

KENNETH SCHMITT
Town Supervisor

TOWN OF CARMEL
TOWN HALL

ANN SPOFFORD
Town Clerk

FRANK D. LOMBARDI
Town Councilman
Deputy Supervisor

60 McAlpin Avenue
Mahopac, New York 10541
Tel. (845) 628-1500 • Fax (845) 628-6836
www.carmelny.org

KATHLEEN KRAUS
Receiver of Taxes

JOHN D. LUPINACCI
Town Councilman
SUZANNE MC DONOUGH
Town Councilwoman
JONATHAN SCHNEIDER
Town Councilman

MICHAEL SIMONE
Superintendent of Highways
Tel. (845) 628-7474

TOWN BOARD VOTING MEETING
Wednesday, August 20, 2014 7:00pm

Pledge of Allegiance – Moment of Silence

1. Res: Authorizing Director of Codes Enforcement/Building Inspector to Remedy Violations of the Property Maintenance Code
 2. Res: Authorizing Submission of Grant Application to the Dormitory of the State of New York (DASNY) for Camarda Park
 3. Res: Accepting Proposal for Road Line Painting – Town of Carmel Highway Department
 4. Res: Authorizing Issuance of Permit for Display of Fireworks
 5. Res: Waiving Sound Amplification Permit Fee in Reference to the Application of the Greater Mahopac-Carmel Chamber of Commerce
 6. Res: Authorizing Mailing of Lake Mahopac Park District Newsletter
 7. Res: Auth Waiving the Notice Requirement in Section 64 of the New York State ABC Law with Respect to a Liquor License for "The Carriage House Restaurant and Tavern II" Inc.
 8. Res: Authorizing Appeal in Litigation
 9. Res: Authorizing Settlement of Litigation
 10. Amended Resolution: Making Appointments to the Lake Casse Park District Advisory Committee
 11. Res: Authorizing Submission of Renewal of Migratory Bird Depredation Permit US Department of Fish and Wildlife
- **Public Comment (Three (3) Minutes on Agenda Items Only)**
 - **Town Board Member Comments**
- Open Forum:**
- **Public Comments on New Town Related Business (Three (3) Minutes Maximum per Speaker for Town Residents, Property Owners & Business Owners Only)**
 - **Town Board Member Comments**
 - **Adjournment**

#1
**RESOLUTION AUTHORIZING DIRECTOR OF CODES
ENFORCEMENT/BUILDING INSPECTOR TO
REMEDY VIOLATIONS OF THE PROPERTY MAINTENANCE CODE**

WHEREAS the Director of Codes Enforcement/Building Inspector has cited the following properties with violations of the Property Maintenance Law of the Code of the Town of Carmel:

**71 ANN ROAD MAHOPAC – TM# 54.14-1-53;
7 BASS ROAD MAHOPAC – TM#85.11-1-13;
50 BRECKINRIDGE ROAD MAHOPAC – TM#74.16-1-33;
95 CHESTNUT RIDGE ROAD MAHOPAC – TM #43.17-1-2;
66 ELLEN AVENUE MAHOPAC – TM#75.59-1-9;
27 EVERETT ROAD CARMEL – TM# 44.19-2-17;
31 MUNICH DRIVE CARMEL – TM#77.13-2-31;
53 HARKIN ROAD CARMEL – TM#54.14-1-59;
56 WILLIAMS ST. LLC, - TM#75.6-2-64**

WHEREAS the owners and/or responsible parties have failed, neglected or refused to correct said violations within the time period prescribed by the Director of Codes Enforcement/Building Inspector, and

WHEREAS the Director of Codes Enforcement/Building Inspector has requested Town Board authorization to solicit proposals for contractor(s) to perform the correction of said violations pursuant to §144-15 of the Property Maintenance Law of the Town Code.

NOW, THEREFORE, BE IT RESOLVED that the Town Board of the Town of Carmel hereby authorizes the Director of Codes Enforcement/Building Inspector to solicit proposals for the contractor services necessary for the correction of existing violations at the aforesaid premises.

Resolution

Offered by: _____

Seconded by: _____

<u>Roll Call Vote</u>	<u>YES</u>	<u>NO</u>
Jonathan Schneider	_____	_____
John Lupinacci	_____	_____
Suzanne McDonough	_____	_____
Frank Lombardi	_____	_____
Kenneth Schmitt	_____	_____

#2

RESOLUTION AUTHORIZING SUBMISSION OF GRANT APPLICATION TO DORMITORY AUTHORITY OF THE STATE OF NY FOR CAMARDA PARK

RESOLVED that the Town Board of the Town of Carmel hereby authorizes the submission of a Grant Application to the New York State Dormitory Authority regarding its State and Municipal Facilities (SAM) Program Grant for the proposed Installation of Multi-Purpose Facility at Camarda Park, Project I.D. # 6188; and

BE IT FURTHER RESOLVED that Town Supervisor Kenneth Schmitt is hereby authorized to execute any and all necessary documentation required in connection with submission of the grant application authorized herein.

Resolution

Offered by: _____

Seconded by: _____

<u>Roll Call Vote</u>	<u>YES</u>	<u>NO</u>
Jonathan Schneider	_____	_____
John Lupinacci	_____	_____
Suzanne McDonough	_____	_____
Frank Lombardi	_____	_____
Kenneth Schmitt	_____	_____

#3

RESOLUTION ACCEPTING PROPOSAL FOR ROAD LINE PAINTING – TOWN OF CARMEL HIGHWAY DEPARTMENT

RESOLVED, that the Town Board of the Town of Carmel hereby accepts the proposal of Atlantic Pavement Marking, Prospect, CT for Town-wide road line painting in 2014-2015 at a cost not to exceed \$14,831.10 and authorizes payment of said amount to the referenced vendor.

