KENNETH SCHMITT

Town Supervisor

FRANK D. LOMBARDI Town Councilman Deputy Supervisor

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

TOWN OF CARMEL

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

KATHLEEN KRAUS Receiver of Taxes

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

TOWN BOARD VOTING MEETING Wednesday, August 5, 2015 7:00pm

Pledge of Allegiance – Moment of Silence

6:00pm Executive Session:

1. Police Chief Michael Cazzari- Personnel

Town Board Voting Meeting:

- 1. Accept Town Board Minutes July 1, 2015
- 2. Res: Authorizing Budget Modifications #2015-03
- 3. Res: Authorizing Emergency Expenditure of Monies from Lake Mahopac Park District Repair Reserve Fund
- Res: For Temporary Advancement of Government Fund Monies Temporary Loan from general Fund to Carmel Water District #1
- Res: Authorization for Payment of 2014 Claims from Fiscal Year 2015 Operating Funds
- 6. Res: Authorizing Issuance of Permit for Display of Fireworks
- Res: Authorizing Deletion to the Active List of the Mahopac Volunteer Fire Department
- 8. Res: Accepting the Active Member List of the Carmel Fire Department
- Res: Calling Public Hearing in the Matter of the Increase and Improvement of the Facilities of Carmel Sewer District #1 (August 26, 2015)
- Amended Resolution Setting Public Hearing on a Local Law Amending Chapter 114 of the Town Code (September 9, 2015)
- 11. Amended Resolution Setting Public Hearing on a Local Law Enacting Chapter 15 of the Town Code (September 9, 2015)
- 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

Executive Session (continued):

1. Police Chief Michael Cazzari- Personnel

RESOLUTION AUTHORIZING BUDGET MODIFICATIONS - #2015-03

WHEREAS the Town Comptroller has reviewed the 2015 year-to-date Budget Modifications/Revisions for the period ending June 30, 2015 with the Town Board, which are detailed and explained on the attached Budget Revisions Schedule identified as #2015-03;

NOW, THEREFORE, BE IT RESOLVED that the Town Board of the Town of Carmel hereby authorizes and ratifies the 2015 year-to-date Budget Modifications/Revisions for the period of ending June 30, 2015 on the attached Schedule identified as #2015-03 which is attached hereto, incorporated herein and made a part hereof.

Resolution		
Offered by:		
Seconded by:		
Roll Call Vote	<u>YES</u>	NO
Jonathan Schneider		
John Lupinacci	<u> </u>	
Suzanne McDonough	-	
Frank Lombardi		
Kenneth Schmitt		=

V	/ Work	Session_	7/22	15	TOWN OF CARMEL BUDGET REVISIONS FOR MAY- JUNE 2015 - #2015/03
_		0000001	- 1 / 1 /	175	BUDGET REVISIONS FOR MAY-JUNE 2015 - #2015/03

#4

☐ Agenda_____

BUDGET REVISION NUMBER	SION ACCOUNT TITLE & TRANSFER DESCRIPTION			INCREASE USES & SOURCES OF FUNDS	DECREASE USES & SOURCES OF FUNDS
GENERAL FU	l ND				
1	100-3120-0019		*	25,000.00	_
	100-1989-9877	FUND BALANCE COMPENSATED ABSENSES - PROVIDE FOR POLICE RETIREMENT SICK PAYOUT		25,000.00	
	1	- TROVIDE FOR TOLICE REINTENERY GIORTATOOT			
2	100-1355-0046	ASSESSOR CONTRACT SERVICES		250,000.00	
	100-1989-9878	FUND BALANCE FOR CAPITAL PROJECTS	w	250,000.00	
		- PROVIDE FOR COST RELATED REASSESSMENT PROJECT FROM RESERVE FUND BALANCE			
		I ROW RESERVE FORD BALANCE			
3	100-7113-0020	CHAMBER PARK IMPROVEMENTS		50,000.00	
	100-1989-3041	STATE AID- OTHER GOVT	*	50,000.00	
		- PROVIDE FOR SWING SET FROM STATE GRANT			
4	100-1320-0049	AUDIT CAFR EXPENSES	-	150,00	
		AUDIT SPECIAL EXPENSES	_		150.00
		- TRANSFER FOR CAFR EXPENSES			
	100-1440-0040	ENCINEEDING CONTRACTUAL EXPENSE		4 500 50	
5	100-1440-0040	ENGINEERING CONTRACTUAL EXPENSE ENGINEERING TRAINING EXPENSE	_	1,500.00 500.00	
		RETIREE HEALTH INSURANCE	_	300.00	2,000.00
		- TRANSFER FOR MISC EXPENSES			
6		BUILDING TEMP STAFF		6,500.00	
	100-1620-0080	BUILDING EMPLOYEE BENEFITS CONTINGENT ACCOUNT	_	3,500.00	10,000.00
	100 1000 0040	- TRANSFER FOR TEMPORARY STAFF		-	10,000.00
7		BUILDING SPECIAL IMPROVEMENTS		650.00	
	100-1990-0040	CONTINGENT ACCOUNT - TRANSFER FOR FUEL DISPENSING SYSTEM			650,00
		ELECTRICAL TRENCH			
				_	
8		INFO TECH CONSULTING		7,025.00	
	100-1990-0040	CONTINGENT ACCOUNT			7,025.00
		- TRANSFER FOR INCREASE IN TECH SERVICES CONTRACT			
9	100-8510-0040	PARK BEAUTIFICATION EXPENSE		5,500.00	
		CONTINGENT ACCOUNT			5,500.00
		- TRANSFER FOR DOWNTOWN MAHOPAC LANDSCAPE CLEANUP			
10	100 2120 0012	POLICE STAFF OVERTIME		150 000 00	
		POLICE PERS SVS-UNIFORM		150,000.00	150,000.00
	133 5125 5511	- TRANSFER FOR POLICE OVERTIME EXPENSE			100,000.00
11		PARK CONTRACTUAL EXPENSES		5,000.00	
	100-7110-0020	PARK MAINTENANCE EQUIPMENT - TRANSFER FOR CONTRACTUAL EXPENSES			5,000.00
		- TONIO EXT ON GOINTAGTORE EXTENDED			
12	100-7117-0040	CARMADA PARK CONTRACTUAL EXPENSE		37,000.00	
		RECREATION ADMIN STAFF		-	22,000.00
	100-7020-0080	RECREATION ADMIN EMPLOYEE BENEFITS - TRANSFER FOR CARMADA PARK BALL FIELDS			15,000.00
		- TRANSPER FOR CARMADA PARK BALL FIELDS			
IIGHWAY FUN	ND				
13		CONTRACTUAL ROAD SWEEPING SNOW CONTROL MATERIALS		7,549.00	7,549,00
	500-5142-0049	- TRANSFER FOR CLEAN UP OF SNOW CONTROL MATERIALS	_		7,549.00
		THE STATE OF STATE OF THE STATE			-
AKE CASSE	PARK DISTRICT				
	404 74 40 0045	LITHITIED			
14	401-7140-0042	UTILITIES REPAIR RESERVE FUND		2,000.00	2 000 00
	-01-7140-0038	- TRANSFER FOR UTILITIES EXPENSE	-		2,000.00
			-		

