: CHINA	TRUCK	2	\$478.00	\$956.00
261948GND	Global Industrial; Outdoor Diamond Steel Trash Can With Dome Lid & Base, 36 Gallon, Green Country Of Origin:	TRUCK	2	\$434.00	\$868.00

### Notes

NYS CONTRACT # PC70137

<b>ItemTotal:</b>	<b>\$4,112.00</b>
<b>Tax:</b>	<b>\$ .00</b>
<b>Shipping and Handling:</b>	<b>\$868.00</b>
<b>Total:</b>	<b>\$4,980.00</b>

**Thank you for the opportunity to help with your needs. To place your order or further assistance please contact me.**

**Name:** LAURA BORRERO  
**Address:** 11 HARBOR PARK DRIVE  
PORT WASHINGTON, NY 11050  
**Email:** [lborrero@globalindustrial.com](mailto:lborrero@globalindustrial.com)  
**Phone:** (516) 608-7107 x207107  
**Fax:** (516) 608-3541

**Quote#109537**

Sales Rep: Cristy Clinard  
 Email: [cristy.clinard@theparkcatalog.com](mailto:cristy.clinard@theparkcatalog.com)  
 Phone: 800-695-3503 Ext 60309

Quote Date	Quote Expiration Date
Sep 24, 2024	Oct 23, 2024 ( 29 days )

Bill to:	Ship to:
Andrea Russo Town of Pound Ridge 179 Westchester Ave Pound Ridge, New York, 10576 United States T: 914-916-0613 C: 914-764-3947	Andrea Russo Town of Pound Ridge 199 Westchester Ave Pound Ridge, New York, 10576 United States T: 914-916-0613 C: 914-764-3947

Product Name	Item #	QTY	Price	Your Price	Unit Discount	Subtotal
<b>A-Frame Recycled Plastic Picnic Table</b> Top & Seat Color: Cedar Size: 6 Ft. <b>FREE SHIPPING!</b>	<a href="#">289-4007-1-3</a>	2	\$1,209.00	\$1,209.00	\$0.00	\$2,418.00
<b>32-Gal. Expanded Metal Trash Receptacle</b> Color: Green	<a href="#">398-5010-1865637</a>	2	\$471.00	\$391.00	\$80.00	\$782.00
<b>32-Gal. Expanded Metal Trash Receptacle</b> Color: Blue	<a href="#">398-5010-1865638</a>	1	\$471.00	\$391.00	\$80.00	\$391.00
<b>32-Gal. Plastic Dome Top for 398-Series Receptacles</b>	<a href="#">398-1012</a>	3	\$186.00	\$166.00	\$20.00	\$498.00
<b>Plastic Liner for 398-Series Receptacles</b> Liner Option: 32 Gallon	<a href="#">398-1015-96341</a>	3	\$83.00	\$73.00	\$10.00	\$219.00

Quote Notes:

FREIGHT INCLUDES: NOTIFY BEFORE DELIVERY LIMITED ACCESS

Total Discount	-\$330.00
Subtotal	\$4,308.00
Shipping & Handling	\$692.00
Tax	\$418.76
<b>Grand Total</b>	<b>\$5,418.76</b>

This quote comes with our BEST PRICE GUARANTEE! If we are not your lowest delivered quote for equivalent product, we will BEAT it! (Exclusions may apply)

Any questions contact us at [800-695-3503](tel:800-695-3503) or [cristy.clinard@theparkcatalog.com](mailto:cristy.clinard@theparkcatalog.com)

**PAY NOW**  
WITH A CREDIT CARD

Quote Expiration Date: Oct 23, 2024

**IF YOUR QUOTE HAS EXPIRED, PLEASE CONTACT YOUR SALES REP BEFORE SUBMITTING PAYMENT**

## TERMS & CONDITIONS

### SHIPPING:

Deliveries are made during normal business hours, 8am - 5pm Monday - Friday. Unless otherwise noted, shipping charges include standard delivery only. Standard delivery charges are for Tailgate delivery to any commercial location on a commercial truck route; the truck driver will not offload the delivery. It is Customers responsibility to provide adequate personnel and/or equipment to unload the shipment from the truck when it arrives. The truck driver is under no obligation to help you unload. If you require anything other than standard delivery, we have the following additional services available for purchase at time of order placement:

### Additional Delivery Services

- **Residential Delivery:** If the ship to address is not a commercial location, on a commercial truck route or is in a residential area, you must order "Residential Delivery Service" at an additional charge.
- **Limited Access Delivery:** This is common LTL delivery for small businesses, restaurants, schools, churches, concert venues, theaters, or other locations that do not have a loading dock.
- **Liftgate Service:** This service includes the driver utilizing a lift gate on the rear of the truck. The driver is responsible for lowering your shipment to the ground only. Once delivery is at ground level it is your responsibility to move the shipment from the delivery point to its destination
- **Notify Before Delivery:** Notify before delivery indicates that the receiver needs to be called before arrival. The carrier will call 24-48 hours prior to make a delivery appointment. If the receiver cannot be reached, these shipments can result in significant delays or additional redelivery fees.
- **Inside Delivery:** If this service is required, please reach out to one of our Sales Representative as we cannot be responsible for online quotes with this service. This service requires specifics that must be communicated to the carrier prior to getting a shipping quote.
- **Redelivery Fee:** This charge will occur when a delivery is unsuccessful on the first try and the carrier must try to deliver the shipment a second time. Redeliveries occur within the carrier's available timeframe.
- **Construction Site Delivery:** This charge is for any destination that is under construction and requires an LTL truck to navigate a construction site.

**Shipping Service Discrepancies** - If there is a discrepancy in the services requested and the minimum services required to deliver the product, the Customer agrees to pay and The Park Catalog reserves the right to charge the customer for any necessary additional services provided at the time of delivery.

