

TOWN BOARD AGENDA

April 10, 2018

6:00 p.m.

PLEDGE OF ALLEGIANCE

MOMENT OF SILENCE

OPEN FORUM

PUBLIC HEARINGS

OLD BUSINESS

- Website review

NEW BUSINESS

- Merit Increase request; Highway Dept.
- Approve fireworks display; Deerfield Country Club

SPECIAL DISTRICTS

- Town Engineer Q & A on water district

REPORTS

- Support Board-ZBA
- Supervisor
- Town Board
- Town Clerk
- Assessor
- Building Inspector
- Highway Superintendent

ACKNOWLEDGE RECEIPT OF SUPERVISORS REPORT

MINUTES

- 03-27-2018

AUDIT

- 3-02-2018

EMPLOYEE HANDBOOK REVIEW

Town board resolution required.

REQUEST FOR OUTDOOR FIREWORKS DISPLAY PERMIT

Town of Clarkson, PO Box 858, Clarkson, NY 14430 PH: 585.637.1130

Ref: NY State Penal Law, Article 405.00

RECEIVED
APR 06 2018
TOWN OF CLARKSON

Application Date: 4/4/18

(A) Sponsor/Applicant of the show

Name: Michael Caccamise

Address: 1866 Titus Avenue, Rochester, NY 14622

Phone: 585-370-5759 Contact Person: Michael Caccamise

Display Company

Company Name: Young Explosives Corporation-Display Fireworks

Address: P.O. Box 18653, Rochester, NY 14618

Phone: 585.394.1783 Contact Person: Jim Young

NYS Dept. of Labor Explosives License# D2316 Expires: 4/30/18

Operator - Name of the certified pyrotechnician who will be in charge of the display

Name	Certificate # /Expires
<u>Jim Young</u>	<u>PR 75 exp 10/31/18</u>

Authorized Assistant (s): Name (s) of the individual (s) over 18 years of age.

Name	Certificate #/Expires (if applicable)
<u>Jerry Behlau</u>	<u>PR 597 exp 7/31/18</u>
_____	_____
_____	_____

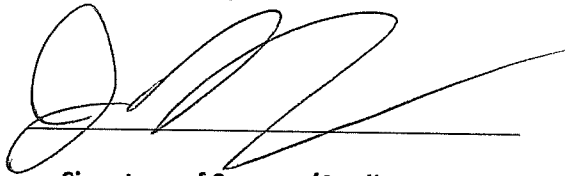
(B) Display Date/Time: 5/5/18 about 9:45pm **Expected Duration:** 10-12 min.

(C) Display Location: Deerfield Country Club, 100 Craig Hill Dr, Brockport

(D) Display Content: approx. 250 misc. 1.3G & 1.4G shells. Largest 5"

(E) How will fireworks be stored prior to display: Fireworks arrive/depart with Young Explosives.

- (F) Rain Date for display: n/a
- (G) If rained out how will fireworks be stored: With Young Explosives at all times-to be removed
- (H) For outdoor displays not before a proximate audience, attach a diagram of the area where the display will take place, showing location where the fireworks will be discharged from, the location of, and distance to: all the buildings, highways, lines of communications, location of the audience, trees, overhead obstructions or other structures or devices that could be affected by the display or fallout from it.
- (I) Proof of Insurance or Bond (Minimum One Million Dollars). Please attach a copy of the policy certificate or other proof of insurance or Bond.
- (J) I attest that the information contained in this permit application is accurate, true and complete to the best of my knowledge, and I understand that false statements made in this permit application are subject to the applicable versions of the NYS Penal Law.



Signature of Sponsor/Applicant

James R Young on behalf of Michael Caccamise

4/4/18

Date

Permit Issue Date _____

Permit Expiration Date _____

_____ Authorized Signature

_____ Title



New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

100 CHESTNUT STREET - SUITE 1000, ROCHESTER, NEW YORK 14604

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)

***** 160900107
YOUNG EXPLOSIVES CORP
P O BOX 18653
ROCHESTER NY 14618



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER YOUNG EXPLOSIVES CORP P O BOX 18653 ROCHESTER NY 14618	CERTIFICATE HOLDER YOUNG EXPLOSIVES CORPORATION PO BOX 18653 ROCHESTER NY 14618-1461
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POLICY NUMBER R 400 999-9	CERTIFICATE NUMBER 236119	POLICY PERIOD 01/01/2018 TO 01/01/2019	DATE 2/2/2018
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 400 999-9, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

For Permit Use ONLY

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 504524681

Abstract 4-01-2018

Vouchers 20180319 - 20180362

45,104.21 <<<<<<ABSTRACT TOTAL

7,173.47	A Fund - General
210.06	B Fund - General
3,230.72	DA Fund - Highway
151.13	DB Fund - Highway
29,909.24	H Funds - Capital Projects
750.50	SS Funds - Special Sewer
3,679.09	SL Funds - Special Lighting
45,104.21	

FOR DISTRIBUTION CHECKS FROM 33120 TO 33160