TOWN OF CARMEL BUDGET REVISIONS FOR MAY- JUNE 2015 - #2015/03

BUDGET REVISION ACCOUNT NUMBER LAKE MAHOPAC PARK DISTR		ACCOUNT TITLE & TRANSFER DESCRIPTION	INCREASE USES & SOURCES OF FUNDS	DECREASE USES & SOURCES OF FUNDS	
		ICT			
15	402-7110-0040			2,365.00	
	402-7110-0041	LAKE TREATMENT		3,500.00	
	402-7110-0099	REPAIR RESERVE FUND	ļ		5,865.0
	111.	- TRANSFER FOR BOAT DOCKING FEES & BIO MASS STUDY	_		
	400 7440 0040	CONTENANTIAL EVOENORO	_		
16	402-7110-0040	CONTRACTUAL EXPENSES REPAIR RESERVE APPROPRIATION	*	9,776.00	
	402-7110-9888	- PROVIDE FOR GEESE DEPREDATION SERVICES		9,776.00	
	-	- FROVIDET OR GEESE DEFREDATION SERVICES			
CARMEL WAT	ER DISTRICTS	· ————	ļ	-	
17	602-8310-0047	EMERGENCY REPAIRS	_	14,471.86	
	608-8310-0047	EMERGENCY REPAIRS		5,495.00	
	610-8310-0047	EMERGENCY REPAIRS		4,784.40	
	613.8310.0047	EMERGENCY REPAIRS		3,189.60	
	602-8310-2681	INSURANCE RECOVERY	*	14,471.86	
	608-8310-2681	INSURANCE RECOVERY	*	5,495.00	
	610-8310-2681	INSURANCE RECOVERY	*	4,784.40	
	613-8310-2681	INSURANCE RECOVERY	*	3,189.60	
		- PROVIDE FOR INSURANCE CLAIM FROM LIGHTNING STRIKE	_		
CAKMEL WAT	ER DISTRICT #1			-	
18	601 9340 0047	EMERGENCY REPAIRS	-	3.500.00	
18	601-8310-0047	REPAIR RESERVE FUND	-	3,500.00	2 500 0
	001-0310-0099	- TRANSFER FOR EMERGENCY REPAIRS			3,500.00
	-	- TRANSFER FOR EMERGENCY REPAIRS		<u> </u>	
CARMEL WAT	ER DISTRICT #2		 		
		CAMPAGE TO THE MENT OF THE STATE OF THE STAT			
19	602-8310-0047	EMERGENCY REPAIRS		15,000.00	
	602-8310-0040	CONTRACTUAL EXPENSES		19.800.00	
	602-8310-0099	REPAIR RESERVE FUND			34,800.00
		- TRANSFER FOR EMERGENCY REPAIRS/ROOF WELDING			
CARMEL WAT	ER DISTRICT #8				
				ļ	
20	608-8310-0047	EMERGENCY REPAIRS		10,000.00	
	608-8310-9909	APPROPRIATED FUND BALANCE	*	10,000.00	
		- PROVIDE FOR EMERGENCY REPAIRS			
CADMEL MAY	ED DISTORT #47				
CARMEL WAT	ER DISTRICT #10				
21	610-8310 0047	EMERGENCY REPAIRS		3,000.00	
41		CONTRACTUAL EXPENSES	-	3,000.00	3,000.00
	010-0010-0040	- PROVIDE FOR EMERGENCY REPAIRS	-	-	3,000.00
		THE PARTY OF THE P		-	
CARMEL WAT	ER DISTRICT #12			, 1	
22	612-8310-0046	PURCHASE OF WATER		2,000.00	
	612-8310-0099	REPAIR RESERVE FUND			2,000.00
		- TRANSFER FOR LOW WATER LEVEL IN TANKS			
CARMEL SEW	ER DISTRICT #1				
0.0	704 0400 000	COLUDE SCALE			
23	701-8130-0020		*	23,875.00	
	701-8130-9888	REPAIR RESERVE APPROPRIATION - PROVIDE FOR COMMINUTOR PER RESOLUTION		23,875.00	
		- FROMIDE FOR COMMINOTOR PER RESOLUTION			
24	701-8130-0040	CONTRACTUAL EXPENSES	1 5 2	34,000.00	
24		REPAIR RESERVE APPROPRIATION	*	34,000.00	
		- PROVIDE FOR MANHOLE REPAIRS PER RESOLUTION		04,000.00	
CARMADA PAI	RK CAPITAL FUN	ID	- 1		
25	911-7140-0045	CONTRACTED IMPROVEMENTS		100,000.00	
	911-7140-3050		*	100,000.00	
		- PROVIDE FOR DUGOUTS FROM STATE GRANT			
26		CONTRACTED IMPROVEMENTS		200,000.00	
26		CONTRACTED IMPROVEMENTS STATE AID - PROVIDE FOR NEW BUILDING FROM STATE GRANT	*	200,000.00 200,000.00	

RESOLUTION AUTHORIZING EMERGENCY EXPENDITURE OF MONIES FROM LAKE MAHOPAC PARK DISTRICT REPAIR RESERVE FUND

WHEREAS, the Town of Carmel has established a Repair Reserve Fund for the Lake Mahopac Park District pursuant to New York General Municipal law §6-d; and

WHEREAS, in cases of emergency, monies in said Repair Reserve fund may be expended by resolution approved by not less than two-thirds of the members of the governing body; and

WHEREAS, it is recommended by the Office of the Town Comptroller that monies in the aforesaid Repair Reserve Fund be used to pay for the cost of emergency repairs;

NOW THEREFORE BE IT RESOLVED, that the Town Board of the Town of Carmel, acting as commissioners of the Lake Mahopac Park District, hereby authorizes the appropriation of monies from the Lake Mahopac Park District Repair Reserve Fund in a sum not to exceed \$9,776.00 for emergency repair expenditures in 2015; and

BE IT FURTHER RESOLVED, that not less than one-half the monies so expended be repaid in fiscal year 2016 and the total amount shall be repaid in full not later than the last day of fiscal year 2017.

BE IT FURTHER RESOLVED that the Office of the Comptroller of the Town of Carmel is hereby authorized to make the necessary budget transfers to accomplish and effect the intent of this resolution.

Resolution	
Offered by:	
Seconded by:	

D = = = 1, 4! = =

Roll Call Vote	<u>YES</u>	<u>NO</u>
Jonathan Schneider		Q
John Lupinacci		
Suzanne McDonough	4	0
Frank Lombardi		
Kenneth Schmitt		

RESOLUTION FOR TEMPORARY ADVANCEMENT OF GOVERNMENT FUND MONIES TEMPORARY LOAN FROM GENERAL FUND TO CARMEL WATER DISTRICT #1

RESOLVED, that the Town Board of the Town of Carmel, pursuant to General Municipal Law §209-d, hereby authorizes the temporary advancement of monies from the Town of Carmel General Fund to Carmel Water District #1 at a maximum amount not to exceed \$20,000 to be repaid with the periodic interest rate when revenue sources and/or debt proceeds are received.

Resolution		
Offered by:		
Seconded by:		
Roll Call Vote	<u>YES</u>	<u>NO</u>
Jonathan Schneider		
John Lupinacci		_
Suzanne McDonough		
Frank Lombardi		_
Kenneth Schmitt		

AUTHORIZATION FOR PAYMENT OF 2014 CLAIMS FROM FISCAL YEAR 2015 OPERATING FUNDS

WHEREAS the Town Comptroller's Office has received late voucher claims from the Police Department for expenditures incurred in fiscal year 2014 and which were not encumbered; and

WHEREAS the Town Board must authorize and approve the payment of fiscal 2014 claims from funds budgeted for fiscal year 2015,

NOW, THEREFORE, BE IT RESOLVED that the Town Board of the Town of Carmel hereby authorizes the payment from 2015 fiscal year operating funds for 2014 claims itemized below which are incorporated herein and made a part thereof.

