



**CITY OF MOUNT VERNON**  
**POLICE DEPARTMENT**  
***SUPPORT SERVICES DIVISION***  
(914) 665-2500 FAX (914) 665-2559



*Captain Michael Goldman*  
*Commanding Officer*

*Executive Officer*

Date: July 3, 2025

To: Office of the Police Commissioner

From: Commanding Officer, Support Services Division

**Subject: Bookbag Giveaway 2025**

Mr. Henry Allen has applied for a special event bookbag giveaway to be held at the Doles Center and the 4<sup>th</sup> Street Park Basketball courts on Saturday August 2, 2025. The applicant has advised that the event time is 1100 hours to 1600 hours, and the setup time will begin at 0800 hours. The applicant further stated that cleanup/ breakdown will be conducted between 1600 hours and 1800 hours. The applicant expects approximately 500+ people in attendance. The applicant is also requesting to have S. 7<sup>th</sup> Avenue between 3<sup>rd</sup> St. and 4<sup>th</sup> St. closed to vehicular traffic.

- **DPW to provide barricades for the street closure on 7th. Ave. at 3<sup>rd</sup> St.**

The Department of Public Safety has a concern about the potential for large crowds that may result in disturbances. Therefore, it is recommended that Patrol hire two (2) police officers to be assigned to this detail for presence, traffic control, and to ensure public safety.

It is requested that the Auxiliary Police be assigned to this event. It is also recommended that the patrol supervisor and sector car monitor the event. If additional manpower is needed, the patrol supervisor should be authorized to hire the necessary number of officers, on an overtime basis.

Captain Michael Goldman  
Commanding Officer  
Support Services Division

**CC: Patrol Division**  
**Parking Bureau**

  
7/3/25

Shawyn Patterson-Howard  
Mayor



Kathleen Walker Pinkney  
Commissioner  
Andre G. Early  
Deputy Commissioner

Department of Recreation  
EVENT FACILITIES REQUEST FORM  
Please PRINT CLEARLY

Applicant's Name: Buddy White Proiect inc Phone #: 877 907 1847  
Email: Buddywhite Proiect@gmail.com Organization (if applicable) \_\_\_\_\_  
Address: 177 W. 2nd Ave City Greenwich State CT Zip 06830

EVENT INFORMATION

Name/Type of Event: Book Bag Give away Number of Attendees: 500+  
Name of Facility Requested: 4th Flou Ground, Doles Center Specific Area: Basketball Court / <sup>Doles</sup> <sub>Lower</sub>  
EVENT DATE: 8/2/25 SET UP TIME: 8:00 ☒ a.m. ☐ p.m.

START TIME: 11:00 ☒ a.m. ☐ p.m. END TIME: 4:00 ☐ a.m. ☒ p.m.

Equipment Requested: (Additional fees may apply)

CHAIRS: X (qty) TABLE(S): X (qty) PODIUM: ☐ MICROPHONE(S) \_\_\_\_\_ (qty, max 2)

Will Participants be charged a fee? ☐ YES - PARTICIPANT - How much: \$ \_\_\_\_\_ ☒ NO  
Will there be vendors at the event? ☒ YES - What is the vendor permit fee: \$ 0 ☐ NO  
Will there be merchandise for sale? ☐ YES - Provide list of items & prices: \$ \_\_\_\_\_ ☒ NO

If you selected YES to any of the above questions, please know that you will have to apply for a  
Temporary Use Authorization Vending Permit.