Resolution

Offered by: _____

Seconded by: _____

<u>Roll Call Vote</u>	<u>YES</u>	<u>NO</u>
Jonathan Schneider	_____	_____
John Lupinacci	_____	_____
Suzanne McDonough	_____	_____
Frank Lombardi	_____	_____
Kenneth Schmitt	_____	_____

#4
**RESOLUTION AUTHORIZING ISSUANCE OF PERMIT FOR
DISPLAY OF FIREWORKS**

WHEREAS, the Town Board of the Town of Carmel hereby designates and deems itself a permit authority for the issuance of permission to discharge and display fireworks within the boundaries of the Town of Carmel pursuant to NY Penal Law Section 405 *et seq.*; and

WHEREAS, the Carmel Fire Department has submitted a completed application for permission and a permit to discharge fireworks within the boundaries of the Town of Carmel as part of the events scheduled for August 30, 2014 and as may be re-scheduled for any "rain date" thereof; and

WHEREAS, a copy of the referenced application is hereby incorporated herein and made a part hereof; and

WHEREAS, it appears that the requirements of NY Penal Law §405 authorizing the issuance of a permit to display fireworks have been complied with;

NOW THEREFORE BE IT RESOLVED, that the Application of the Carmel Fire Department **dated August 6, 2014, as amended August 20, 2014**, as attached hereto, incorporated herein and made a part hereof is hereby granted in full; and

BE IT FURTHER RESOLVED, that Garden State Fireworks, the contractor listed therein is hereby authorized to display fireworks in the manner and locations described therein on August 30, 2014, as well as any adjourned rain date thereafter; and

BE IT FURTHER RESOLVED, that a certified copy of this resolution shall be deemed the actual permit for the display authorized herein.

Resolution

Offered by: _____

Seconded by: _____

<u>Roll Call Vote</u>	<u>YES</u>	<u>NO</u>
Jonathan Schneider	___	___
John Lupinacci	___	___
Suzanne McDonough	___	___
Frank Lombardi	___	___
Kenneth Schmitt	___	___

Pasquerello, Anne

From: Spofford, Ann
Sent: Wednesday, August 06, 2014 11:46 AM
To: Pasquerello, Anne
Subject: FW: RE:CFD Fireworks
Attachments: carmel.pdf; FireworksCarnival.jpg

#4

Hi Anne,

Pursuant to our telephone conversation, I am forwarding herewith the Carmel Fire Department's application to display fireworks for the consideration of the Town Board.

Ann Spofford

Town Clerk
Carmel Town Hall
60 McAlpin Avenue
Mahopac, NY 10541
Phone: 845.628.1500
Fax: 845.628.7434

☒ Work Session 8/13/14

☐ Agenda _____

This communication may be confidential and is intended for the sole use of the addressee(s). No use or reproduction of the information provided is permitted without the written consent of the Town of Carmel. If you are not the intended recipient, you should not copy, disclose or take any action in reliance on this communication. If you have received this communication in error, please notify the sender by reply e-mail and delete the message and any attached documents.

From: [REDACTED]
Sent: Wednesday, August 06, 2014 11:35 AM
To: Spofford, Ann
Subject: RE:CFD Fireworks

Anne:

On Saturday August 30, the Carmel Fire Department will be having a Fireworks display at our annual carnival at Shoprite Plaza. We have secured approval from Hillcrest Commons to use their property for this action. We have a contract with Garden State Fireworks thru Ace Tent and Amusement Company who are providing our rides.

Attached is information for the permit process required by the Town of Carmel. Any addition information you may need please do not hesitate to call me.

Carl Greenwood
Carmel Fire Dept.
Carnival Committee



FIRE PERMIT APPLICATION

SPONSOR:

CARMEL FIRE DEPARTMENT
94 GLENEIDA AVENUE
CARMEL, NY

PYROTECHNICIANS

ANTHONY CAPICOTTI #PR-618

EUGENE CAPICOTTO #PR548

FIREWORKS COMPANY

GARDEN STATE FIREWORKS, INC.

WE CERTIFY THAT THE ABOVE PYROTECHNICIANS HAVE A VALID LICENSE
ISSUED BY NEW YORK STATE DEPARTMENT OF LABOR

DATE & TIME

AUGUST 30, 2014 APPROXIMATE TIME 9:00 PM

LOCATION

LOT E-21 ACCESS ROAD
CARMEL, NY

LIST OF MATERIALS ENCLOSED



MANNER OF STORAGE

IN LOCKED COMPANY TRUCK ON SITE DAY OF DISPLAY UNTIL TIME OF SET UP
AND FIRE

DIAGRAM ENCLOSED

ENCLOSURES

BATFE LICENSE

LIABILITY INSURANCE CERTIFICATE

AUTOMOBILE INSURANCE CERTIFICATE

COMPENSATION INSURANCE CERTIFICATE ENCLOSED.

CERTIFICATE OF EXEMPTION NEW YORK STATE WORKERS COMPENSATION

DRAYTON INSURANCE BROKERS, INC.