**Shipment Inspection Required** - It is the customer's responsibility to inspect all deliveries for possible damage, correct quantities and to note any discrepancies on the freight bill PRIOR to signing the delivery receipt provided by the driver. All damage claims MUST be recorded on the delivery receipt and reported within 48 hours of delivery. The Park Catalog does NOT GUARANTEE replacements parts or products FREE of charge due to concealed or unreported damages.

### Assembly May Be Required:

Most of our product's ship Knocked down and on commercial pallets to minimize freight damages and reduce freight cost.

### CANCELLATIONS:

No order can be cancelled unless first authorized and confirmed in writing by The Park Catalog Team. Made-to-Order items already in production may not be cancelled. If a cancellation is authorized, charges may apply based on the stage the order is in.

### RETURNS:

We will accept returns of unopened/unused products, up to 30 days from the shipping date, subject to ALL the following terms and conditions:

- **Approval:** Written approval and instructions must be issued by our Customer Service Department before any merchandise can be returned.
- **Shipping Returns:** All merchandise must be returned in its original packaging, freight Prepaid. No Collect shipments are accepted.
- **Re-Stocking & Shipping Fees:** The customer is responsible for a minimum 25% re-stocking fee and all related shipping charges on product returned for reasons other than damage or defect. Original shipping charges will not be refunded.
- **Online Orders:** For online orders, The Park Catalog is not responsible if the customer orders incorrect product or colors. All return and restock fees apply.
- **Personalized** - These items are **NOT** eligible for return unless a defect in manufacturing is presented to us with pictures prior to return.
- **Refunds:** refunds will be issued on returned merchandise **AFTER** shipment is received and inspected at our warehouse and the goods are deemed to be resaleable and free of damages.

### Payment options:

**Credit Card:** To maintain a safe environment for credit card transactions, we utilize a credit card processing company that partners with companies who transmit or process card information in a secure environment which complies with the Payment Card Industry Data Security Standard (PCI DSS). In compliance with the payment card industry data security standards, The Park Catalog cannot accept credit card payment information via Email/Fax/US Mail/Telephone/Voice Mail. A secure payment link will be sent via email to allow your transaction to be completed.

**Check:** Payable to Highland Products Group or The Park Catalog, 931 Village Blvd Ste 905-354, West Palm Beach, FL 33409

**ACH:** You will find ACH/Wire information on the pages following your proposal

**Purchase Order:** We accept purchase orders from Government/Municipal entities, Public Schools, non-private Colleges, and Universities to name a few. All other customer types must speak with a sales representative for qualifications to utilize a purchase order.

### Force Majeure:

No Party to this Agreement shall be responsible for any delays or failure to perform any obligation under this agreement due to acts of God, outbreaks, epidemic/pandemic or the spreading of disease or contagion strikes or other disturbances, including, without limitation, war, insurrection, embargoes, governmental restrictions, acts of governments or governmental authorities, and any other cause beyond the control of such party. During an event of force majeure, the Parties' duty to perform obligations shall be suspended.

To accept this proposal:

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_



To Whom It May Concern:

This is in response to your request for a W-9 from a single member LLC, disregarded for income tax purposes. All receipts and federal taxes for this entity are reported on a consolidated tax return under Playcore Group, Inc & Subsidiaries, federal identification number (FEIN) 82-2297804, and as such, we will not require a 1099 issued since we are a U. S. corporation.

Please find the following enclosed documents:

- A W-9 for Playcore Group, Inc & Subsidiaries with FEIN 82-2297804. Lines 5, 6, and 7 all list the business address, name, and FEIN of the disregarded LLC entity.

**Aside from making a 1099 determination for federal income tax, the LLC's name and address should be used for *all other business purposes* including, but not limited to: invoicing, licensing, signing / executing contracts, creating customer / vendor accounts, etc.**

Should you have any questions regarding the attached, please do not hesitate to reach out to our department at [tax@playcore.com](mailto:tax@playcore.com).

Sincerely,

Scott Hooker  
Senior Tax Accountant  
[shooker@playcore.com](mailto:shooker@playcore.com)

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the  
requester. Do not  
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Playcore Group, Inc &amp; Subsidiaries</b>		
	2 Business name/disregarded entity name, if different from above. <b>Highland Products Group, LLC dba The Park Catalog</b>		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <b>5</b> Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) <b>N/A</b> <i>(Applies to accounts maintained outside the United States.)</i>	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		
	5 Address (number, street, and apt. or suite no.). See instructions. <b>931 Village Blvd, Suite 905-354</b>	Requester's name and address (optional)	
	6 City, state, and ZIP code <b>West Palm Beach, FL 33409</b>		
	7 List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	
8	2
-	2
2	9
7	8
0	4

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person 	Date <b>6/4/2024</b>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



November 27, 2023

To Whom It May Concern:

This letter is to confirm that **Playcore Wisconsin Inc DBA Highland** maintains a Demand Deposit Account with Fifth Third Bank.

Account Name: **Highland**

Account Type: Commercial Analyzed DDA

Account Number: 7361880227

Routing Number for ACH: 064103833

Routing Number for Wire Transfers: 042000314

Swift Code for International Wires: FTBCUS3CXXX

Sincerely,

A handwritten signature in black ink that reads 'Amanda Robertson'.

Amanda Robertson

Client Advisor

Fifth Third Bank

424 Church St Suite 600

Nashville, TN 37219

615-687-3162



**Quote #**  
**WQ 369624**

Here is the Quote as per your request. The 'Shipping' total has been applied.  
To place an order, simply click 'Submit Order Confirmation' below.  
Please print this page for your records.  
Customer Order Confirmation is **required** to process order.