Describe in detail, activities planned. List all items to be distributed (sale or distribution of food, products, promotional material, celebrities, speeches, etc.). MUST BE COMPLETED, include separate sheet if necessary:

Book Bag Give away with activities all day

| Check One   | FACILITY                 | Rental Hours  | RENTAL FEE                       | NO BALLONS ALLOWED IN INDOOR FACILITIES   |
|---|--------------------------|---------------|----------------------------------|---|
| <input type="checkbox"/>  | ARMORY                   | 4-hour rental | \$350 + \$100 ea additional hour | IMPORTANT: The applicant must provide the Department of Recreation with a Public Liability Insurance Policy indicating combined single limit bodily injury and property damage coverage in the amount not less than \$1,000,000. The coverage must include the City of Mount Vernon, NY as an additional insured. |
| <input type="checkbox"/>  | BRUSH PARK PICNIC AREA   | 6-hour rental | \$400 + \$100 ea additional hour |   |
| <input type="checkbox"/>  | DOLES SENIOR ROOM        | 4-hour rental | \$300 + \$100 ea additional hour |   |
| <input type="checkbox"/>  | DOLES THEATER            | 4-hour rental | \$450 + \$100 ea additional hour |   |
| <input type="checkbox"/>  | HARTLEY SENIOR PAVILLION | 6-hour rental | \$400 + \$100 ea additional hour |   |
| ***A deposit of at least 50% of the fee when application is submitted and the final payment & insurance certificate due no later than 7 days prior to the event or the event is subject to cancellation without refund. |                          |               |                                  |   |

Signature \_\_\_\_\_

Date 5/20/2025

## Event Facilities Application Rules and Regulations

### 1. SIGNS

Licensee shall not post, distribute, display, or dispense by any means - tickets, pamphlets, handbills/flyers, palm cards, signs or any advertising material with the written approval of the Commissioner of the Department of Recreation or department designee. In the event of a violation of aforementioned, this contract is subject to cancellation and refund policy.

### 2. POLICING OF PREMISES:

The licensee shall provide adequate policing of the grounds and buildings. The Licensee shall be responsible for the maintaining of order and decorum during the event.

### 3. FOOD AND BEVERAGES:

SMOKING AND ALCOHOLIC BEVERAGES ARE ABSOLUTELY PROHIBITED ... However, food and non-alcoholic beverages shall be allowed only in designated areas with special permission and approval by the Commissioner of the Department of Recreation or department designee.

### 4. BALLOONS AND USE OF THE KITCHEN ARE PROHIBITED:

There will be a \$200.00 fine if balloons are stuck to the ceiling by the Licensee. All decorative materials must be grounded.

### 5. HOURS OF OPERATION:

Participants must be out of the building no later than times stated on the Contract

### 6. POSTPONEMENT:

In the event that any of the scheduled events are postponed, they may be rescheduled at an available date.

### 7. DAMAGE DEPOSIT:

Amount to be determined based on scheduled event.

### 8. INSURANCE:

No permit will be issued until the applicant has filed a public liability insurance policy, indicating combined single bodily injury and property damage coverage in the amount of at least one million dollars (\$1,000,000.00); the City of Mount Vernon, New York as an additional name insured. Certificate must be submitted at least 7 days prior to event.

### 9. ADEQUATE SECURITY FORCE:

The Commissioner of the Department of Recreation or the department designee reserves the right to require the Licensee to hire uniformed Mount Vernon Police Officers as a security force. This entire cost is payable by the Licensee in advance by money order. The number of officers is to be determined by the Commissioner of Police.

### 10. CANCELLATION:

In the event of cancellation by the licensee 30 days or more prior to the event, the deposit is refundable unless a processing fee of 25% of the rental cost. No refund will be issued if canceled less than 30 days prior to the event. The Department of Recreation reserves the right to cancel the event without refund for failure to pay all fees and submit insurance at least 7 days prior to the event.

As the applicant, I hereby certify that the information I have provided on this form is completed and accurate to the best of my knowledge. I agree to abide by the terms set forth in this application and the Rules & Regulations of the City of Mount Vernon Department of Recreation. I understand that failure to do so may lead to the cancellation of the event, any time prior to and during the event, the denial of future permit applications, and/or other legal actions by the City of Mount Vernon or Recreation Department.