2500 CENTER POINT ROAD, SUITE 301 POST OFFICE BOX 94067
BIRMINGHAM, ALABAMA 35215 BIRMINGHAM, ALABAMA 35220
TELEPHONE: (205) 854-5806

FAX: (205) 854-5899

CERTIFICATE OF INSURANCE

NO. 414187

We certify that insurance is afforded as stated below. This Certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the insurance policy and the insurance afforded is subject to all the terms, exclusions and conditions of the policy.

INSURER Admiral Insurance Company **POLICY NO.** CA000016477-03

NAMED INSURED Garden State Fireworks, Inc.
New Vernon Fireworks
August & Nunzio Santore
P.O. Box 403, Carlton Road
Millington, NJ 08901
Pyritz Pyrotechnics Group, LLC
4224 Arcata Way, Suite F
N. Las Vegas, NV 89030

POLICY TERM March 1, 2014 to March 1, 2015; Both Days 12:01 A.M. Standard Time

COVERAGE Commercial General Liability: ☒ Occurrence Basis ☐ Claims Made Basis

LIMIT OF LIABILITY \$5,000,000 each occurrence, \$10,000,000 general aggregate, \$6,000,000 products/completed operations aggregate
The limit of liability shall not be increased by the inclusion of more than one insured or additional insured.

INSURED OPERATIONS Public fireworks display and special effects contractor

It is certified that, if named below, this policy includes as Additional Insureds 1) the sponsor(s), promoter(s), organizer(s) (including other entities having similar interests), of insured pyrotechnic events and/or 2) the owner(s) of real property (or barges) at which insured pyrotechnic events are held and/or 3) the owner(s), manager(s), tenant(s), mortgagee(s) (including other entities having similar interests), of buildings, stadiums, arenas and similar facilities at which insured pyrotechnic events are held and/or 4) the licensing or permitting authority, or other authority having jurisdiction, issuing licenses/permits for insured pyrotechnic events and/or 5) any other entity for which the insurance is required to be afforded under written contract. Coverage applies only as respects the legal liability of such Additional Insured(s) for bodily injury and property damage caused by the operations of the Named Insured. The insurance afforded any Additional Insured does not include coverage for any bodily injury or property damage arising from the failure of such Additional Insured to fulfill its obligations specified in its contract with the Named Insured.

The Insured has fully complied with the requirements of N.J.S.A. 21:3-5 by providing a surety bond in the amount of \$2,500 from Service Insurance Company, Inc., West Orange, NJ. This general liability insurance is not provided to comply with the terms of N.J.S.A. 21:3-5. It is not an alternative to, or a co-surety with, the required bond, nor does it afford an additional or supplemental bond, nor excess limits over the required bond. By accepting status as Additional Insured on this policy, on the basis set out herein, the Additional Insured acknowledge and agree that this policy is not a bond, or an alternative to a bond, issued under the terms of N.J.S.A. 21:3-5.

NAME(S) OF ADDITIONAL INSURED(S)

CARMEL FIRE DEPARTMENT, INC.
94 GLENEIDA AVENUE
CARMEL, NY 10512

COMMISSIONER'S OF FIRE
DISTRICT #1, BOX 1238
CARMEL, NY 10512

TOWN OF CARMEL
60 McALPIN AVENUE
MAHOPAC, NY 10541

WB RESIDENTIAL COMMUNITITES
HILLCREST COMMONS
3101 HEIGHTS LANE
CARMEL, NY 10512

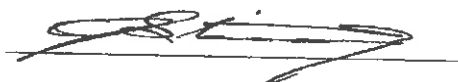
DISPLAY LOCATION
LOT E-21 ACCESS ROAD

DISPLAY DATE(S)
AUGUST 30, 2014

It is certified that this policy requires a 30 day mutual notice of cancellation between the Insurer and the Named Insured. In the event of such cancellation we will endeavor to mail 10 days written notice to the Additional Insured(s), whose name and address is shown hereon, but failure to mail such notice shall impose no obligation or liability of any kind upon the insurer and/or the undersigned.

DRAYTON INSURANCE BROKERS, INC.

JULY 25, 2014





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/14/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Ryder Rosacker McCue & Huston (MGD by Hull & Compa 509 W Koenig St Grand Island NE 68802	CONTACT NAME: Kristy Wolfe	
	PHONE (A/C, Ho, Ext): 308-382-2330 FAX (A/C, Ho): 308-382-7109 E-MAIL: kwolfe@ryderinsurance.com	
INSURED Garden State Fireworks Inc. 383 Carlton Road PO Box 403 Millington NJ 07946	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: SCOTTSDALE INS CO	41297
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 1786725631

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.

INBR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COM/OP AGG \$
							\$
A	AUTOMOBILE LIABILITY			CAS0088826	3/13/2014	3/13/2015	
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$5,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	X					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	X					BODILY INJURY (Per accident) \$
	X Excess Hired						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						
	<input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS \$
							OTH-ER \$
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDERMunicipal Excess Liability Joint Insurance Fund
9 Campus Drive Ste 18
Parsippany NJ 07054**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Gadis Sankar



**Certificate of Attestation of Exemption
From New York State Workers' Compensation
and/or Disability Benefits Insurance Coverage**

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Certificate of Attestation of Exemption ONLY to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may NOT use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

**In the Application of
(Legal Entity Name and Address):**

GARDEN STATE FIREWORKS, INC.
DBA: SAME AS ABOVE
OX 403 383 CARLTON ROAD
MILLINGTON, NJ 07946
PHONE: 908-647-1086 FEIN: XXXXX6574

**Business Applying For:
OTHER: NEW YORK STATE DEPARTMENT OF LABOR**

From: NEW YORK STATE DEPARTMENT OF LABOR

Workers' Compensation Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:

The business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must hold an office and own at least one share of stock). Other than the two corporate officers/owners, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.