627 Amersale Drive  
Naperville, IL. 60563  
sales@belson.com

Toll Free: 1-800-323-5664  
Phone: 1-630-897-8489  
Fax: 1-630-897-0573

**QUOTE #**  
**WQ 369624**

**Expires 10/25/2024**

Model #	Description	Lbs	Quantity	Unit Price	Unit Total
PB6APIC6	Traditional 6' A Frame Picnic Table, Recycled Plastic Resinwood With Black Frame CED (Cedar Top/Seats) **Free Shipping**	260	2	\$1,209.00	\$2,418.00
EX-32	32 Gallon Trash Receptacle Only, Diamond Blue	70	2	\$445.00	\$890.00
RT-32	32 Gallon Round Dome Top Lid	12	4	\$176.00	\$704.00
EX-32	32 Gallon Trash Receptacle Only, Diamond Green	70	2	\$445.00	\$890.00

<b>Subtotal</b>	<b>848</b>	<b>Subtotal</b>	<b>\$4,902.00</b>
		<input type="checkbox"/> 0.0000% Tax	\$0.00
		Freight - S&H	\$734.55
		<b>Grand Total</b>	<b>\$5,636.55</b>

Customer Order Confirmation is required to process order.

Your Order will not be shipped without your "Order Confirmation"

Bill To:

Ship To:

First/Last Name	Andrea Russo	Ship To	Town Of Pound Ridge
Company	Town Of Pound Ridge	Ship To	Town Of Pound Ridge
Address 1	179 W Chester Ave	Address 1	199 W Chester Ave
Address 2		Address 2	
City	Pound Ridge	City	Pound Ridge
State	NY	State	NY
Zip Code	17576	Zip Code	17576
Country	USA	Country	USA
Phone	914-764-3987	Phone	914-764-3987
Fax		Contact	Andrea
Email	arusso@townofpoundridge.com	Email	arusso@townofpoundridge.com

**Additional Delivery Services**

Phone Call 24 Hours Prior to Delivery◊

Delivery to Residential or Non-Commercial Truck Route Addresses

Power Liftgate Service◊ - Driver will lower shipment from the truck to the ground (Only)

**Order Power Liftgate Service if — You will be unable to unload the shipment from the truck.**

**MEMORANDUM**

**To:** Town Board  
**From:** Erin Trostle  
**Date:** September 24, 2024  
**Re:** Voting rules for special election

---

Attached for your consideration are proposed voting rules for the October 24, 2024 special election regarding formation of the Scotts Corners Water District. The town attorney and district counsel have reviewed and approved the content.

# Town of Pound Ridge



## OCTOBER 24, 2024 SPECIAL ELECTION

### PROPOSED FORMATION OF THE SCOTTS CORNERS WATER DISTRICT PURSUANT TO ARTICLE 12-A OF THE NEW YORK STATE TOWN LAW

#### VOTING RULES

1. The special election for the proposed formation of the Scotts Corners Water District in the Town of Pound Ridge shall occur on October 24, 2024 from 8:00 am to 8:00 pm at the Town House, 179 Westchester Avenue, Pound Ridge, New York, 10576.
2. All owners of taxable real property located within the proposed water district are entitled to vote in this election.
3. Every joint tenant, tenant in common, or other person with a direct ownership of taxable real property located within the proposed water district may vote. In other words, each person who owns the fee to real property as a joint tenant, tenant in common, or tenant by the entirety has an ownership in the property that entitles said person to vote. For example, where a married couple owns a property jointly, both persons are entitled to one (1) vote each.
4. A corporation (including a not-for-profit corporation), limited liability company, or partnership owning taxable real property that is titled in the name of the corporation, limited liability company, or partnership and that is located within the proposed water district is entitled to one (1) vote. The person voting on behalf of the entity must present a copy of a resolution authorizing said person to vote on behalf of the entity. A copy of said resolution will be retained by the election inspectors.
5. A trust owning taxable real property that is titled in the name of the trust and that is located within the proposed water district is entitled to one (1) vote. The person voting on behalf of the entity must present a copy of the trust agreement naming said person as trustee or documentation authorizing the person to vote on behalf of the trust. A copy of any agreement or documentation presented will be retained by the election inspectors.
6. Where the owner listed on the deed has passed away or where a property is listed as being owned by an estate, an estate representative may vote. The representative of the estate must present written proof of representative capacity. A copy of said written proof will be retained by the election inspectors.
7. Each landowner is entitled to one (1) vote only, regardless of the number of properties owned by said landowner.
8. All persons voting must present government-issued photo identification.
9. At the close of the election, the votes shall be tallied on the day of the election.

**Town Clerk's Office**

**MEMORANDUM**

**To:** Town Board  
**From:** Erin Trostle  
**Cc:** Lisa Miller; Vinnie Duffield  
**Date:** September 26, 2024  
**Re:** Special event permit application for Trivia Night

---

Please consider the attached special event permit applications:

1. Pound Ridge Business Association Halloween Walk (4:00pm – 5:30pm, October 31)
2. Pound Ridge Fire Department Halloween Movie Night (6:00pm – 8:30pm, October 31)



## SPECIAL EVENT PERMIT APPLICATION

### APPLICANT INFORMATION

The **applicant** is the individual, group, or entity organizing the event. Examples of applicant **type** include nonprofit organization, town board or commission, school club, etc.