Vendor	<u>Amount</u>	<u>Date</u>	Government Fund	<u>Description</u>
Thomas Reuters	\$554.16	9/3/2014	100.3120.040	L.E. Bulletins
Mondail	\$367.01	1/5/2014	100.3120.045	Alternator & Battery
Advanced Auto Parts	\$1,263.27	5/16/14 to 12/2/2014	100.3120.045	Various Auto Parts
Resolution: Offered by:				
Seconded by:				
Roll Call Vote:		<u>YES</u>	<u>NO</u>	
Jonathan Schneide	r		-	
John Lupinacci				
Suzanne McDonou	gh			
Frank Lombardi			:	
Kenneth Schmitt				

VENDOR CLAIM FORM

TOWN OF CARMEL 60 McALPIN AVENUE MAHOPAC, NY 10541

VOUCHER#	
PURCHASE ORDER #	
REQUISITION #	
P.O.# - APPROPRIATION NO.	AMOUNT
<u></u>	
	<u></u>
TOTAL	-
Abstract No.	

CLAIMANT'S NAME AND ADDRESS Thomson Reuters P.O. Box 6292 Carol Stream, IL 60197-6292

DEPARTMENT: POLICE VENDOR TAX ID#

TAX	EXEMP	T No.	A-1	58985

Date	Invoice Number	Description of Materials or Services	Unit Price	Amount
9/3/2014	830169071	Quinlan Law Enforcement		\$554.16
		Employment and Disciplinary		
		Bulletins		
				· · · · · · · · · · · · · · · · · · ·
				\$554.16

	, county that the above accor	ed to or for the municipality on the dates stated;				
claimed is actually due.	Thursta toichen	FSIR				
Date	Signature	Title				
(Space below for Municipal Use)						
TOWN DEPART	APPROVAL FOR PAYMENT					
The above services or materials were rendered or furnished to the municipality of the date stated and the charges are correct to 29/15 Date Authorized Official		The claim is approved and ordered paid from the appropriations indicated above.				
		Authorized Official's Signatures				

THOMSON REUTERS

SUBSCRIPTION INVOICE DETAIL

To:

RMEL POLICE DEPT KE JOHNSON MCALPIN AVE NHOPAC NY 10541-2340 From:

Thomson Reuters - West P.O. Box 64833 St. Paul, MN 55164-0833

Page 1 of 1

04

ELIVERY	**				554 16	
UMBER	DES	CRIPTION	QTY	UNIT PRICE IN USD	TAX IN USD	TOTAL IN USD
	Jul 11, 2014 QUINLAN POLICE	Jul 10, 2015 E DEPT	1	277.08	0.00	277.08
	QUINLAN LAW E	ENFORCEMENT	1	277.08	0.00	277.08
		Jui 11, 2014 QUINLAN POLICI DISCIPLINARY B Aug 01, 2014 - QUINLAN LAW E	ANNUAL/MONTHLY CHARGES Jul 11, 2014 - Jul 10, 2015 QUINLAN POLICE DEPT DISCIPLINARY BULLETIN SUB Aug 01, 2014 - Jul 31, 2015 QUINLAN LAW ENFORCEMENT EMPLOYMENT BULLETIN SUB	Jul 11, 2014 - Jul 10, 2015 QUINLAN POLICE DEPT DISCIPLINARY BULLETIN SUB Aug 01, 2014 - Jul 31, 2015 QUINLAN LAW ENFORCEMENT 1	ANNUAL/MONTHLY CHARGES Jul 11, 2014 - Jul 10, 2015 QUINLAN POLICE DEPT 277.08 DISCIPLINARY BULLETIN SUB Aug 01, 2014 - Jul 31, 2015 QUINLAN LAW ENFORCEMENT 1 277.08	ANNUAL/MONTHLY CHARGES Jul 11, 2014 - Jul 10, 2015 QUINLAN POLICE DEPT 277.08 0.00 DISCIPLINARY BULLETIN SUB Aug 01, 2014 - Jul 31, 2015 QUINLAN LAW ENFORCEMENT 1 277.08 0.00



SUBSCRIPTION INVOICE SUMMARY

To:

RMEL POLICE DEPT KE JOHNSON MCALPIN AVE HOPAC NY 10541-2340 From:

Thomson Reuters - West P.O. Box 64833 St. Paul, MN 55164-0833

Page 1 Ωf 1 04

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e reverse side for contact and payment information

BILLING ACCOUNT #:

1003459378

INVOICE NO: 830169071

INVOICE DATE: 08/04/2014

BILLING PERIOD:

JUL 05 2014 -AUG 04, 2014

PAYMENT DUE:

09/03/2014

TOTAL INVOICE AMOUNT IN USD:

554 16

DESCRIPTION

PRICE IN USD

TAX IN USD

TOTAL IN USD

ANNUAL/MONTHLY CHARGES

554.16

0.00

554.16 S

TOTAL INVOICE AMOUNT

554.16 T

RETURN BOTTOM PORTION WITH PAYMENT - THANK YOU

NVOICE # 830169071 **\CCOUNT #** 1003459378 'ENDOR # 41-1426973 'AT REG # EU826006554 'AYMENT DUE 09/03/2014 MOUNT DUE IN USD 554.16

MOUNT ENCLOSED IN USD

Thomson Reuters - West **Payment Center** P.O. Box 6292 Carol Stream, IL 60197-6292

CARMEL POLICE DEPT MIKE JOHNSON 60 MCALPIN AVE MAHOPAC NY 10541-2340

VENDOR CLAIM FORM

TOWN OF CARMEL **60 McALPIN AVENUE** MAHOPAC, NY 10541

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and the second s
The state of the s
Territoria (militari)

CLAMANT'S NAME AND **ADDRESS**

DEPARTMENT POLICE

Mondial 114-14 Road College Point, NY 11356-1422

VENDOR TAX ID # TAX EXEMPT No. A-158985 Date invaice Number Description of Materia's or Services Bonny sin 6/18/2015 M88981 2014 \$367.01 alternator for Squitte car \$367.01 KATE V. O.E.

The commence of the commence o	ceruty that the above account	in the amount of S
is true and correct; that the tems, services a	ind disbursoments charged were rendered	to or for this municipality of the name contact
that no part has been pakt or satisfied, that b	axes, men which the municipality is enemp	are not included and that the amount
davned is actually due.	11/11	1 20 14 14 14 14 14 14 14 14 14 14 14 14 14
and the same of th		14 /3
Date	Signature	Title

		STATE OF THE STATE	
The state of the s	A CONTRACTOR OF THE PROPERTY O		
A		Advantage of the state of the s	Pilita Princip
2 ("NUA/NJ /"NECE	3 A PSでもおにも10c A 2	BBBBBBB	

The above services or materials were rendered as turnished to the mumicigality on the date stated and the charges are correct.

Authorized Official

APPROVAL FOR PAYMENT

the old massay proved this oldered such training appropriations indicated above.