Corporate Officers: NUNZIO J. SANTORE President, AUGUST N. SANTORE Vice President

Disability Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:

The business **MUST** be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, AUGUST N. SANTORE, am the Vice President with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

**SIGN
HERE**

Signature:

August N. Santore

Date:

6-23-14

Exemption Certificate Number

2014-036786

Received

June 6, 2014

NYS Workers' Compensation Board

ACORD™ CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YY) 05/30/2014	
PRODUCER 23451 COVER ME INSURANCE AGENCY OF NJ, INC. 610-618 W. ST. GEORGES AVENUE LINDEN, NJ 07036				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED GARDEN STATE FIREWORKS INC PO BOX 403 MILLINGTON NJ 07946				INSURERS AFFORDING COVERAGE INSURER A: NJ CASUALTY INS. CO. INSURER B: INSURER C: INSURER D: INSURER E:		NAIC#	
COVERAGES Serial # 182544							
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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	ACORD NUMBER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$	
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$	
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$	
B		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	M59154-5-14	06/10/2014	06/10/2015	X WC STATUTORY LIMITS OT-L-ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000	
		OTHER					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS							
CERTIFICATE HOLDER MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND 9 CAMPUS DRIVE, SUITE 16 PARSIPPANY, NJ 07054 FAX: (908)647-6258				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 23451 <div style="display: flex; justify-content: space-between; align-items: center;"> S.R. <i>Michael J. Allen</i> </div>			

S. Department of Justice
Bureau of Alcohol, Tobacco, Firearms and Explosives

FEDERAL EXPLOSIVES LICENSING ACT
(18 U.S.C. Chapter 40)

accordance with the provisions of Title XI, Organized Crime Control Act of 1970, and the regulations issued thereunder (27 CFR Part 555), you may engage in activity specified in this license or permit within the limitations of Chapter 40, Title 18, United States Code and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 555.53. See "WARNINGS" and "NOTICES" on reverse.**

Direct ATF Correspondence To: ATF - Chief, FELC
244 Needy Road
Martinsburg, WV 25405-9431

8-NJ-027-20-5D-00096

Chief, Federal Explosives Licensing Center (FELC)

Expiration Date

April 1, 2015

Name
GARDEN STATE FIREWORKS, INC.

Premises Address (Changes? Notify the FELC at least 10 days before the change.)

383 CARLTON RD
MILLINGTON, NJ 07946-0000

Type of License or Permit

20-MANUFACTURER OF EXPLOSIVES

Purchasing Certification Statement

The licensee or permittee named above shall use a copy of this license or permit to assist a transfer of explosives to verify the identity and the licensed status of the licensee or permittee as provided by 27 CFR Part 555. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license or permit with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Explosives Licensee (FEL) or a responsible person of the FEL. I certify that this is a true copy of a license or permit issued to the licensee or permittee named above and that the business or operations specified above under "Type of License or Permit."

Mailing Address (Changes? Notify the FELC of any changes.)

GARDEN STATE FIREWORKS, INC.
PO BOX 400
MILLINGTON, NJ 07946-0000

Licensee/Permittee Responsible Person Signature

Position/Title

COPY

Printed Name

Date

ATF Form 5400.14/5400.15 Part 1
Revised October 2011

Previous Edition is Obsolete

Federal Explosives License (FEL) Customer Service Information

Federal Explosives Licensing Center (FELC)
244 Needy Road
Martinsburg, WV 25405-9431

Toll-free Telephone Number: (877) 283-3352
Fax Number: (304) 616-4401
E-mail: FELC@atf.gov

ATF Homepage: www.atf.gov

Change of Address (27 CFR 555.54(a)(1)). Licensees or permittees may during the term of their current license or permit remove their business or operations to a new location at which they intend regularly to carry on such business or operations. The licensee or permittee is required to give notification of the new location of the business or operations not less than 10 days prior to such removal with the Chief, Federal Explosives Licensing Center. The license or permit will be valid for the remainder of the term of the original license or permit. (The Chief, FELC, shall, if the licensee or permittee is not qualified, refer the request for amended license or permit to the Director of Industry Operations for denial in accordance with § 555.54.)

Right of Succession (27 CFR 555.59). (a) Certain persons other than the licensee or permittee may secure the right to carry on the same explosive materials business or operations at the same address shown on, and for the remainder of the term of, a current license or permit. Such persons are: (1) The surviving spouse or child, or executor, administrator, or other legal representative of a deceased licensee or permittee; and (2) A receiver or trustee in bankruptcy, or an assignee for benefit of creditors. (b) In order to secure the right provided by this section, the person or persons continuing the business or operations shall furnish the license or permit for that business or operations for endorsement of such succession to the Chief, FELC, within 30 days from the date on which the successor begins to carry on the business or operations.

(Continued on reverse side)

Cut Here X

Federal Explosives License/Permit (FEL) Information Card

License/Permit Name: GARDEN STATE FIREWORKS, INC.

Business Name:

License/Permit Number: 8-NJ-027-20-5D-00096

License/Permit Type: 20-MANUFACTURER OF EXPLOSIVES

Expiration: April 1, 2015

Please Note: Not Valid for the Sale or Other Disposition of Explosives.