Applicant Name:	Pound Ridge Business Association
Applicant Type:	nonprofit association
Address:	PO Box 268, Pound Ridge, NY 10576
Mailing Address:	PO Box 268, Pound Ridge, NY 10576
Phone Number:	914-282-9582
Email Address:	lisamariemiller1962@gmail.com

### EVENT INFORMATION

In addition to indicating event **type** (eg, street fair, festival, road race, parade, concert, etc.), please provide a detailed event description. Examples of event **purpose** include fundraising, promoting awareness, providing education, building community spirit, promoting local businesses, etc. ***If the event is a fundraiser, the purpose should include information about how the resulting funds will be used.*** Identify all locations where event activity will take place, including parking.

Event Name:	Halloween Walk
Event Type:	trick-or-treating
Description:	children and parents visit storefronts along Westchester Avenue
Purpose:	provide family-friendly Halloween activity in the business district

Event Date:	October 31, 2024	Alternate Date:	none
Event Start Time:	4:00 pm	Event End Time:	5:30 pm
Setup Start Time:	3:00 pm	Setup End Time:	4:00 pm
Takedown Start:	5:30 pm	Takedown End:	6:00 pm

Location(s):	sidewalks along Westchester Avenue		
On private property?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Parking location(s):	existing parking		
On private property?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Road closure(s) requested:	no
Closure times requested:	n/a

Admission fee?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Parking fee?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<b>VENDORS/LICENSES</b>
-------------------------

Will the event include food and/or beverage vendors?		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Number, if any:
Will any food or beverages be served without charge in conjunction with the event?		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Will the event include non-food vendors?		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Number, if any:
Will the event include alcoholic beverage vendors?		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Number, if any:
Will any alcohol be served without charge in conjunction with the event?		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Will the event include gambling of any kind?		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Please note that it is the applicant's responsibility to ensure that any vendors have all required licenses and/or permits.

## CONTACTS

Primary Contact Name:	Lisa Miller		
Cell Phone Number:	914-282-9582	Email Address:	lisamariemiller1962@gmail.com
Event Day Contact Name:	Lisa Miller		
Cell Phone Number:	914-282-9582	Email Address:	lisamariemiller1962@gmail.com
Weather Contact Name:	Lisa Miller		
Cell Phone Number:	914-282-9582	Email Address:	lisamariemiller1962@gmail.com

Note that the weather contact person must be on site throughout the event, and also that it is the responsibility of the organizer to communicate postponements and cancellations to the public.

Please indicate how decisions regarding postponement or cancellation will be made, and how you will respond if sudden severe weather develops while the event is in progress:

## LOGISTICS

### CROWD MANAGEMENT

Anticipated attendance:	200-300	
Describe crowd control plan:	will coordinate with PRPD	
Describe perimeter control plan:	n/a	
Emergency services present?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Will event be ADA compliant?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

### VOLUNTEERS

Indicate number of volunteers:	participating merchants with storefronts
Describe role(s) of volunteers:	distributing Halloween candy

<b>SANITATION/GARBAGE</b>		
Portable toilets provided:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If so, how many?		
Garbage/recycling bins provided?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Describe garbage/recycling plan:		

<b>NEIGHBORHOOD IMPACT/NOTIFICATION</b>		
Will there be noise impacts?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Will there be amplified music?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Will there be light impacts?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have neighbors been notified?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<b>STRUCTURES/SAFETY</b>		
Tents or canopies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please describe:		
Stage or other structures?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please describe:		
Fireworks or open flame?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please describe:		

<b>UTILITIES</b>		
Water access needed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please describe:		
Electricity needed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please describe:		
WiFi access needed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please indicate # of users:		



<b>PROMOTION</b>		
Banner permission requested?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please indicate location and dates:		
Other signage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe:	PRBA may distribute posters or flyers	

<b>TOWN RESOURCES</b>		
Town bus needed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please indicate time:		
Barricades or cones needed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:	if PRPD believes they are needed for pedestrian safety	
Other town-owned property needed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please specify:		

<b>OUTSIDE RESOURCES</b>		
Outside bus transportation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please describe:		
Outside parking assistance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please describe:		
Other outside resources?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please describe:		

**SUPPORTING DOCUMENTS**

<b>MAPS/PLANS</b>		
<u>Event Site Plan</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p>The <u>Event Site Plan</u> should include locations of the following if applicable: stages/tents, power/water sources, portable toilets, accessible toilets, medical aid locations, admission sales area, alcohol sales/services, pedestrian pathways, entrances/exits, vendors/riders.</p> <p style="text-align: center;">*PLEASE ATTACH*</p>		

<u>Parking/Traffic Plan</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p>The <u>Parking/Traffic Plan</u> should include locations of the following if applicable: road closures, traffic patterns, bus routes/stops, parking payment area, attendee parking, accessible parking, vendor parking, volunteer parking.</p> <p style="text-align: center;">* PLEASE ATTACH*</p>		

<b>LEGAL DOCUMENTS</b>		
Insurance Certificate(s)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Indemnity Agreement(s)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Permits/Licenses (other than for vendors)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Please note that it is the applicant's responsibility to obtain insurance naming the town as an additional insured.

**DEPOSIT/FEES**

Damage Deposit Paid (Indicate Amount):		
Waiver Requested:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Application Fee Paid (Indicate Amount):		
Waiver Requested:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**ENDORSEMENT**

I certify that I have reviewed all application materials, and that the information contained therein is, to the best of my knowledge, accurate and truthful.

I understand that Town Board approval of my application does not constitute a permit; that if the application is approved, I must meet any and all conditions specified by the Town Board for a permit to be issued, and to remain valid. Furthermore, that under no circumstances may the event take place unless and until a permit has been issued.