APPLICANT'S SIGNATURE: [Signature]

DATE: 5/20/25

### Official Use only:

Name/Type of Event: Book Bag Giveaway

EVENT DATE: 8/2/2025

Name of Facility Requested: Dales Center

1444 Street Park

Specific Area:

Park/Dales Center

Approved: ☒

Denied: ☐

Comment: \_\_\_\_\_

Commissioner Signature: \_\_\_\_\_

[Signature]  
Commissioner/Deputy Commissioner

### Payment:

Deposit \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Rcvd By \_\_\_\_\_ Date: \_\_\_\_\_ Bal Due: \$ \_\_\_\_\_

Final Payment \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Rcvd By \_\_\_\_\_ Date: \_\_\_\_\_



CITY OF MOUNT VERNON, NEW YORK  
DEPARTMENT of RECREATION

SHAWYN PATTERSON-HOWARD  
Mayor

City Hall  
One Roosevelt Square - Room 11  
Mount Vernon, NY, 10550  
(914) 665-2420 - Fax: (914) 665-2421

KATHLEEN WALKER-PINCKNEY  
Commissioner  
ANDRÉ G. EARLY  
Deputy Commissioner

**EVENT INFORMATION**

Name of Event: Book Bag Give away Date of Event: 8/12/25  
Facility/Location Requested: 4<sup>th</sup> Play Ground, Poles Center  
Sponsoring Organization's Name: Buddy White Project inc  
Address: 177 W Putnam Ave  
City: Greenwich State: CT Zip: 06830 County: Fairfield  
Email: Buddy White Project@gmail.com Driver's License No. 253 949 023  
Type of Organization: For Profit:        Not-for-Profit: X Nonprofit:        Personal (Individual):         
Federal Tax-Exempt ID# 93-3051413

**Description**

Is your event: Private:        Public: X Cost per attendee: \$       

Number of attendees expected: 500+ Day(s) of the week being requested: Saturday

**Time**

Event Date(s): 8/12/25 Event Hours: 11:00 AM PM: TO 4:00 AM PM

Set-up Date(s): 8/12/25 Set-up Hours: 8:00 AM PM: TO 11:00 AM PM

Break-Down Date(s): 8/12/25

Break-Down Hours: 4:00 AM PM TO 6:00 AM PM

**Primary Contact Information:**

Name: Henry Allen

Phone: 877 907 1847

Email: Buddy White Project@gmail.com

Signature: [Signature]

**Official Use Only:**

**Secondary Contact Information:**

Name:       

Phone:       

Email:       

Date:       

Price:        Deposit:        Date:        Rc'vd by:         
Paid Deposit:        Date:        Rc'vd by:       

"The Jewel of Westchester"



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**SHAWYN PATTERSON-HOWARD**  
*Mayor*

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**KATHLEEN WALKER-PINCKNEY**  
*Commissioner*

**ANDRÉ G. EARLY**  
*Deputy Commissioner*

**SPECIFIC REQUIRED REGULATIONS:**

**Please ensure your completed application has all of the following including:**

- 1) A diagram/map of your event
- 2) Signed and notarized Licensee Certification
- 3) Signed and notarized Hold Harmless Agreement
- 4) Completed Request for Police Officers for outside services
- 5) Completed Banner Permit Application
- 6) A \$100.00, \$200.00 or \$300.00 non-refundable payment made out to the City of Mount Vernon to process the application for approval
- 7) All certificates of insurance, as required per policy, from your organization and/or vendor(s) naming the City of Mount Vernon as additionally insured
- 8) Completed permit request(s), with all required Certificate of Insurance Forms
- 9) Copies of all licenses

**Payment of any applicable fees at least (14) days prior to the event date Thank you, again for choosing the City of Mount Vernon to host your event!**