STATE OF NEW YORK - DEPARTMENT OF LABOR



ANTHONY F CAPICOTTI

**CLASS: B
NON PROXIMATE AUDIENCE ONLY**

**THIS CARD MUST BE CARRIED
WHEN USING PYROTECHNICS**

NYC & NYS CERTIFICATIONS REQUIRED IN NYC

STATE OF NEW YORK - DEPARTMENT OF LABOR
PYROTECHNICIAN CERTIFICATE OF COMPETENCE



EUGENE NAPICOTTO

CLASS: B

NON-PROXIMATE AUDIENCE ONLY

THIS CARD MUST BE CARRIED
WHEN USING PYROTECHNICS

CERT# PR-548
EXPIRES 08/16

NYC & NYS CERTIFICATIONS REQUIRED IN NYC



DMV# 6862

EYES BRO

HAIR GRY

HGT 6' 0

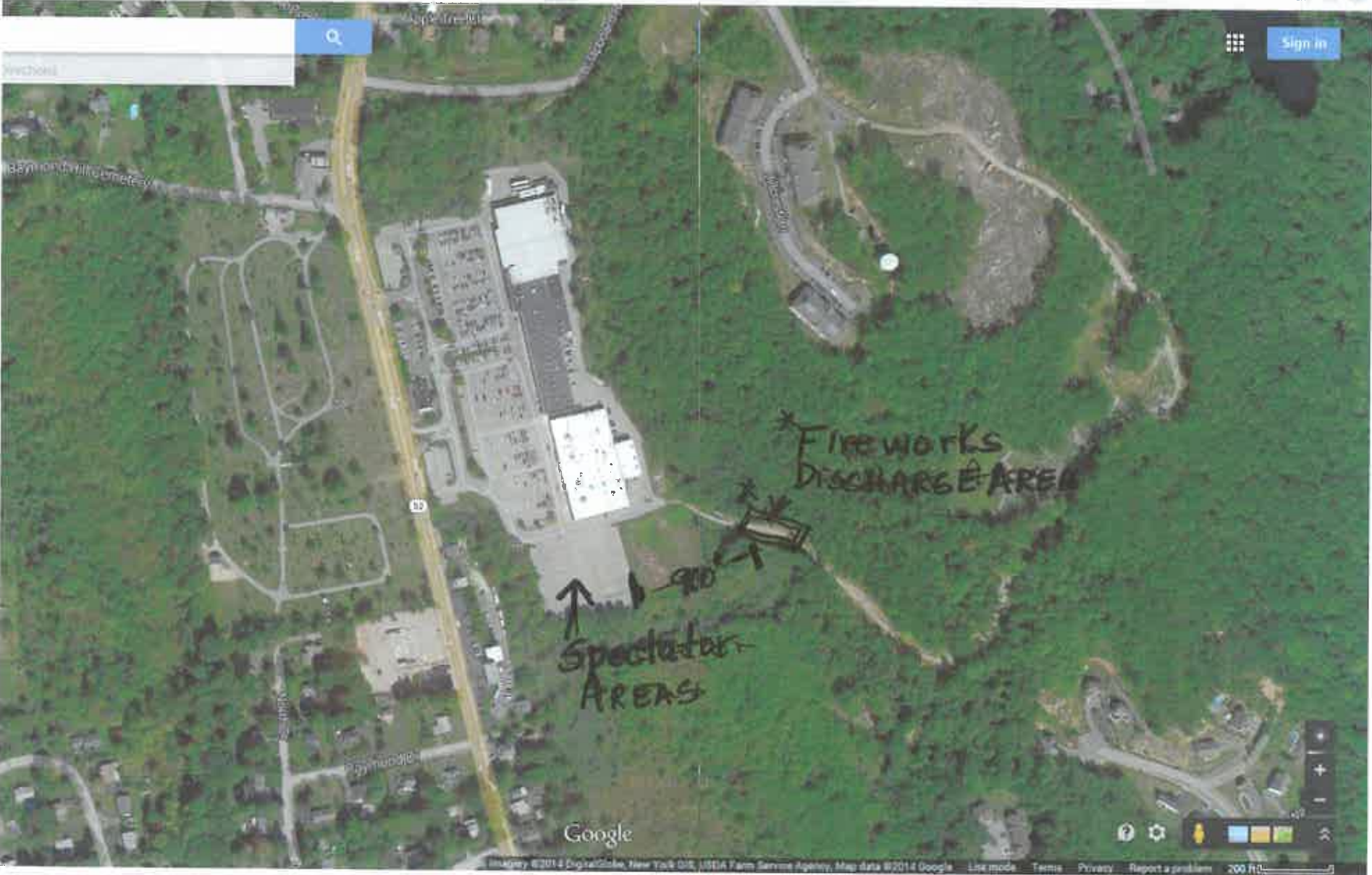
RETURN TO:

IC UNIT

BUILDING 12

LE CAMPUS

ALBANY NY 12240



Google

#5

RESOLUTION WAIVING SOUND AMPLIFICATION PERMIT FEE IN REFERENCE TO THE APPLICATION OF THE GREATER MAHOPAC-CARMEL CHAMBER OF COMMERCE

RESOLVED that the Town Board of the Town of Carmel hereby waives the sound amplification permit fee regarding the application of The Greater Carmel-Mahopac Chamber of Commerce and its Community Street Festival and Merchant Showcase scheduled for October 5, 2014 at Mahopac Chamber Park.