**X**

Lisa Miller, PRBA President

(Printed Name)

09.10.2024

(Date)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/3/2024

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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> TERRY MCNAMARA	
AVALON SCHAFFER AGENCY INC		<b>PHONE (A/C, No, Ext):</b> (914) 234-5678	<b>FAX (A/C, No):</b> 914-509-1400
70 Westchester Ave		<b>E-MAIL ADDRESS:</b> terry@avalonagency.com	
Pound Ridge NY 10576		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> PHILADELPHIA IND INS CO	<b>NAIC #</b> 18058
<b>INSURED</b>		<b>INSURER B:</b>	
Pound Ridge Business Association		<b>INSURER C:</b>	
PO BOX 268		<b>INSURER D:</b>	
POUND RIDGE NY 10576-0241		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**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	ADDSUBR INSD 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	Y	PHPK2555698	06/21/2024	06/21/2025	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) \$ 100,000 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
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<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	N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> 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)

Town of Pound Ridge would be covered as an additional insured per endorsement PI-SE-001 NY (7/20) to the extent provided therein. (copy attached)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
TOWN OF POUND RIDGE 179 WESTCHESTER AVE POUND RIDGE NY 10576	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> <i>Terence McNamara</i>

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**SPECIAL EVENTS ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

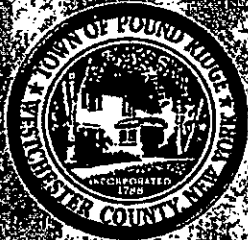
**A.** This insurance applies to "bodily injury", "property damage", and "personal and advertising injury" arising out of all of your special events with the following exceptions unless scheduled in paragraph **C. SCHEDULE OF SPECIAL EVENTS** below:

- Parades sponsored by the Insured
- Shooting activities
- Fireworks used for entertainment displays
- Carnivals and fairs with mechanical rides sponsored by the Insured
- Rock, Heavy Metal, Techno, Hip-Hop or Rap concerts
- Events including contact sports
- Rodeos sponsored by the Insured
- Political Rallies
- Any event with greater than 2,500 people at any one time (including otherwise acceptable events)
- Any event with liquor provided by the Insured if a license is required for such activity.

**B. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) related to your special events, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf.

**C. SCHEDULE OF SPECIAL EVENTS:**

Event(s)	Date(s)



## SPECIAL EVENT PERMIT APPLICATION

### APPLICANT INFORMATION

The applicant is the individual, group, or entity organizing the event. Examples of applicant type include nonprofit organization, town board or commission, school club, etc.

Applicant Name:	Pound Ridge Fire Dept.
Applicant Type:	Volunteer
Address:	85 Westchester Ave
Mailing Address:	Po Box 129, Pound Ridge, NY 10576
Phone Number:	914-755-4514
Email Address:	PRFDHD AT AOL.COM

### EVENT INFORMATION

In addition to indicating event type (eg, street fair, festival, road race, parade, concert, etc.), please provide a detailed event description. Examples of event purpose include fundraising, promoting awareness, providing education, building community spirit, promoting local businesses, etc. *If the event is a fundraiser, the purpose should include information about how the resulting funds will be used.* Identify all locations where event activity will take place, including parking.

Event Name:	Halloween movie night
Event Type:	Drive in type movie
Description:	
Purpose:	for the good of the community

Event Date:	10/31/24	Alternate Date:	
Event Start Time:	6:00 pm	Event End Time:	8:30 pm
Setup Start Time:	4: pm	Setup End Time:	5:30 pm
Takedown Start:	8:45 pm	Takedown End:	10:00 pm

Location(s):	Town Park		
On private property?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Parking location(s):	Town Park		
On private property?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Road closure(s) requested:	NO
Closure times requested:	

Admission fee?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Parking fee?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<b>VENDORS/LICENSES</b>
-------------------------

Will the event include food and/or beverage vendors?		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Number, if any: 2-4
Will any food or beverages be served without charge in conjunction with the event?		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Will the event include non-food vendors?		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Number, if any:
Will the event include alcoholic beverage vendors?		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Number, if any:
Will any alcohol be served without charge in conjunction with the event?		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Will the event include gambling of any kind?		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Please note that it is the applicant's responsibility to ensure that any vendors have all required licenses and/or permits.

## CONTACTS

Primary Contact Name:	Vinnie Duffield		
Cell Phone Number:	914-755-4514	Email Address:	PRFDHD AT AOL.COM
Event Day Contact Name:	same		
Cell Phone Number:	same	Email Address:	
Weather Contact Name:	same		
Cell Phone Number:	same	Email Address:	

Note that the weather contact person must be on site throughout the event, and also that it is the responsibility of the organizer to communicate postponements and cancellations to the public.

Please indicate how decisions regarding postponement or cancellation will be made, and how you will respond if sudden severe weather develops while the event is in progress:

## LOGISTICS

CROWD MANAGEMENT		
Anticipated attendance:	50-100	
Describe crowd control plan:		
Describe perimeter control plan:		
Emergency services present?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Will event be ADA compliant?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

VOLUNTEERS	
Indicate number of volunteers:	25-30
Describe role(s) of volunteers:	help run this night's event



SANITATION/GARBAGE		
Portable toilets provided:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If so, how many?		
Garbage/recycling bins provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Describe garbage/recycling plan:	Dumpster brought in & removed	

NEIGHBORHOOD IMPACT/NOTIFICATION		
Will there be noise impacts?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Will there be amplified music?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Will there be light impacts?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have neighbors been notified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STRUCTURES/SAFETY		
Tents or canopies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please describe:		
Stage or other structures?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please describe:		
Fireworks or open flame?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please describe:		

UTILITIES		
Water access needed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe:	1 Garden Hose	
Electricity needed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe:		
WiFi access needed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please indicate # of users:	50-100	

PROMOTION		
Banner permission requested?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please indicate location and dates:		
Other signage?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please describe:		

TOWN RESOURCES - Need 2 Park employees		
Town bus needed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please indicate time:		
Barricades or cones needed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please specify:		
Other town-owned property needed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:	movie projector + screen	

OUTSIDE RESOURCES		
Outside bus transportation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please describe:		
Outside parking assistance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please describe:		
Other outside resources?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please describe:		

**SUPPORTING DOCUMENTS**

**MAPS/PLANS**

Event Site Plan

Yes

No

The Event Site Plan should include locations of the following if applicable: stages/tents, power/water sources, portable toilets, accessible toilets, medical aid locations, admission sales area, alcohol sales/services, pedestrian pathways, entrances/exits, vendors/riders.