Authorized Official's Signatures



P.O. Box 560248

Remit To: College Point, NY 11356-0248

Headquarters:

114-14 14th Road College Point, NY 11356-1422

Phone: 718-461-1103 + Fax: 718-461-6344 + www.gomondial.com

ALTERNATORS · STARTERS · EMISSION REDUCTION TECHNOLOGY · FILTRATION CARBURETORS · BATTERIES · INJECTION PUMPS · INJECTORS · TURBOS

Act #:71737

M8898101052014

9999

01/05/14

INVOICE ** M88981

Bill to:

TOWN OF CARMEL POLICE DEPT 55 MCALPIN AVENUE

Ship: TOWN OF CARMEL FOLICE DEPARTMEN

55 MCALPIN AVE

MAHOPAC

NY

MAHOPAC

Tax # FORM ST-119-1

USA

10541

USA Tax # 10541

Pull Terms 37 Bo Shipped Via PC Number Date Invoice BD JS YES NET 30 DAYS WIT KEVIN ROUTE DELIVERY SQUIRREL 01/05 14 M88981 Qty (Shp B/O Part Number Description Exch ExtToL Core Ext Tot CoreTot 1 ٦ 0 63-005-750 REMAN PART Ē 220 00 220.30 22C.00 Location 11M01 ALTERNATOR MITSUBISHI 12V 200AMP I/R 0 9A65 PART E 147.01 147.01 147.01 Location 26B01 BATTERY WEB ORDER: 44533 **XEVIN HAS CORES** Total 267 07

Sign:		547.53
	Freight	0.00
Print Name:	SubTotal	367.01
THE COLD MAKES EVERYTHING WORK HARDER. LET OUR ADDITIVES KEEP YOUR FUEL FLOWING, BATTERIES TO KEEP YOU CRANKING, FAN CLUTCHES	Sales Tax Total Due	0.00 367.01

(845) 628-7474 10:58 AM Ticket:04852 Fage 1 of 1

PLEASE PAY FROM THIS INVOICE

367.01

Mondial Automotive, inc. werrants their remanufactured Statists. Altamature, Turbos, Impetors and injection Pumps to be free arm defects in material anony workmanship for 12 months, stating on the date of original sale. On products manufactured by other OEM manufactured in material statistics are werranted to provide any information required by the wendor in order to process its werrantly.

TO CONTROL THE TEMP. **MONDIAL HAS WHAT YOUR ENGINE NEEDS**

Mondial Automotive, Inc. will repair or replace, at its option, free of charge, any product it remanufactured, which under normal croumstances of use and service, proves to be defective during the warranty period. This warranty oces not covid any table costs encurred to dispress of defects or removal or rem

Core denosits are refundable upon return of an original, returndable core end presentation of this invoice for a period of 90 days. Cores returned in excess of eligibility we be within balried or returned to customer. Core return degibility and core bank expire 90 days after the invoice date. At no time will cores in the bank be redeemed for cesh or credit.

Morbandos that has been attended or special ordered is not returnable for credit or return. There is a 20% handing charge on all resurred matchendise. This invoice must accomismly all requests for credit or return.

VENDOR CLAIM FORM

TOWN OF CARMEL 50 McALPIN AVENUE MAHOPAC, NY 10541

CLAIMANT'S NAME AND ADDRESS

Advance Auto Parts 1841 Route 6 Carmel, NY 10512

VOUCHER#	
PURCHASE ORDER#	
REQUISITION #	
P.O.# - APPROPRIATION NO.	AMOUNT
TOTAL	
Abstract No.	

DEPARTMENT: POLICE

VENDOR TAX ID #

PAGE 1

Dete	Involce Number	Description of Materials or Services	Unit Price	Amount
11/19/14	3122	Amigr		
09/19/14	2070	brake pad		\$16.0
09/16/14	9112	headight		\$53.7
09/16/14	1852	ventvisor		\$44.9
09/19/14	2068	waterpump	** * *	300. 1
09/19/14	2075	Car 32		\$43.6
09/12/14	8939	tool cart		\$26.6
09/19/14	9288	Crystal clear		\$135.3
09/05/14	8428	carburetor		\$20.67
00/05/14	8425	carburetor		\$28.5
09/04/14	8369	hose and clamp	· · · · · · · · · · · · · · · · · · ·	\$42.8
09/16/14	1900	Accumulator		\$48.0
09/16/14	9111	headight		\$158.91
09/02/14	8177	battery		(\$54.99
05/16/14	2926	seel and freight		\$39.21
10/08/14	6764	rad hose		\$118.60
11/25/14	8417			(\$39.36
1120014	0411	drum		\$407.75

- 1 - 2110 coulded nine the stellist' fold/Cf	PARQ dispulseriants charted were render	red to or for the municipality on the dates stated; empt, are not included; and that the amount Commercial Parts Parts	
Date	Signature	Title	
TOWN DEPARTI	(Space below for Municipal Use) MENT APPROVAL	APPROVAL FOR PAYMENT	
The above services or materials were rendered or furnished to the municipality on the date stated and the charges are correct.		The claim is approved and ordered paid from the appropriations indicated above.	
Date	Authorized Official	*	
		Authorized Official's Signatures	

VENDOR CLAIM FORM

TOWN OF CARMEL 60 McALPIN AVENUE MAHOPAC, NY 10541

CLAIMANT'S NAME AND **ADDRESS**

Advance Auto Parte 1841 Route 6 Cermel, NY 10512

VOUCHER #	
PURCHASE ORDER #	
REQUISITION#	
P.C.#-APPROPRIATION NO.	AMOUNT
TOTAL	
Abstract No.	

DEPAR	MENI:	POLICE
LIEU MAG	4 TAV 10	.44.

VENDOR TAX ID #

PAGE 2

Date Date	Invoice Number	Description of Materials or Services	Unit Price	
12/02/14	6835		Usin Prige	Amount
08/18/14		lug nut		(\$24.8
	7297	fuses		\$10.4
08/18/14	7300	fuses		(\$10.4
09/16/14	B107	headlight		\$54.9
09/24/14	2416	brakes		\$59,4
				
	·			
				<u> </u>
				
			Total	\$1,263.27

			100	\$1,263.27
that no part has	ict; that the Hems, services	, certify that the above account and disbursements charged were rendered taxes, from which the municipality is exemple. Signature	d to or for the municipality or pt. am not included: and the	t the detes stated;
		(Space below for Municipal Upp)		
· ·	TOWN DEPARTM	ENT APPROVAL	APPROVAL F	OR PAYMENT
	ervices or materials were re on the date stated and the	endered or furnished to the charges are correct.	The claim is approved an appropriations indicated	
	Date	Authorized Official		
			Authorized Offic	lal's Signatures



Received By

Ston: #. 8800 Address: 155 Route 6 Mahopac NY 10541 Phone: Questions or feedback? Contact the Commercial Customer Support Team at 1-877-280-5965 or email us at scivice@advanceautoparts.com. fown Of Carmel Highway Dopt P.O # Invoice/Trans 8800432373122 Date. 11/19/2014 Time: 13.42.42 55 McAlpin Ave Mahopac NY 10541 Register. Delivery. Phone: 845/628-7474 Store/Unit #: 8800 Payment Tems MON THLY Internet Order #-Account (D. 8800028015 Product Line Part# Description SKU Warranty List Cost Extended 1 YR REPLACEMENT IF AGS BLU-4C UNION 1/4 USA 1 EA AMRGR 22190080 6.00 5.40 2 67 16.02 DEFEC Payment AAP Comm Credit SUBTOTAL 16 02 TOTAL INVOICE 16 02 Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebuildable condition to receive full core credit. Invoice required as proof of purchase for all returns

8 of 10

Date _____



Questions or feedback?

Contact the Commercial Customer Support Team

at 1-877-280-5965 or email us at service@advanceautoparts.com.