Resolution

Offered by: _____

Seconded by: _____

<u>Roll Call Vote</u>	<u>YES</u>	<u>NO</u>
Jonathan Schneider	_____	_____
John Lupinacci	_____	_____
Suzanne McDonough	_____	_____
Frank Lombardi	_____	_____
Kenneth Schmitt	_____	_____

#6

RESOLUTION AUTHORIZING MAILING OF LAKE MAHOPAC PARK DISTRICT NEWSLETTER

RESOLVED that the Town Board, acting as the Commissioners of the Lake Mahopac Park District, hereby authorizes the mailing to all properties within the district of the newsletter prepared by the Lake Mahopac Park District Committee and directs that the cost thereof be charged as a district expense.

Resolution

Offered by: _____

Seconded by: _____

Roll Call Vote

YES

NO

Jonathan Schneider

John Lupinacci

Suzanne McDonough

Frank Lombardi

Kenneth Schmitt

#7

RESOLUTION WAIVING THE NOTICE REQUIREMENT IN SECTION 64 OF THE NEW YORK STATE ABC LAW WITH RESPECT TO A LIQUOR LICENSE FOR THE CARRIAGE HOUSE RESTAURANT AND TAVERN II, INC.

WHEREAS, the representatives and/or proprietors of The Carriage House Restaurant and Tavern II, 887 Route Six, Mahopac, NY 10541, have advised of the intention to apply for an on-premises liquor license for which thirty days advance notice of such application must be sent to the municipality, and

WHEREAS, the notice required by Article 5 of the ABC Law may be waived by the Town Board, and

WHEREAS, the Town of Carmel Town Board does not intend to comment upon the application referred to herein;

NOW, THEREFORE BE IT RESOLVED, that the Town Board of the Town of Carmel hereby waives the thirty day notice requirement contained in Article 5 of the Alcoholic and Beverage Control Law, and states that it does not intend to offer any comments regarding said application, for a liquor license at the premises referred to herein; and

BE IT FURTHER RESOLVED that Town Clerk Ann Spofford is hereby authorized to sign a Waiver of Said Notice on behalf of the Town of Carmel.

Resolution

Offered by: _____

Seconded by: _____

<u>Roll Call Vote</u>	<u>YES</u>	<u>NO</u>
Jonathan Schneider	_____	_____
John Lupinacci	_____	_____
Suzanne McDonough	_____	_____
Frank Lombardi	_____	_____
Kenneth Schmitt	_____	_____

#8

RESOLUTION AUTHORIZING APPEAL IN LITIGATION

RESOLVED, that the Town of Carmel Town Board, hereby authorizes Special Counsel Joseph A. Charbonneau to undertake, prosecute and perfect the appeal of the Decision of the Supreme Court in the Matter of The Putnam Community Foundation vs. vs. The Planning Board of the Town of Carmel, et al. Index No. 1609/2012 to the Appellate Division Second Department; and

BE IT FURTHER RESOLVED that said services are hereby authorized at rate of \$175.00 per hour.

Resolution

Offered by: _____

Seconded by: _____

<u>Roll Call Vote</u>	<u>YES</u>	<u>NO</u>
Jonathan Schneider	_____	_____
John Lupinacci	_____	_____
Suzanne McDonough	_____	_____
Frank Lombardi	_____	_____
Kenneth Schmitt	_____	_____

#9

RESOLUTION AUTHORIZING SETTLEMENT OF LITIGATION

WHEREAS there is currently pending in the Supreme Court, County of Putnam, State of New York under Index No. 2305/2011 and 1765/2012 lawsuits entitled "Lupinacci Mazzola Holding Corp. vs. The Town of Carmel, as well as under Index No. 1865/2011 entitled "NL&M Holding Corp. vs. The Town of Carmel" said litigation relating to the tax assessments for the properties known and designated Town of Carmel Tax Map Nos. 75.12-2-1 and 75.12.-2-2; and

WHEREAS a proposed settlement of the litigation has been negotiated by Glen Droese, Town Assessor, and special counsel Richard Blancato, who have recommended approval of the proposed settlement in accordance with the correspondence from Special Counsel dated August 4, 2014 attached hereto and made part hereof;

NOW THEREFORE, BE IT RESOLVED that the Town Board of the Town of Carmel hereby authorizes the settlement of the aforementioned litigation as recommended; and

BE IT FURTHER RESOLVED that Special Counsel Richard Blancato is hereby authorized to sign, on behalf of the Town of Carmel, the stipulation of settlement and corresponding consent judgment reflecting the terms of the settlement.

Resolution

Offered by: _____

Seconded by: _____

<u>Roll Call Vote</u>	<u>YES</u>	<u>NO</u>
Jonathan Schneider	_____	_____
John Lupinacci	_____	_____
Suzanne McDonough	_____	_____
Frank Lombardi	_____	_____
Kenneth Schmitt	_____	_____

PUTNAM COUNTY
CLERK

2014 JUL -2 AM 10: 14

At an IAS Term of the Supreme Court
of the State of New York held in and for the
County of Putnam at Carmel, New York on
the 30th day of June, 2014

PRESENT:

HON. VICTOR GROSSMAN, JSC

-----X
In the Matter of the Application of

LUPINACCI MAZZOLA HOLDING CORP.,

Petitioner(s),

**CONSENT
JUDGEMENT**

-against-

**Index No.:
2305/2011
1765/2012**

THE TOWN OF CARMEL, ITS ASSESSOR AND
BOARD OF ASSESSMENT REVIEW

Respondent(s),

For Review Under Article 7 of the Real Property Tax Law.
-----X

The above petitioners having heretofore served and filed the Petitions and Notices to review the tax assessments fixed by the Town of Carmel for the assessment years of 2011 and 2012 upon certain real property located at 562 Route 6 in the Town of Carmel, and designated as Section 75.12-2-2 on the official Assessment Map of the Town of Carmel. The issues of these proceedings having duly come on trial at an IAS Term of this Court, and the petitioner having appeared by BART LANSKY, ESQ., of LANSKY LAW GROUP and by MICHAEL SCHRODER, ESQ. of SCHRODER & STROM, and the respondents having appeared by RICHARD BLANCATO, ESQ., attorney for the Town of Carmel, and the parties having made their settlement, it is