\*PLEASE ATTACH\*

Parking/Traffic Plan

Yes

No

The Parking/Traffic Plan should include locations of the following if applicable: road closures, traffic patterns, bus routes/stops, parking payment area, attendee parking, accessible parking, vendor parking, volunteer parking.

\* PLEASE ATTACH\*

**LEGAL DOCUMENTS**

Insurance Certificate(s)

Yes

No

Indemnity Agreement(s)

Yes

No

Permits/Licenses (other than for vendors)

Yes

No

Please note that it is the applicant's responsibility to obtain insurance naming the town as an additional insured.

**DEPOSIT/FEEES**

Damage Deposit Paid (Indicate Amount):

Waiver Requested:

Yes

No

Application Fee Paid (Indicate Amount):

Waiver Requested:

Yes

No

ENDORSEMENT

I certify that I have reviewed all application materials, and that the information contained therein is, to the best of my knowledge, accurate and truthful.

I understand that Town Board approval of my application does not constitute a permit; that if the application is approved, I must meet any and all conditions specified by the Town Board for a permit to be issued, and to remain valid. Furthermore, that under no circumstances may the event take place unless and until a permit has been issued.

X V. Bell

Vinnie Duffield

(Printed Name)

9/9/24

(Date)

Score Board

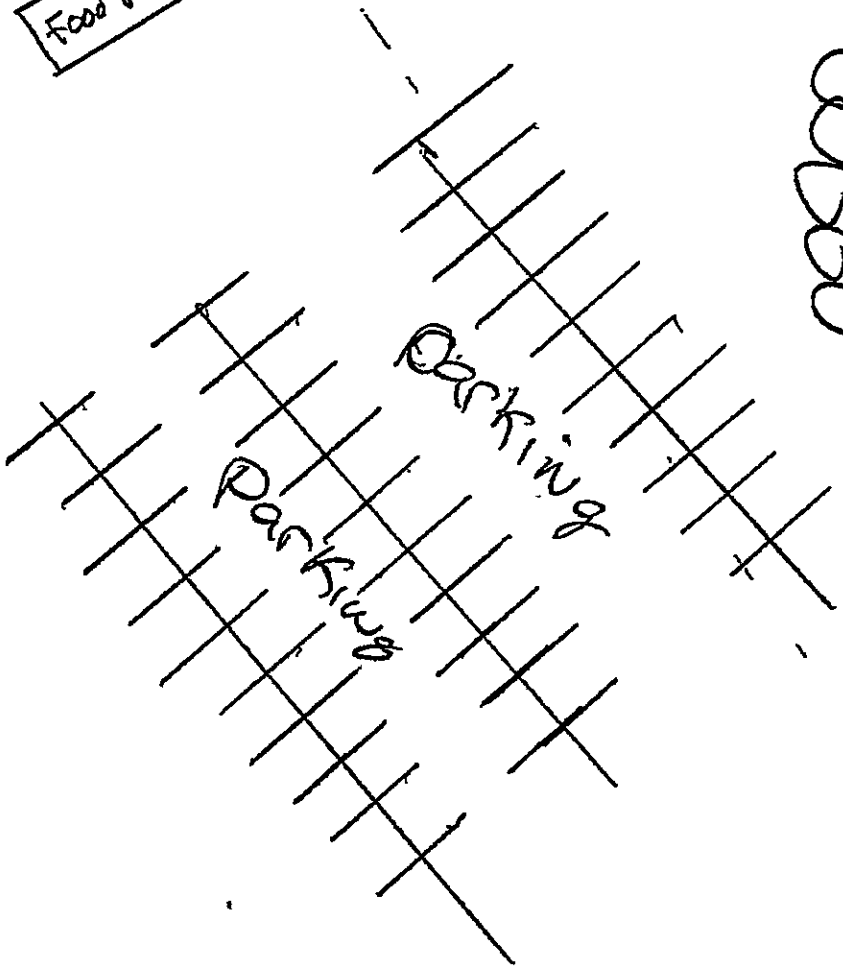
camp shed

Food Vendor

Food Vendor

Ball Field

Post Stand



Ball Field

Fence

Gate

Driveway

## Town Clerk's Office

### MEMORANDUM

**To:** Town Board  
**From:** Erin Trostle  
**Cc:** Steve Conti; Annie Burnham  
**Date:** September 26, 2024  
**Re:** Budget transfer requests

---

I am respectfully requesting two budget transfers from contingency:

**1) \$3,000 to line 1410.0401 (legal ads)**

*The amount originally budgeted for this line was \$2,400. Due to the demise of the Record-Review and increased rates for advertising in the Journal-News, the cost of legal ads has increased significantly. An additional \$5,000 was added to this line at the beginning of May, but that only lasted through September (five months). I am asking that you allocate an additional \$3,000 to cover the fourth quarter of 2024.*

**2) \$10,000 to line 1410.0103 (hourly wages)**

*This line has been used to pay records clerks who are completing a partially grant-funded project to digitize large-format building department records. The amount initially budgeted for this line was \$31,000.*

*However, the estimates used to arrive at that number didn't account for the backlog of open files in the Building Department (approximately 30 to 40 linear feet) or the ongoing intake of undigitized plans during the three years since submission of the grant application. Also, after quality checking uncovered several significant errors this spring, it was necessary to retrieve and recheck ten boxes of scanned documents, which further slowed progress on the project.*

*A transfer of \$10,000 should be enough to fund continued scanning through year-end.*

Dear Kevin, Steve, and Board Members of the Town of Pound Ridge,

I am writing to formally resign from my position as Accountant for the Town of Pound Ridge, effective Friday October 11<sup>th</sup>, 2024.