60 McAlpin Avenue Phone: 845/628-747 Account ID: 880002	Mahopac NY 10541 74		P.O.#: Date: Register: Store/Unit #: Internet Orde	car 317 09/19/2014 7 8800 r#:		Invoice/Trans: Time: Delivery: Payment Terms;	12 Y	800426279298 2:31:48 ONTHLY
Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
Ouplicolor	BGM0434	OLYMPIC WHITE 8 OZ DUPLI	99984737	REPLACE OR REFUND MGR			7.42	14.84
Duplicolor	DA1692	PNT-CRYSTAL CLEAR 12 OZ [D 7140215	REPLACE OR REFUND MGR	AT _{1.00}	10.13	5.73	5.73
Payment								
	AAP (Comm Credit						
				SUB	TOTAL			20.57
				тотя	T INVOI	CE		20.57

Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebuildable condition to receive full core credit. Invoice required as proof of purchase for all returns.

THANK YOU FOR YOUR BUSINESS!

	the state of	
Received By:	16 of 16	Date:



Questions or feedback?

Contact the Commercial Customer Support Team

at 1-877-280-5965 or email us at service@advanceautoparts.com.

TOWN OF CARME 60 McAlpin Avenue Phone: 845/628-74 Account ID: 880002	Mahopac NY 10541 174		P.O.#; Date; Register; Store/Unit #; Internet Order	315 09/24/2 8 6804 #:	2014	Invoice/Trans: Time; Delivery: Payment Terms	14: Y	04426782416 40:34 0NTHLY	
Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended	-
Fenco	SLC721	BRK CAL W/HDW-RMFD 1 EA	F 186212 7 4	LIMITED LIFETII REPLACEM	_	94.53	59.47	59.47	
Fenco	SLC721	CORE-BRAKE CALIPER 1 EA	98621274	LIMITED LIFETH	ME 1,00	78.75	45.00	45.00	
Fenco	SLC721	CORE-BRAKE CALIPER 1 EA	98621274	LIMITED LIFETING REPLACEM	ME 1.00	0.00	-45.00	-45.00	
Payment									
	AAP	Comm Credit							

SUBTOTAL

59.47

TOTAL INVOICE

59.47

Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebuildable condition to receive full core credit. Involce required as proof of purchase for all returns.

	THE PROPERTY OF THE PROPERTY O	
Received By:	7 of 16	Date:



Questions or feedback?

Contact the Commercial Customer Support Team

at 1-877-280-5965 or email us at service@advanceautoparts.com.

TOWN OF CARMEL Police Dept 60 McAlpin Avenue Mahopac NY 10541 Phone: 845/628-7474 Account ID: 8800028012		P.O.#: Date: Register: Store/Unit #: Internet Order	Car 32 09/16/2014 7 8800 #: \$08800-2014091	7 [F	nvoice/Trans: Flme: Delivery: Payment Terms: 1153	12: Y	0425979107 14:16 NTHLY	
Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
Sylvania	9007 ST ZXE	HEADLGHT-SLVRSTR ZXE 2 PA	10099045	1 YR REPLACEMENT IF DEFEC	1.00	98.98	54.99	54.99
Payment								
	AAP Co	mm Credit						

Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebuildable condition to receive full core credit. Invoice required as proof of purchase for all returns.

SUBTOTAL

TOTAL INVOICE

54.99

54.99

	THANK YOU FOR YOUR BUSINESS!	
Received By:	13 of 16	Date:



Questions or feedback?

Contact the Commercial Customer Support Team

at 1-877-280-5965 or email us at service@advanceautoparts.com.

60 McAlpin Avenue Phone: 845/628-74 Account ID: 880002	Mahopac NY 10541 74		P.O.#: Date: Register: Store/Unit #: Internet Order	car 35 08/18/2014 7 8800 #:		Invoice/Trans: Time: Delivery: Payment Terms:	14: Y	00423077300 48:52 DNTHLY	
Product Line	Part#	Description		Warranty	Qty	List	Cost	Extended	
Bussmann	BP/SFE-AL6-RP	FUSE ASST SFE LO AMP 1 EA		REPLACE OR REFUND AT MGR			-3.42	-3.42	
Bussmann	BP/AGX-A8-RP	FUSE ASST AGX 1 EA BUSMN		REPLACE OR REFUND AT MGR			-3.49	-3.49	
Bussmann	BP/AGW-A8-RP	FUSE ASST AGW 1 EA BUSMI	N 25984869	REPLACE OR REFUND AT MGR	1.00	0.00	-3.49	-3.49	
Payment									
	AAP Com	nm Credit							
				SUBTO	`AL			10.40	

Customer's signature below certifies that the tax free purchase Items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebuildable condition to receive full core credit. Involce required as proof of purchase for all returns.

TOTAL INVOICE

-10.40

	THANK YOU FOR YOUR BUSINESS!	
Received By:	2 of 3	Date:



Questions or feedback?

Contact the Commercial Customer Support Team

	at 1-877-280-596	5 or email us at service@advance	autoparts.com.				
TOWN OF CARMER 60 McAlpin Avenue Phone: 845/628-747 Account ID: 880002	L Police Dept Mahopac NY 10541 74		P.O.#: Date: Register: Store/Unit #: Internet Order	car 35 08/18/2014 7 8800	Invoice/Trans: Time: Delivery: Payment Terms:	880042307729 14:20:45 Y MCNTHLY	7
Product Line	Part#	Description	SKU	Warranty	Qty List	Cost Extend	ed
Bussmann	BP/SFE-AL6-RP	FUSE ASST SFE LO AMP 1 EA		REPLACE OR REFUND AT MGR		3.42 3.42	
Bussmann	BP/AGX-A8-RP	FUSE ASST AGX 1 EA BUSMN		REPLACE OR REFUND AT MGR		3.49 3.49	
Bussmann	BP/AGW-A8-RP	FUSE ASST AGW 1 EA BUSMN	25984869	REPLACE OR REFUND AT MGR	1.00 6.28	3.49 3.49	
Payment							
	AAP Com	ım Credit					
				SUBTOT	AL	10.40	
				TOTAL II	NVOICE	10.40	

Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebuildable condition to receive full core credit. Invoice required as proof of purchase for all returns. THANK YOU FOR YOUR BUSINESS!

- · · -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Received By:	1 of 3	Date:



Questions or feedback?

Contact the Commercial Customer Support Team

at 1-877-280-5965 or email us at service@advanceautoparts.com.

TOWN OF CARMEL 60 McAlpin Avenue I Phone: 845/628-747 Account ID: 8800028	Mahopac NY 10541 4		P.O.#: Date: Register: Store/Unit #: Internet Order	RETURNS 12/02/2014 8 6804 #:	T []	nvoice/Trans: Tme: Delivery: Payment Terms:		6804433686835 18:50:28 Y MONTHLY
Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
Pic-a-Nut Corp.	98913.1	LUG NUT 1 EA PCKNT	9210334	1 YR REPLACEMENT IF DEFEC	10.00	0.00	-2.48	-24.80
Payment								
	AAP	Comm Credit						
				SUBTO	TAL			24.80
				TOTAL	INVOICE	=		-24.80

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	THE REPORT OF A PARTY OF THE PROPERTY OF THE PARTY OF THE	₩E
Received By:	3 of 3	Date:



Questions or feedback?

Contact the Commercial Customer Support Team

at 1-877-280-5965 or email us at service@advanceautoparts.com.