ORDERED, that the assessment on the above referenced properties be and the same are hereby reduced, corrected and fixed for the assessment years as follows:

Assessment	Assessed Valuation		Amount of
<u>Roll Year</u>	<u>Reduced From</u>	<u>Reduced to</u>	<u>Reduction</u>
2011	\$494,400	\$349,500	\$144,900
2012	\$494,400	\$360,000	\$134,400

And so reduced and confirmed, it is further

ORDERED, ADJUDGED AND DECREED, that the officer or officers having custody of the assessment rolls upon which the above-mentioned assessments and any taxes levied thereon are entered shall correct the said entries in conformity with this order shall note upon the margin of said rolls, opposite of said entries, that the same have been corrected by the authority of this order, and it is further

ORDERED, that there shall be audited, allowed and paid to the petitioner by the **TOWN OF CARMEL** the amount of Town taxes paid by the petitioner as taxes against the said erroneous assessments in excess of what the taxes would have been if the said assessments made in the aforesaid years had been determined by this Order, together with interest thereon from the date of payment thereof as provided by statute, and it is further

ORDERED, that there shall be audited, allowed and paid to the petitioner by the **MAHOPAC CENTRAL SCHOOL DISTRICT**, the amount of School taxes paid by the petitioner as taxes against the said erroneous assessments in excess of what the taxes would have been if the said assessments made in the aforesaid years had been determined by this Order, together with interest thereon from the date of payment thereof as provided by statute, and it is further

ORDERED AND DIRECTED, that the County Legislators of the **COUNTY OF PUTNAM**, State of New York, be and are hereby directed and authorized to audit, allow and pay to the petitioner the amount, if any, of State, County, Judiciary and Sewer District taxes paid by the petitioner as taxes against the erroneous assessments in excess of what the taxes would have been if the said assessments had been determined by this Order, together with interest thereon from the date of payment thereof as provided by statute and it is further

ORDERED AND DIRECTED, that the Commissioner of Finance of **COUNTY OF PUTNAM** be served with a copy of this judgment with notice of entry, together with proof of payment of State, County, Judiciary, Sewer and any other Putnam County special district taxes, and it is further

ORDERED AND DIRECTED, that all tax refunds are to be paid with interest pursuant to §726 of the Real Property Tax Law of the State of New York; except that in the event the refund of taxes is paid within sixty (60) days from the date of service of a copy of this judgment with Notice of Entry, then interest is waived; together with the amounts of interest and penalties, if any, paid on the excess of any of the aforesaid taxes by reason of delinquent payment, and it is further

ORDERED AND DIRECTED, that all tax refunds hereinabove directed to be made by respondent, the **TOWN OF CARMEL**, and/or any of the various authorities, be made by check or draft payable to the order of Bart Lansky, Esq., as attorney for the petitioners, who is to hold the proceeds as trust funds for appropriate distribution, and who is to remain subject to the further jurisdiction of this Court in regard to his attorney's lien, pursuant to Judiciary Law §475. It is acknowledged by all parties that these proceedings have been dually filed in 2011 by the offices of SCHRODER & STROM under index number 1864/2011 and by the offices of LANSKY LAW GROUP under index number 2305/2011, and that the offices of SCHRODER & STROM have filed a Stipulation of Discontinuance for index number 1864/2011 or will file same contemporaneously with this Order. It is further agreed that the proceedings were solely filed in 2012 by the offices of SCHRODER & STROM under index number 1765/2012, and all parties have agreed that one refund per tax year will be issued. All refunds will be collected by

SIGNING AND ENTRY OF THE WITHIN
ORDER IS HEREBY CONSENTED TO:

Bv 2/3

Lansky Law Group
BART G. LANSKY, ESQ.
947 South Lake Blvd., Suite 3A
Mahopac, NY 10541
Phone: 914-269-8529
Fax: 866-496-5797

Michael T. Schroder

Schroder & Strom
MICHAEL T. SCHRODER
114 Old Country Rd. Suite 218
Mineola, NY 11501

Richard T. Blancato

Law Offices of Richard Blancato
RICHARD T. BLANCATO, ESQ.
65 South Broadway
Tarrytown, NY 10591
Phone: 914-332-5723

#10

RESOLUTION MAKING APPOINTMENTS TO LAKE CASSE PARK DISTRICT ADVISORY BOARD

RESOLVED that the Town Board of the Town of Carmel, as Commissioners of the Lake Casse Park District, hereby appoints the following residents to the Lake Casse Park District Advisory Board for a term commencing immediately and expiring December 31, 2014

John Aquina

Ugo Fariselli

Kim Kugler

William Siclari

Scott Sterbins

Mario Viscovich

Joanne White

Resolution

Offered by: _____

Seconded by: _____

<u>Roll Call Vote</u>	<u>YES</u>	<u>NO</u>
Jonathan Schneider	_____	_____
John Lupinacci	_____	_____
Suzanne McDonough	_____	_____
Frank Lombardi	_____	_____
Kenneth Schmitt	_____	_____