I am grateful for the opportunities I have had during my time here and for the support of my coworkers at the Town House. This experience has undoubtedly contributed to my professional path.

I will do my best to ensure a smooth transition, and have assured Steve that I will do what I can to continue to catch the Town up on the remaining audits.

Thank you once again for everything. I look forward to staying in touch.

Sincerely,

*Annie Burnham*

**From:** [john.cosetti.com](mailto:john.cosetti.com)  
**To:** [Nicole Engel](#)  
**Cc:** [Melinda Avellino](#)  
**Subject:** Tree City Sign in Scotts Corners  
**Date:** Saturday, September 21, 2024 6:49:08 PM  
**Attachments:** [image.png](#)  
[image.png](#)  
[image.png](#)

---

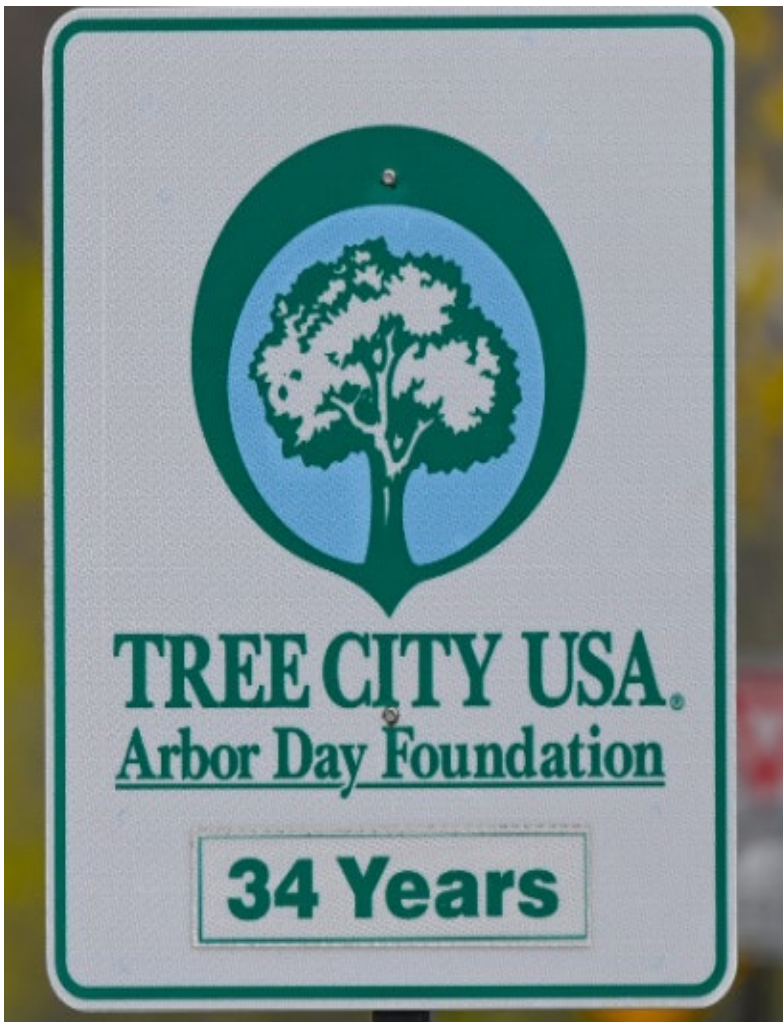
**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Pound Ridge Town Board,

The Conservation Board would like to propose to the town board a new sign for the Tree City Program to be located in town (see the proposed location in the photo below and a picture of the actual sign). The sign would utilize an existing pole and be located right below the "Firehouse Ahead" sign next to the white Pound Ridge sign.







The Tree City USA program provides communities with a framework to maintain and grow their tree cover. We have applied for and received the Tree City designation for the past 9 years. Also, we spoke to Vinnie and he agreed he could help to install the sign assuming the Board approves.

Lastly for reference, many neighboring towns are also apart of this program (see the photo) of the Tree City sign in Mount Kisco across from Caremount Medical Center. Thanks for your help.



---

John Cosetti  
Conservation Board  
201-965-6065  
[john@cosetti.com](mailto:john@cosetti.com)

# CLAIM



**TOWN OF POUND RIDGE**  
**POUND RIDGE NY 10576**

**PURCHASE ORDER NO.:**  
**DATE: 9/24/2024**

**CLAIMANT'S  
 NAME  
 AND  
 ADDRESS**

Dave Coulson  
 63 Lyndel Road  
 Pound Ridge, NY 10576

**VENDOR #:** 999999

APPROPRIATION	AMOUNT	VOUCHER #
T-31-3102	\$2,000.00	
<b>TOTAL</b>	<b>\$2,000.00</b>	

DATES	DESCRIPTION OF MATERIALS OR SERVICES	QUANTITY	UNIT PRICE	AMOUNT
9/24/2024	Release of Bond #2024-75	1	\$2,000.00	\$2,000.00
	\$1,000 held by the Town for the WCC			\$0.00
	for property located at 63 Lyndel Road			\$0.00
				\$0.00
				\$0.00
	Conditions of wetlands permit have been completed and			\$0.00
	the inspection of the project was satisfactory.			\$0.00
				\$0.00
	Payable to Dave Coulson,			\$0.00
	63 Lyndel Road, Pound Ridge, NY 10576			\$0.00
			<b>TOTAL</b>	<b>\$2,000.00</b>

### CLAIMANT'S CERTIFICATION

I, \_\_\_\_\_, certify that the above account in the amount of \$2,000.00 is true and correct; that the items, services, and disbursements charged were rendered to or for the town on the dates stated; that no part has been paid or satisfied; that taxes, from which the municipality is exempt, are not included; and that the amount claimed is actually due.

