



**Use Request and Guidelines
for the local non-profit Organization Awareness Area
available at the Copake Hillsdale Farm Market**

Again, this year, the Town will have a “community forum” area available each Saturday at the market starting in July. The area, next to the silo, can be used by a local area non-profit organization to build community awareness and distribute information about their organization and goals. The area is not to be used for fundraising or sales of any products. One group per Saturday will be allowed. This area will not be available in May and June due to COVID restrictions. Organizations must apply to Town Hall for use of the area by completing and submitting this Use Request form, proof of your non-profit status, the required insurance certificate and a signed Hold Harmless Agreement.

Approved organization will be assigned a Saturday and will agree to follow the rules for setup, breakdown and parking; Setup - Booths fully set up no later than 9:00AM. Breakdown - No earlier than 1PM. No parking, standing, or idling their vehicle near any barn entrance after 9:00AM. During the market you should be parking in the back lot.

Insurance, all organization are required to provide proof of insurance coverage. We request a Certificate of Liability with the certificate naming the people as The State of New York, Taconic Region, 9 Old Post Rd. Staatsburg, NY 12580 and the Town of Hillsdale, New York as additional insured. Roeliff Jansen Hold Harmless Agreement must be agreed upon and signed. Organization will need to provide this approved Use Request Form to Farm Market manager before setting up.

The permittee(s) shall obtain general liability insurance at its own cost and expense. Said insurance policy shall name the State of New York. PARKS, and their officers, employees and agents for claims of damage to persons or property that arise out of the PERMITTEE'S use of the PREMISES. Such policy shall have a liability limit of at least \$1,000,000 each occurrence and at least \$2,000,000 general aggregate.

Please print information

APPLYING ORGANIZATION _____

CONTACT PERSON _____

CONTACT PERSON PHONE # _____

Brief description of the organization plan to build community awareness and distribute information about their organization and goals

Signature _____

Date _____

For the Town of Hillsdale

Signature of the approver _____ Date
approved _____

The Saturday this is approved for _____

2609 State Route 23 Hillsdale, NY 12529 * Phone: (518) 325-5073

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