#11

RESOLUTION AUTHORIZING SUBMISSION OF RENEWAL OF MIGRATORY BIRD DEPREDATION PERMIT US DEPARTMENT OF FISH AND WILDLIFE

RESOLVED, that the Town Board of the Town of Carmel, hereby authorizes the submission a renewal application for its Migratory Bird Depredation Permit #MB838979-0 to the United States Department of the Interior, Fish & Wildfire Service in form as attached hereto and made a part hereof, and at a renewal cost of \$100.00

Resolution

Offered by: _____

Seconded by: _____

<u>Roll Call Vote</u>	<u>YES</u>	<u>NO</u>
Jonathan Schneider	_____	_____
John Lupinacci	_____	_____
Suzanne McDonough	_____	_____
Frank Lombardi	_____	_____
Kenneth Schmitt	_____	_____



RECEIVED JUN 30 2014

United States Department of the Interior



FISH AND WILDLIFE SERVICE

Post Office Box 779
Hadley, MA 01035-9589

June 20, 2014

CARMEL, TOWN OF
CARMEL TOWN HALL
60 MC ALPIN AVENUE
MAHOPAC, NY 10541 U.S.A.

Your Federal Migratory Bird DEPREDACTION (DPRD) PERMIT, MB838979-0, expires on September 20, 2014.

Please indicate if a renewal is desired: Yes ☐ No ☐

RENEWAL PROCEDURES:

You must provide the following for renewal of your permit. Be as thorough and specific as possible in your response. Incomplete requests will be returned, delayed or abandoned.

A. ☐ 1. Enclose a check or money order in the amount of \$100 and payable to the U.S. Fish and Wildlife Service. If you are a homeowner requesting a permit for damage to your personal residence or property, enclose \$50. Federal, State, Tribal and Municipal government agencies are exempt from the fee requirement.

B. ☒ 2. Clearly print your current email address: RJF@CI.Carmel.ny.us

C. Provide the following information on a separate sheet of paper with your responses numbered according to the questions below.

☒ 1. List the species of migratory birds causing the depredation problem and estimate the number of each involved.

☒ 2. Provide the exact location of the property or properties where the control activity would be conducted (State, county, and physical address of the specific site).

3. Description of damage.

☒ (a) Describe the specific migratory bird damage or injury you are experiencing.

☐ (b) How long has it been occurring (e.g., the number of years)?

☐ (c) What times or seasons of the year does it occur?

☐ (d) Describe any human health and safety hazards involved.

☐ (e) Provide details such as types of crops destroyed, human injuries sustained, property damage incurred, and health and safety hazards created.

☐ 4. Describe the extent of the damage and estimate the economic loss suffered as a result, such as percentage of acres of crop and dollar loss, cost to replace damaged property, or cost of injuries.

☒ 5. Describe the nonlethal measures you have taken to control or eliminate the problem, including how long (e.g., a week, month, year(s)) and how often they have been conducted. List the techniques



United States Department of the Interior

FISH AND WILDLIFE SERVICE

Post Office Box 779

Hadley, MA 01035-9589



you have tried, such as harassment (e.g., horns, pyrotechnics, propane cannons), habitat management (e.g., vegetative barriers, longer grass management, fencing), cultural practices (e.g., crop selection and placement, management of pets and feeding schedules), or no feeding policies.

6. Proposed actions.

For each species you propose to take, list the following:

- ☒ (a) the type of take you are proposing to alleviate the problem (e.g., kill, eliminate nesting, relocate);
- ☒ (b) the number of birds you propose to take;
- ☒ (c) describe the method you propose to use (e.g., shoot, addle, oil, destroy eggs; trap and relocate; trap and donate birds to a food processing center); and
- ☐ (d) if you propose to trap birds, describe the method that will be used and your (or your agent's) experience with the method.

☒ 7. What additional long-term measures do you plan to take to eliminate the problem, excluding lethal removal and trap/relocate?

☒ 8. If you are applying on behalf of an airport for a permit to control birds in flight zones, indicate whether you are operating under an approved Wildlife Hazard Management Plan.

☐ 9. Anyone who will be acting as your agent or assisting you with the activities authorized by your permit must be authorized as a subpermittee under your permit. As the primary permittee, you will be legally responsible for ensuring that your subpermittees comply with the terms of your permit. List the name of anyone who will be directly involved in doing the work to resolve your problems. Include any commercial company that may be contracted to conduct the work.

☐ 10. Attach a copy of the completed Wildlife Services Permit Review Form (Form 37) prepared by USDA, APHIS, Wildlife Services providing their recommendation regarding your depredation problem. To obtain this form, you must contact the Wildlife Services Program at 866-487-3297.

☐ 11. Complete this renewal letter and the enclosed Depredation Annual Report and return them with your fee and attachments to the address above.

If this written request for renewal of your permit is **postmarked by August 21, 2014**, you may continue activities authorized by your expired permit until the Service has acted on your request for renewal. (See 50 CFR 13.22) You will be required to submit a new application if you allow your current permit to expire.

If you have any questions, please contact this office at the address above or call 413-253-8643. Information, regulations and forms may be obtained by visiting our website at www.fws.gov/permits. Please note that the Service revised the list of species protected under the Migratory Bird Treaty Act on November 1, 2013. Please visit <http://www.fws.gov/migratorybirds/mbpermits.html> for more information.

I hereby certify that all information submitted in support of my original application remains current and correct except as changed previously or with this form. I understand any false statement may subject me to the criminal penalties of 18 USC 1001.

Signature _____ Date _____

[illegible]