Shawyn Patterson-Howard  
Mayor

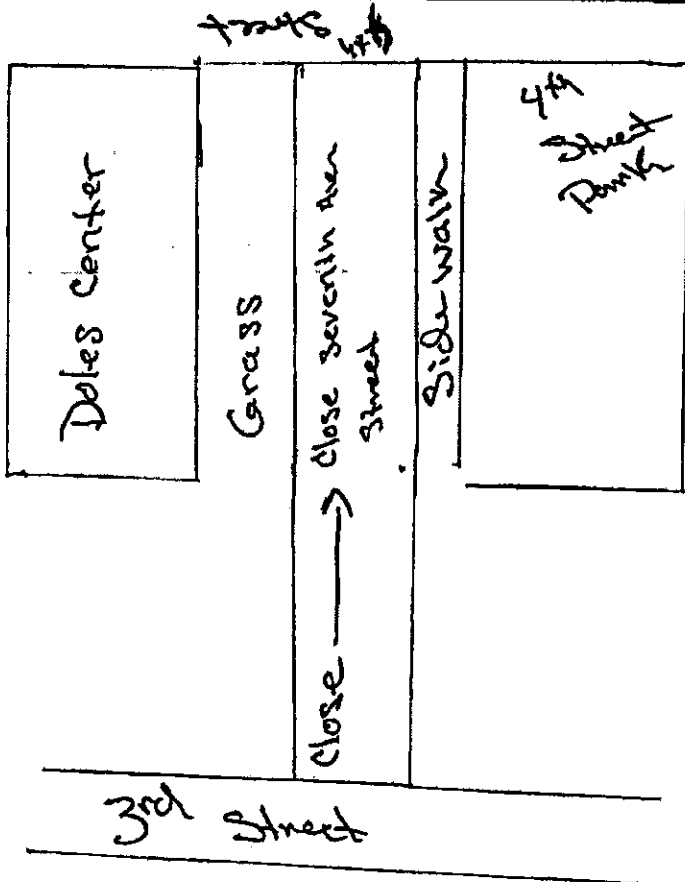
Department of Recreation  
Room 11 - City Hall, Mount Vernon, NY 10550  
(914) 665-2427 / (914) 665-2421

Kathleen Walker-Pinchney  
Commissioner

What kind of event are you hosting?

Book Bag Give-a-way

A written detailed description of the Event in addition to a drawing/attach a diagram and/or map of the proposed event site/layout/route. Ensure that you specify any requests for, street closures, pyrotechnics/fires, any city services you need etc.





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**KATHLEEN WALKER-PINCKNEY**  
*Commissioner*  
**ANDRÉ G. EARLY**  
*Deputy Commissioner*

**HOST**

**What kind of event are you hosting?**

Book Bag Give away

A written detailed description of the Event in addition to a drawing/attach a diagram and/or map of the proposed event site/layout/route. Ensure that you specify any requests for, street closures, pyrotechnics/fires, any city services you need etc.



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Commissioner  
ANDRÉ G. EARLY  
Deputy Commissioner

**ALCOHOL/BEVERAGE**

At your event, you will offer:

Alcohol Sales: \_\_\_ YES ☒ NO      OR      Distribution: \_\_\_ YES ☒ NO  
Alcohol Types:  
Type Wine/Beer: \_\_\_ YES \_\_\_ NO      Hard Liquor: \_\_\_ YES ☒ NO  
Concession Stand: \_\_\_ YES ☒ NO  
Merchandise sales: \_\_\_ YES ☒ NO  
Fireworks/pyrotechnics company: \_\_\_ YES ☒ NO  
Inflatable Devices: ☒ YES \_\_\_ NO  
Banners/Signage: ☒ YES \_\_\_ NO  
Mechanical rides: \_\_\_ YES ☒ NO

Are you bringing in any special equipment such as:

Large trailers(lbs.): \_\_\_ YES ☒ NO  
Lighting: \_\_\_ YES ☒ NO  
Sound equipment: ☒ YES \_\_\_ NO  
Tents Size: ☒ YES \_\_\_ NO      Size 10 x 10 (Permit may be required)  
Grills: \_\_\_ YES ☒ NO  
Generator: ☒ YES \_\_\_ NO  
Stages/Props/Production Equipment: \_\_\_ YES ☒ NO      Type \_\_\_

If other, Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Deputy Commissioner

**DPW Equipment Request Form**

All request for equipment or service rendered by DPW must be reviewed and approved by the DPW Commissioner. No equipment is guaranteed until approved by the Commissioner and confirmed on your Special Events Permit.