TOWN OF CARMEL Police Dept 60 McAlpin Avenue Mahopac NY 10541 Phone: 845/628-7474 Account ID: 8800028012		P.O.#; SHOP Date: 11/25/2014 Register: 8 Store/Unit #: 6804 Internet Order #:		014	Invoice/Trans Time: Delivery: Payment Ten		16:09:4 9 Y		
Product Line	Part#	Description	SKU	Warranty		tty	List	Cost	Extended
	NA	MOT-PE-BB5W30 55GALDRUM 5	80010222	3 YR REPLACEN DEFEC	MENT IF 1	.00	0.00	407.75	407.75
Payment									
	AAF	P Comm Credit							
					SUBTOTA	L		4	07.75
					TOTAL IN	VOI(CE	4	07.75

Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebuildable condition to receive full core credit. Involce required as proof of purchase for all returns.

	The state of the s	,
Received By:	2 of 3	Date:



Questions or feedback?

Contact the Commercial Customer Support Team

60 McAlpin Avenue Phone: 845/628-74 Account ID: 880002	Mahopac NY 10541 74		P.O.#: Date: Register: Store/Unit #: Internet Order:	RETURNS 10/08/2014 7 6804 #:		Invoice/Trans: Time: Delivery: Payment Terms	19 Y	04428176764 :59:32 DNTHLY
Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
Dayco	D71428	RAD HOSE - LOWER 1 EA DAY		1 YR REPLACEMENT IF DEFEC	1.00	0.00	-18.95	-18.95
Dayco	E71881	RAD HOSE - UPPER 1 EA DAY		1 YR REPLACEMENT IF DEFEC	1.00	0.00	-20.41	-20.41
Payment								
	AAP	Comm Credit						
				SUBTO	TAL		,	-39.36
				TOTAL	INVO	CE		-39.36

Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebuildable condition to receive full core credit. Invoice required as proof of purchase for all returns.

THANK YOU FOR YOUR BUSINESS!

D 1D	A COLOR OF THE PROPERTY OF THE	
Received By:	1 of 3	Date:



Questions or feedback?

Contact the Commercial Customer Support Team

	at 1-877-280-59	965 or email us at service@advance	autoparts.com.						
TOWN OF CARMEL Police Dept 60 McAlpin Avenue Mahopac NY 10541 Phone: 845/628-7474 Account ID: 8800028012		P.O.#: Date: Register: Store/Unit #: Internet Orde	r#:	car 38 05/16/2014 8 6804		Invoice/Trans: Time: Delivery: Payment Terms:	1; Y	804413682926 2:15:44 CNTHLY	
Product Line	Part#	Description	sku	Warranty		Qty	List	Cost	Extended
MOTIVE GEAR	R12CRMKT	BRG&SEAL MSTR KIT W/TIM 1	20640097		REPLACEMENT IF			96.60	96.60
MOTIVE GEAR	OVERNIGHT	FDO OVERNIGHT FREIGHT	25010035	90 DAY I DEF	REPLACEMENT IF	1.00	0.00	22.00	22.00
Payment									
	AAP Co	mm Credit							
					SUBTO1	AL.			118.60
					TOTAL	NVOI	DE		118.60

Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebuildable condition to receive full core credit. Invoice required as proof of purchase for all returns. THANK YOU FOR YOUR BUSINESS!

Received By:	TO A MARK A COST LICITED CONK DOSIMESSI	
	1 of 16	Date:



Questions or feedback?

Contact the Commercial Customer Support Team

at 1-877-280-5965 or email us at service@advanceautoparts.com.

	at 1-877-280-	5965 or email us at service@advance	autoparts.com.					
60 McAlpin Avenue Phone: 845/628-747 Account ID: 880002	L Police Dept Mahopac NY 10541 74		P.O.#: Date: Register: Store/Unit #: Internet Order	317 09/16/2014 8 6804 #:		Invoice/Trans: Time: Delivery: Payment Terms:	12: Y	04425981852 41:48 CNTHLY
Product Line	Part#	Description	sku	Warranty	Qty	List	Cost	Extended
Autocraft	AC5704B	FLR MAT-RUBBER-BLK 1 EA A	6100344	REPLACE OR REFUND A	T 1.00	45.48	25.73	25.73
entshade	94228	VENTVISOR-SMOKE 4 PC VNTS	6245064	LIMITED LIFETIME REPLACEM	1.00	45.48	59.39	59.39
Payment								
	AAP (Comm Credit						
				SUBTO	TAL		8	5.12
				TOTAL	INVOI	CE	8	3 5.12

Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebuildable condition to receive full core credit. Invoice required as proof of purchase for all returns. THANK YOU FOR YOUR BUSINESS!

Descripted Desc	LEWISE LOOLOK LOOK ROSENESSE	
Received By:	2 of 16	Date:



Questions or feedback?

Contact the Commercial Customer Support Team

at 1-877-280-5965 or email us at service@advancegutoparts.com

P.O.#: CAR 317 Invoice/Trans: 68044259 Date: 09/16/2014 Time: 16:49:44 Register: 8 Delivery: Y Store/Unit #: 6804 Payment Terms: MCNTHL Product Line Part# Description SKU Warranty Qty List Cost Expression Car 317 Invoice/Trans: 68044259 Date: 09/16/2014 Time: 16:49:44 Register: 8 Delivery: Y Payment Terms: MCNTHL MCNTHL Description SKU Warranty Qty List Cost Expression Car 317 Invoice/Trans: 68044259 Date: 09/16/2014 Time: 16:49:44 Register: 8 Delivery: Y Payment Terms: MCNTHL Description SKU Warranty Qty List Cost Expression Car 317 Invoice/Trans: 68044259 Date: 09/16/2014 Time: 16:49:44 Register: 8 Delivery: Y Payment Terms: MCNTHL Description Car 317 Invoice/Trans: 68044259 Date: 09/16/2014 Time: 16:49:44 Register: 8 Delivery: Y Payment Terms: MCNTHL Description Car 317 Date: 09/16/2014 Time: 16:49:44 Payment Terms: MCNTHL Description Car 317 Date: 09/16/2014 Date:	-
Product Line Part# Description SKU Warranty Oty Lint Cont.	
1L2Z19C836AA 80010300 LIMITED LIFETIME	Extended 156.91
Payment AAP Comm Credit SUBTOTAL 156.91 TOTAL INVOICE 156.91	

Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebuildable condition to receive full core credit. Invoice required as proof of purchase for all returns.

Received By:	THANK YOU FOR YOUR BUSINESS!	
Tradelyed by:	3 of 16	Date:



Questions or feedback?

Contact the Commercial Customer Support Team

at 1-877-280-5965 or amail us at service@advanceautopade.com

	at 1-877-280-	5965 or email us at service@advance	eautoparts.com.						
TOWN OF CARMEL Police 60 McAlpin Avenue Mahopa Phone: 845/628-7474 Account ID: 8800028012	Dept		P.O.#; Date: Register: Store/Unit #; Internet Orde	0: 8 6:	AR 317 9/19/2014 804		Invoice/Trai Time: Delivery: Payment Te		6804426282068 12:17:08 Y MCNTHLY
Product Line	Part#	Description	SKU	Warranty		Qty	List	Cost	Extended
OUGHONE WATER PUMP	T1238	WATER PUMP 1 EA TWPUP	15760013	LIMITED LI REPLACEM		1.00	78.73	43.60	43.60
Payment									
	AAP (Comm Credit							
					SUBT	OTAL			43.60
					TOTA	L INVOIC	Œ		43.60

Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebuildable condition to receive full core credit. Invoice required as proof of purchase for all returns.

Received By:	THANK YOU FOR YOUR BUSINESS!	
	4 of 16	Date:



Questions or feedback?

Contact the Commercial Customer Support Team

at 1-877-280-5965 or email us at service@advanceautoparts.com.