\_\_\_\_\_  
 date *per email & letter* signature \_\_\_\_\_ title

### SPACE BELOW FOR TOWN USE

#### DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the town on the dates stated and the charges are correct.

9/24/24  
 date *Christina B. Di...* authorized official  
*WCC Admin*

#### APPROVAL FOR PAYMENT

This claim is approved and ordered paid from the appropriations indicated above.

\_\_\_\_\_

\_\_\_\_\_

ADI East, Inc.  
2 West Road  
South Salem, NY 10590

O (914)763-3711  
F (914)763-8359



9/5/2024

Re: 63 Lyndel Road - Building Permit #24-0131

To whom it may concern:

This letter is being written to confirm that building permit #24-0131 for the new dock at 63 Lyndel Road in Pound Ridge NY has been completed and closed out and a certificate of occupancy was issued on 8/28/24. All work has been completed according to the approved site plan.

Should you have any questions or concerns, please contact me at 914-763-3711.

Thank you

A handwritten signature in black ink, appearing to read "Christopher Wilson", written over the printed name.

Christopher Wilson

*9/24/24  
Bond #  
2024-75  
\$2,000  
OK per Jim Long*



**ADI EAST**

ADI East, Inc. - MCO.0902853

2 West Road

South Salem, NY 10590

914-763-3711

## Christeen Dur

---

**From:** Christeen Dur  
**Sent:** Monday, September 23, 2024 4:19 PM  
**To:** Christeen Dur  
**Subject:** FW: 63 Lyndel Rd Dock Completion

-----Original Message-----

From: David Coulson <david\_coulson@me.com>  
Sent: Monday, September 23, 2024 4:16 PM  
To: Christeen Dur <cdur@townofpoundridge.com>  
Subject: Re: 63 Lyndel Rd Dock Completion

Thanks so much.

The check should be payable to David Coulson, and sent to:

63 Lyndel Rd  
Pound Ridge, NY  
10576

Thank you again for your help,  
-dave

Sent from my iPhone

> On Sep 23, 2024, at 4:08 PM, Christeen Dur <cdur@townofpoundridge.com> wrote:

>

> Hi Dave

>

> It will be on the town board agenda October 1 for approval. And then you can expect a check from the finance department. Please confirm who the check should be payable to and to what address. Thanks. Christeen

>

>

>

>

> Sent from my iPhone

>

>> On Sep 5, 2024, at 3:11 PM, david\_coulson@me.com wrote:

>>

>> Thanks Ms. Dür. Please find attached a letter from ADI East.

>>

>> Very best,

>> -Dave

>>

>> <Dock Compliance Letter.pdf>

>>  
>>>> On Sep 5, 2024, at 9:56 AM, Christeen Dur <cdur@townofpoundridge.com> wrote:  
>>>  
>>> Hi David  
>>>  
>>> I am sorry I can not use the CofC. I need a letter on letterhead from a design professional stating the project was completed according to the approved site plan.  
>>>  
>>> Thanks. Christeen  
>>>  
>>> -----Original Message-----  
>>> From: david\_coulson@me.com <david\_coulson@me.com>  
>>> Sent: Wednesday, August 28, 2024 1:15 PM  
>>> To: Christeen Dur <cdur@townofpoundridge.com>  
>>> Subject: 63 Lyndel Rd Dock Completion  
>>>  
>>> CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.  
>>>  
>>>  
>>> Dear Ms Dür. Please find attached our Certificate of Compliance demonstrating the completion of the installation of a dock on Gilmore Pond at 63 Lyndel Road. All requirements set forth by the WWC Board have been met.  
>>>  
>>> We respectfully ask for the redemption of our WCC bond. The check can be made out to David Coulson and sent to:  
>>> 63 Lyndel Rd Property Management, LLC  
>>> 63 Lyndel Road  
>>> Pound Ridge, NY  
>>> 10576  
>>>  
>>> Very best,  
>>> -Dave  
>>>  
>>

**From:** [Nicole Engel](#)  
**To:** [Nicole Engel](#)  
**Subject:** Hopes Door  
**Date:** Friday, September 27, 2024 10:17:50 AM

---

**From:** Shepherd, Caroline <CShepherd@HoulihanLawrence.com>  
**Sent:** Friday, September 27, 2024 10:14 AM  
**To:** Nicole Engel <chiefofstaff@townofpoundridge.com>  
**Cc:** Laurie Sturz <gigisturz@gmail.com>  
**Subject:** Hopes Door

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning:

As requested here is the image of our sign high we will place by the library in the triangle, the triangle at Westchester Ave, by town house and along the way through town ending by The Market.

Upon your approval we will place the signs on October 2nd and remove them on the last day of October, no later than November 1st.

Thanks so very much!

Best,

Caroline

Logo

### **Caroline Shepherd**

Associate Real Estate Broker | Houlihan Lawrence  
Accredited Staging Professional from AHS&D

M. 914.393.2795 | [cshepherd@houlihanlawrence.com](mailto:cshepherd@houlihanlawrence.com)  
[Visit My Website](#)

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**OCTOBER  
DOMESTIC  
VIOLENCE  
AWARENESS  
MONTH**



**1-888-438-8700  
HOPESDOORNY.ORG**