Date of Submission: 5/20/25

Event Date: 8/2/25

Name of Applicant/Organization: Buddy White Pro Section

Name of contact person: Henry Allen

Address: 177 W Putnam Ave Greenwich CT 06830

Phone Number: 877 907 1847 Fax Number: \_\_\_\_\_

Additional Lighting: YES ☒ NO  
(An additional \$250.00/per item)

Access to electricity: YES NO

Stage: YES NO

Trash Cans: ☒ YES NO

Wooded Barricades: ☒ YES NO

DPW Commissioner's Signature: \_\_\_\_\_

**For Office Use Only**

DPW Approval: \_\_\_\_\_ Permit # Assigned: \_\_\_\_\_ Date: \_\_\_\_\_



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Commissioner  
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Deputy Commissioner

**DPW /BANNER PERMIT APPLICATION**

Please complete the following information to request permission from the Department of Public Works to hang a Banner and/or request equipment. Requests will be processed on a first-come/paid, first-serve basis and will be subject to a \$120.00 service fee per sign.

Date of Submission: 5/20/25

Event: Date: 8/2/25

Name of Applicant/Organization: Buddy White Pro Sect inc

Name of contact person: Henry Allen

Address: 177 W Putnam Ave Greenwich CT 06830

Phone Number: 877.907.1847 Fax Number: \_\_\_\_\_

Email Address: BuddyWhiteProSect@gmail.com

Number of signs: 2

Dates to Display Banner(s) Start: 8/2/25 End 8/2/25 (Maximum 14 days)

**Banner Specifications:**

1. Banner shall be made of a material capable of sustaining severe weather and high wind conditions.
2. Maximum dimension 4' high 15' length.
3. Include Air Holes.
4. Have attached metal eyelet spaced every two feet (21-
5. Supplied with one hundred (100-foot length of one quarter inch (1/4) nylon rope)

Upon approval the banner must be delivered to the Public Works Department, two weeks prior to the event. At the end of the event, please pick-up your banner at the above location within seventy-two (72) hours. If it is not picked-up, it may be discarded.

As a condition of approval, the applicant agrees that the City shall not be responsible to maintain the banner or correct placement of the banner (which may be needed as a result of winds, etc.) once the banner is installed. The City may take corrective actions at its discretion and as convenient to the Commissioner of Public Works or Designee.

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KATHLEEN WALKER-PINCKNEY  
Commissioner

ANDRÉ G. EARLY  
Deputy Commissioner

**SOUND PERMIT APPLICATION**

Date of Submission: 5/20/25  
Requested by (Name): Henry Allen  
Organization's Name: Buddy White Pro Section  
Address: 177 W Putnam Ave  
Phone Number: 877 907 1847 Fax Number: \_\_\_\_\_  
Email Address: BuddyWhiteProSection@gmail.com  
Date of Event: 8/2/25 Time of Event: 11:00 AM to 4:00 PM  
Location of Event: 4th Playground, Dole's center  
Purpose of Event: Book Bag giveaway  
Check if you need the following ☒ DJ ☒ Sound System ☐ Band ☐ Other \_\_\_\_\_  
(explain) \_\_\_\_\_ How Many Speakers: 2  
Signature: [Signature] Print: Henry Allen

NOTE THIS REQUEST SHALL BE SUBJECT TO THE RULES AND REGULATIONS OF THE POLICE DEPARTMENT OF THE CITY OF MOUNT VERNON, NEW YORK. NOT TO BE USED WITHIN 500 FEET OF HOSPITALS, SCHOOLS, OR SIMILAR INSTITUTIONS. NOT TO BE USED TO CREATE ANNOYING OR ABUSIVE NOISES WHICH WOULD TEND TO ENDANGER HEALTH, PEACE, COMFORT OR SAFETY OF THE GENERAL PUBLIC, A VIOLATION OF CITY ORDINANCE DURING ELECTION TIMES, MAY NOT BE AUDIBLE IN THE VICINITY OF POLLING PLACES, AND NOT TO BE USED IN VIOLATION OF NEW YORK STATE ELECTION LAWS. SOUND EQUIPMENT TO BE USED WITH LOW VOLUME SO AS NOT TO CREATE OFFENSIVE NOISE TO AREA BUSINESSES AND/OR RESIDENTS.