Phone: 845/628-7474 Account ID: 8800028012			Register: Store/Unit #: Internet Order #		8 6804 S06804-201408		Delivery: Payment Terms: 3455	N	27:11 ONTHLY
Product Line WAGNER	Part# QC966B	Description BRAKE PAD SET-CERAMC 1 EA	15810563 [[]	Warranty LIMITED REPLACI	LIFETIME	Qty 1.00	List 99.18	Cost 53.71	Extended 53,71
Payment	AAP Co	omm Credit	·	TET ENOT	L 191				53.11

SUBTOTAL 53.71

TOTAL INVOICE 53.71

Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebuildable condition to receive full core credit. Invoice required as proof of purchase for all returns.

Persiante	THANK YOU FOR YOUR BUSINESS!	
Received By:	5 of 16	Date:



Questions or feedback?

Contact the Commercial Customer Support Team

at 1-877-280-5965 or email us at service@advanceautoparts.com.

60 McAlpin Avenue Phone: 845/628-747 Account ID: 880002	Mahopac NY 10541 74		P.O.#: Date: Register: Store/Unit #: Internet Order	CAR 31 09/19/2 8 6804 #:		Invoice/Trans: Time: Delivery; Payment Terms:	12 Y	804426282075 2:42:10 ONTHLY
Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
PRESTONE	AF2100	ANTIFRZ EXTD 50/50 1 GL P	7020013	REPLACE OR RI MGR	EFUND AT 2.00	24.48	13.34	26.68
Payment								
	AAP	Comm Credit						
					SUBTOTAL			26.68
					TOTAL INVOI	DE	l.	26.68

Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebuildable condition to receive full core credit. Invoice required as proof of purchase for all returns.

Received By:	6 of 16	Date:
	THANK YOU FOR YOUR BUSINESS!	



Questions or feedback?		Commercial Customer Support Tean 5965 or email us at service@advan	n ceautoparts.com.						
TOWN OF CARMEL Poli 60 McAlpin Avenue Maho Phone: 845/628-7474 Account ID: 8800028012	ice Dept opac NY 10541		P.O.#: Date: Register: Store/Unit #: Internet Orde	7 88	/02/2014		Invoice/Trans: Time: Delivery: Payment Terms:	1. Y	800424578177 4:05:50 ONTHLY
Product Line	Part#	Description	SKU	Warranty		Qty	List	Cost	Extended
BATTERY TENDER	021-0123	BATTERY TENDER 1 EA BATTR	10081059	1 YR REPLA DEFEC	CEMENT IF	1.00	73.48	39.21	39.21
Payment									
	AAP	Comm Credit							
					SUBTO	TAL			39.21
					TOTAL	INVOI	CE		39.21

Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebuildable condition to receive full core credit. Invoice required as proof of purchase for all returns.

Received By:	THANK YOU FOR YOUR BUSINESS!	
	8 of 16	Date:



Questions or feedback?

Contact the Commercial Customer Support Team

TOWN OF CARMEL 60 McAlpin Avenue N Phone: 845/628-7474 Account ID: 8800028	Police Dept Mahopac NY 10541	-5965 or email us at service@advance	P.O.#: Date: Register: Store/Unit #: Internet Order	PEACEKEEPER 09/04/2014 7 8800		Invoice/Trans: Time: Delivery: Payment Terms:	16:3 Y	042477,8369 32:07 NTHLY
Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
I B D Industries	2408 8	3/8"x 25' FUEL HOSE 1 FT	3100007	1 YR REPLACEMENT IF DEFEC	25.00		0.63	15.75
Autocraft	AC5202	HOSE CLAMP #4 1 EA ATOCF	9070001	REPLACE OR REFUND A	T 10.00	1.73	0.29	2.90
mperial	215026	FAN CLUTCH-THERMAL 1 EA I		1 YR REPLACEMENT IF DEFEC	1.00	1.73	29.39	29.39
Payment								
	AAP	Comm Credit						
				SUBTO	TAL		48	3.04

TOTAL INVOICE 48.04

Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebuildable condition to receive full core credit. Invoice required as proof of purchase for all returns. THANK YOU TOO YOUR RUCKIEGO

Received By:	9 of 16	_
	2 01 10	Date:



Questions or feedback?

Contact the Commercial Customer Support Team at 1-877-280-5985 or email us at service@advance

	at 1-877-28	0-5965 or email us at service@advance	autoparts.com.						
60 McAlpin Avenue Phone: 845/628-74 Account ID: 880002	Mahopac NY 10541 74	·	P.O.#: Date: Register: Store/Unit #: Internet Orde	0 7 8	PEACEKEEPER 19/05/2014 1800		Invoice/Trans; Time: Delivery: Payment Terms;	14 Y	00424878425 :08:15 DNTHLY
roduct Line	Part#	Description	SKU	Warranty		Qty	List	Cost	Extended
delbrock	8719	CARBURETOR SPACER 1 EA	22342627	90 DAY RE	EPLACEMENT IF			35.88	35.88
delbrock	2NDDAYFR	EIGHT FDO 2ND DAY FREIGHT	25010027	90 DAY RE	EPLACEMENT IF	1.00	0.00	7.00	7.00
Payment									
	AAF	Comm Credit							
					ĈI IDTOT				
					SUBTOT	AL		4	12.88
					TOTAL IN	I VOI	CE	4	42.88

Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebuildable condition to receive full core credit. Invoice required as proof of purchase for all returns.

Received By:	THANK YOU FOR YOUR BUSINESS!	
	10 of 16	Date:



Questions or feedback?

Contact the Commercial Customer Support Team

at 1-877-280-5965 or email us at service@advanceautoparts.com.

TOWN OF CARME 60 McAlpin Avenue Phone: 845/628-74 Account ID: 880002	Mahopac NY 10541 74		P.O.#: Date: Register: Store/Unit #: Internet Orde	09 7 88	eacemaker 9/05/2014		Invoice/Trans: Time: Delivery: Payment Terms:		8800424878428 14:21:50 N MONTHLY
Product Line Edelbrock	Part# 8724	Description CARBURETOR SPACER 1 EA ED	SKU 22342625	Warranty 90 DAY REI DEF	PLACEMENT IF	Qty 1.00	List 52.48	Cost 28.51	Extended 28.51
Payment	AAF	P Comm Credit							
					SUBTOT		Œ		28.51 28.51

Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebuildable condition to receive full core credit. Invoice required as proof of purchase for all returns.

Received By:	THANK YOU FOR YOUR BUSINESS!	ъ.
	3/ 10	Date:



Questions or feedback?

Contact the Commercial Customer Support Team at 1-877-280-5965 or email us at service@advanceautoparts.com

		5 or email us at service@a	advanceautoparts.com.					
TOWN OF CARMEL Police Dept 60 McAlpin Avenue Mahopac NY 10541 Phone: 845/628-7474 Account ID: 8800028012		P.O.#: Date: Register: Store/Unit #: Internet Order	SHOP 09/12/2014 7 8800	09/12/2014 7		18: Y	8800425578939 18:43:37 Y MONTHLY	
Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
	REG. DELIVERY	OUTSIDE SALE	80010222	LIMITED LIFETIME REPLACEM	1.00	0.00	135.37	135.37
Payment	AAP Com	im Cradit						
	70	iii olook	ra .					
				SUE	BTOTAL		1	35.37
				TOT	TAL INVO	CE	1	35.37

Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebulldable condition to receive full core credit. Invoice required as proof of purchase for all returns.