For Office Use Only

MVPD Approval: \_\_\_\_\_ Permit # Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

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**KATHLEEN WALKER-PINCKNEY**  
*Commissioner*

**ANDRÉ G. EARLY**  
*Deputy Commissioner*

**POLICE OUTSIDE SERVICES REQUEST FORM**

I request \_\_\_\_\_ (Number) police officer(s) for \_\_\_\_\_ (date) to work a detail for (event) \_\_\_\_\_  
\_\_\_\_\_ at \_\_\_\_\_ (location). The hours of the detail are from \_\_\_\_\_  
\_\_\_\_\_ (Minimum 4 hours). I understand that the services of a police supervisor may be required for  
some details. I request \_\_\_\_\_ (Number) police supervisor(s) to supervise the police officers assigned  
to the above detail. I fully understand that I will be billed for a minimum of four (4) hours, per police  
officer and per police supervisor, and that payment for a minimum of four (4) hours for each police  
officer or police supervisor requested will be required even if I cancel or postpone the event for any  
reason.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name (clearly): \_\_\_\_\_

If signing as representative or agent of corporate or other entity:

(Please Print clearly): \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Relationship of applicant to organization: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

A copy of applicant's driver license (or other documentary proof of identification) must be attached to  
this form.

**For Office Use Only**

MVPD Approval: \_\_\_\_\_ Permit # Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

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Deputy Commissioner

**CITY OF MOUNT VERNON STREET CLOSING**

Pursuant to the provisions of the Code of The City of Mount Vernon, I the undersigned, respectfully petition for the below-listed license in the City of Mount Vernon, and for that purpose, I hereby provide the following answers to the questions contained herein:

**Sponsoring Individual or Organization** Buddy White Project Inc.

Telephone #: (877) 907-1847

Address: 177 W. Putnam Avenue

Street Address \_\_\_\_\_

City Greenwich State CT Zip Code 06830

Location: 1th Avenue between 3rd Street and 4th Street

Date(s) From: To

From: 8/2/2025 To: 8/2/2025

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**Purpose of Street Closing:**

List below the approval signatures and address of residents residing on the street you are requesting to close (use additional paper if necessary): \_\_\_\_\_

Businesses'/Residents' Approval Form: \_\_\_\_\_

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*Commissioner*  
**ANDRÉ G. EARLY**  
*Deputy Commissioner*

**Do you need the city to provide or make available, at an additional fee, any of the following?**

Water connection: ☒ YES ☐ NO

Connection(s) for electric power: ☐ YES ☐ NO

Audio Equipment: ☐ YES ☒ NO

Podium: ☐ YES ☒ NO

Trash Cans/Barrels: ☒ YES ☐ NO

Security: ☐ YES ☐ NO

Barricades: ☒ YES ☐ NO

Stage: ☐ YES ☒ NO

If other, Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Kathleen Walker-Pi**  
Commissioner

**Andre Early**  
Deputy Commissioner

## **Department of Recreation**

Room 11 - City Hall, Mount Vernon, NY 10550 (914)665-2427/(914)665-2421

# **CITY OF MOUNT VERNON LEAVE NO TRACE PLEDGE**

I promise to apply the following Leave No Trace principles wherever I go within the Mount Vernon Parks & Fields.

- ☒ On this day and every day after, I pledge to...
- ☒ Plan ahead & prepare.
- ☒ Take out what I take in.
- ☒ Dispose of waste properly.
- ☒ Manage and curb my pet.
- ☒ Leave the Park/Field the way I found it.
- ☒ Unless specifically designated, I will not barbeque or start campfires.
- ☒ Take special care of the outdoor area.
- ☒ Respect wildlife and the ecosystems.
- ☒ Remember that I am a visitor and will travel lightly on the land and abide by Park/Field rules.
- ☒ Be considerate of other visitors.

### **CERTIFICATION BY APPLICANT**

I certify that I have read this application, and that all information contained in this application is true and correct. NOTICE: By signing below, you are certifying that the information you are providing is true and complete, any false statements or deliberate misinformation are punishable under 210.45 of the Penal Law. I agree to comply with and be bound by any and all applicable provisions of the city code. I understand the event may be cancelled by the Commissioners of Police, Fire, and/or Recreation should any conditions/stipulations of the permit or city ordinance or state statute be violated. I certify that I am authorized by the organization named herein to act as its agent for the herein described activity. I also have received the special event guidelines informing me of my responsibilities and obligations should I cancel the event. By filing this application, I, and the organization on whose behalf I make this application, contract and agree that we will jointly and severally indemnify and hold the city harmless against liability, including court costs and attorneys' fees for trial and on appeal, for any and all claims for damage to property or injury to, or death of persons arising out of or resulting from the issuance of the permit or the conduct of the activity or any of its participants.

**Do not forget to attach a diagram of your event.**



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Commissioner

ANDRÉ G. EARLY  
Deputy Commissioner

**HOLD HARMLESS AGREEMENT**

Organization Name: Buddy White Project

AGREES TO PROTECT, DEFEND, INDEMNIFY AND HOLD THE CITY OF MOUNT VERNON AND ITS EMPLOYEES AND AGENTS FREE AND HARMLESS FROM AND AGAINST ANY AND ALL LOSSES, CLAIMS, LIENS, DEMANDS AND CAUSES OF ACTION OF EVERY KIND AND CHARACTER, INCLUDING THE AMOUNT OF JUDGEMENTS, PENALTIES, INTEREST COURT COST AND LEGAL FEES INCURRED BY THE CITY IN DEFENSE OF SAME ARISING IN FAVOR OF CLAIMS, LIENS, DEBTS, PERSONAL INJURIES, INCLUDING PERSONAL INJURIES SUSTAINED BY EMPLOYEES OF THE CITY, DEATH OR DAMAGE TO PROPERTY, INCLUDING PROPERTY OF THE CITY, AND WITHOUT LIMITATION BY ENUMERATION, ALL OTHER CLAIMS OR DEMANDS OF EVERY CHARACTER OCCURRING OR IN ANY WAY INCIDENT TO THE ACTIVITY BEING HELD

AT

Location:

4th Play Ground, Dales center

AT ITS EXPENSE, AGREES TO, INVESTIGATE,

Organization Name: Buddy White Project Inc

HANDLE RESPOND TO, PROVIDE DEFENSE FOR AND DEFEND ANY CLAIM MADE AGAINST THE CITY FOR WHICH CLAIMS IS,

Organization Name: Buddy White Project Inc

IN WHOLE OR PART, LIABLE AND

Organization Name:

Buddy White Project Inc

AGREES TO BEAR ALL COST AND EXPENSES RELATED THERETO, INCLUDING ATTORNEY'S FEES AND COSTS EVEN IF SUCH CLAIM IS GROUNDLESS, FALSE OR FRAUDULENT.

Henny Allen

Print Name of Representative

[Signature] 5/20/25

Signature of Representative/Date

STATE OF NEW YORK:

COUNTY OF WESTCHESTER:

Patrica Fleming  
Commissioner of Deeds  
In and for the City of Mount Vernon  
Commission Expires September 30, 2025

The foregoing instrument was acknowledged before me this day of May 2025 by Kenneth Paul who is personally known to me or has produced identification and who did not take an oath.

[Signature]  
Notary Public

My Commission Expires Sept. 30, 2025

"The Jewel of Westchester"





CITY OF MOUNT VERNON, NEW YORK  
DEPARTMENT of RECREATION

SHAWYN PATTERSON-HOWARD  
Mayor

City Hall  
One Roosevelt Square - Room 11  
Mount Vernon, NY, 10550  
(914) 665-2420 - Fax: (914) 665-2421

KATHLEEN WALKER-PINCKNEY  
Commissioner

ANDRÉ G. EARLY  
Deputy Commissioner

I hereby certify that all the information contained herein is true and correct to the best of my knowledge.

I agree to abide by the regulations governing the said facility and/or property and be responsible for any charges incurred. I will supply Certificate of Insurance(s) as required.

If any portion is found to be false or misrepresented, such fact may be just cause for immediate revocation of any permit(s) issued.

Signature of Applicant: [Signature] Date: 5/20/25

STATE OF NEW YORK  
COUNTY OF WESTCHESTER

The foregoing instrument was acknowledged before me this 21<sup>st</sup> May,  
day of 20 25 by Tomara Lewis who is personally  
known to me or has produced identification and who did not take an  
oath.

[Signature]  
Notary Public  
My Commission Expires

Patrica Fleming  
Commissioner of Deeds  
In and for the City of Mount Vernon  
Commission Expires September 30, 20 26  
"The Jewel of Westchester"



**CITY OF MOUNT VERNON, NEW YORK**  
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**KATHLEEN WALKER-PINCKNEY**  
*Commissioner*  
**ANDRÉ G. EARLY**  
*Deputy Commissioner*

**INSURANCE REQUIREMENTS:** The applicant will supply Certificate of Insurance(s) naming the City of Mount Vernon as additionally insured with **waiver of subrogation** in the following manner: “the City of Mount Vernon, its agents, officers, officials, employees and volunteers are Hereby named as additional insureds as their interests may appear with **waiver of subrogation**”. The **Certificate of Insurance must also state the name of the event, its location, and duration**. The applicant will also ensure that the City of Mount Vernon, as the certificate holder, is provided a 30-day written notice if the insurance policy is cancelled or modified before the expiration date. All insurance policies provided shall be issued by insurance companies licensed to do business in the State of New York and shall be rated with an A- or better rating in the most current edition of A.M. Best’s Key Rating. The City of Mount Vernon shall be listed as certificate holder in the following manner:

**City of Mount Vernon**  
**1 Roosevelt Square Room 11**  
**Mount Vernon NY 10550**

All applicants must obtain Commercial General Liability insurance with limits of no less than \$2,000,000 per occurrence to protect the City of Mount Vernon, its agents, officers, officials, employees and volunteers, the Lessee, and any subcontractor from claims for damages for personal injury, including accidental death, and from claims for property damage that may arise from the Lessee’s operations, whether performed by Lessee itself, any subcontractor, or anyone directly or indirectly employed by either of them. If the applicant, or any of its vendors, offers for sale or distribution any products (food, beverages, souvenirs, etc.), then Product Liability insurance with limits of no less than \$2,000,000 per occurrence will be required. Vendors will also be required to afford the statutory limits of worker’s compensation insurance protection to its employees. If the vendor is the holder or sponsor of the event, the vendor will afford worker’s compensation insurance protection to any City of Mount Vernon off-duty employees hired by the event. If automobiles or any other licensed motor vehicles are used as part of the event, Automobile Liability insurance with limits of no less than \$2,000,000 per occurrence will also be required. If the sale or consumption of alcoholic beverages at the event is authorized, then Liquor Liability insurance with limits of no less than \$2,000,000 per occurrence is required. Other types of coverage and limits may be required by the City of Mount Vernon, depending upon exposure as assessed by the Corporation Counsel.

**COPYRIGHT LAW:** Licensee assumes all costs arising from the use of patented, trademarked or copyrighted materials, equipment, devices, processes, or dramatic rights used on or incorporated in the conduct of any event covered under the agreement and licensee further agrees to indemnify and hold harmless devices, processes or dramatic rights furnished or used by licensee in connection with.

*“The Jewel of Westchester”*