Beestwal B.:	THANK YOU FOR YOUR BUSINESS!	
Received By:	12 of 16	Date:



Questions or feedback?

Contact the Commercial Customer Support Team

at 1-877-280-5965 or email us at service@advanceautoparts.com.

TOWN OF CARMEL Police Dept 60 McAlpin Avenue Mahopac NY 10541 Phone: 845/628-7474 Account ID: 8800028012		P.O.#: Date: Register: Store/Unit #: Internet Order #:		return-CAR 32 09/16/2014 7 8800 S08800-201409160804		Invoice/Trans: Time: Delivery: Payment Terms: 19153	8803425979111 12:35:04 Y MONTHLY		
Product Line	Part#	Description	SKU	Warranty		Qty	List	Cost	Extended
Sylvania	9007 ST ZXE	HEADLGHT-SLVRŞTR ZXE 2 PA	10099045	1 YR REP DEFEC	LACEMENT IF	1.00	0.00	-54.99	-54.99
Payment									
	AAP Co	omm Credit							
					SUBTO	TAL		-5	54.99
					TOTAL	INVOIC	CE	-5	54.99

Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebuildable condition to receive full core credit. Invoice required as proof of purchase for all returns.

Received By:	LUNAR ADD LOK ADOR ROSINESS	
received by:	14 of 16	Date:



Store #: 8800 Address: 155 Route 6 Mahopac NY 10541 Phone:

Questions or feedback?

Contact the Commercial Customer Support Team at 1-877-280-5965 or email us at service@advence

TOWN OF CARMEL Police Dept 60 McAlpin Avenue Mahopac NY 10541 Phone: 845/628-7474 Account ID: 8800028012				P.O.#: Date: Register: Store/Unit #: Internet Order #:		Invoice/Trans: Time: Delivery: Payment Terms:		8800425979112 12:36:26 Y MONTHLY	
Product Line Sylvania	Part# 900 7 ST ZXE	Description HEADLGHT-SLVRSTR ZXE 2 PA	SKU 10099045	Warranty 1 YR RE DEFEC	PLACEMENT IF	Qty 1.00	List 98.98	Cost 44.99	Extended
Fayment	AAP Ca	mm Credit			SUBTO	TAL		4	4.99
					TOTAL	INVOI	CE		4.99

Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebulldable condition to receive full core credit. Invoice required as proof of purchase for all returns.

Received By:	THANK YOU FOR YOUR BUSINESS!	
	15 of 16	Date:

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, Inc. 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 100th Anniversary Celebration scheduled for August 22, 2015 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, Inc. dated July 28, 2015 as attached hereto, incorporated herein and made a part hereof is hereby granted in full; and

BE IT FURTHER RESOLVED, that Pyro Engineering, Inc. d/b/a Bay Fireworks & International PYRO Importer(IPI), the contractor listed therein is hereby authorized to display fireworks in the manner and locations described therein on August 22, 2015, 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.

<u>Resolution</u>	
Offered by:	
Seconded by:	

Roll Call Vote	<u>YES</u>	<u>NO</u>
Jonathan Schneider		
John Lupinacci	7	====
Suzanne McDonough		
Frank Lombardi		_
Kenneth Schmitt		

FIREWORKS PERMIT APPLICATION AMENDED

Application is hereby made to the Town Board of the Town of Carmel for the issuance of a Fireworks Permit pursuant to the Code of the Town of Carmel and the laws of New York State. The applicant agrees to comply with all applicable laws, ordinances and regulations. The applicant attests that the proposed work outlined in this application conforms to all provisions of the Code of the Town of Carmel and laws of New York State. Fireworks display shall comply with requirements of the National Fire Protection Association (NFPA) and N.Y.S. Penal Law § 405.

DISPLAY DATE: August 22, 2015-Approximately 9PM

RAIN DATE:

SITE DATA:

- Section Block Lot: 55-2-5
 Street Address:NYC DEP Sluiceway (Lake Gleneida), Route 301
 NYC DEP Lake Gleneida North Shore Point, Route 301
- 2) Section-Area of Woods behind Shoprite Plaza Street Address:

OWNER:

1) Name: NYC DEP

Address: 71 Smith Ave, Kingston, NY 12401

Phone: 845-340-7800

2)

SPONSORING BODY:

Name: Carmel Fire Department Inc

Address: 94 Gleneida Ave, Carmel, NY 10512

Phone: 845-225-5100

FIREWORKS CONTRACTOR:

Name: Pyro Engineering Inc.



Address: 999 S. Oyster Bay Rd., Suite 111

Bethpage, NY 11714

Phone: Mobile:

License # (copy attached):

Name of person in charge of site:

Age:

Years of Experience:

EVENT DETAILS:

Type and total number of shells to be discharged:

Maximum shell size (diameter):

Tube material:

Manner and place of storage of shells prior to display:

MINIMUM DISTANCE IN FEET FROM NEAREST:

Building: 420 feet Roadway: 220 feet

Spectator area: 1921 feet Overhead wires/poles: 210 feet

Parking area: N/A

*Site sketch with distances marked is attached.

INSURANCE CERTIFICATE ATTACHED (with Town of Carmel named as an additional insured).

THE FOLLOWING REQUIREMENTS WILL BE MET:

- Fire department will be present during the display.
- Two charged and tagged water fire extinguishers will be on site during preparation and presentation.
- Minimum of two fireworks contractors will present during shoot who are over the age of eighteen and who are competent and physically fit for the task. No unnecessary personnel will be present.
- Display will not take place if wind speeds exceed 30MPH.
- No alcoholic beverages will be permitted in firing area.
- Firing and landing area will be searched for unexploded shells on the morning after the display.

STATE OF NEW YORK)
) ss
COUNTY OF PUTNAM)

John Mulreany, President of the Carmel Fire Department, Inc., being duly sworn deposes and says that he is the authorized representative of the sponsoring body, that all of the statements in this application are true to the best of his knowledge, and that the display will be performed in the manner set forth in this application and in the plans and specifications filed herein.

Carmel Fire Department, Inc

Sworn to before me this 28 day of July

MICHAEL R. JOHNSON Notary Public, State of New York No. 01JO6242318 Qualified in Putnam County Commission Expires May 31, 20



RESUME 999 South Oyster Bay Road • Suite 111 Bethpage, NY 11714 T: 516.597.5500 • F: 516.597.5507



www.bayfireworks.com

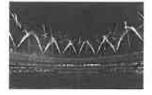
www.peifx.com

World Class Productions



Filectorks Straposician
of Wolf Diones Works
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Conference Microscop Resort

Major Sporting Events



Major League Basabell
U.S. Glympic Committee
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Rational Foothall League
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PGA / LPGA Courses & Events
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Concert Tours - Clase Proximity



Ultra Music Fest Minmi
Electric Datay Caraival - Las Vogas
Kuty Perry - One Exception
Abor Cooper - Sevelash House Matic
Stadium, Stage, Concerts
These Park Design - Cansaltation

July 28, 2015

To Whom It May Concern:

This letter will serve as a Resume for Mr. Michael Garafola. Mr. Garafola has produced fireworks displays since 2011. As a lead Technician for Pyro Engineering dba Bay Fireworks, he shows the ability to multi task at his display site by interacting with the Sponsor's Representative, Fire Marshal, Police, and always with a continuous eye on safety. Mr. Garafola has assisted in the production of all types of pyrotechnic displays. He has completed our training classes and now assists in the training of new technicians. I find him competent and well qualified to conduct any type pyrotechnic displays.

Mr. Garafola holds a Certificate of Competency issued by the New York Department of Labor.

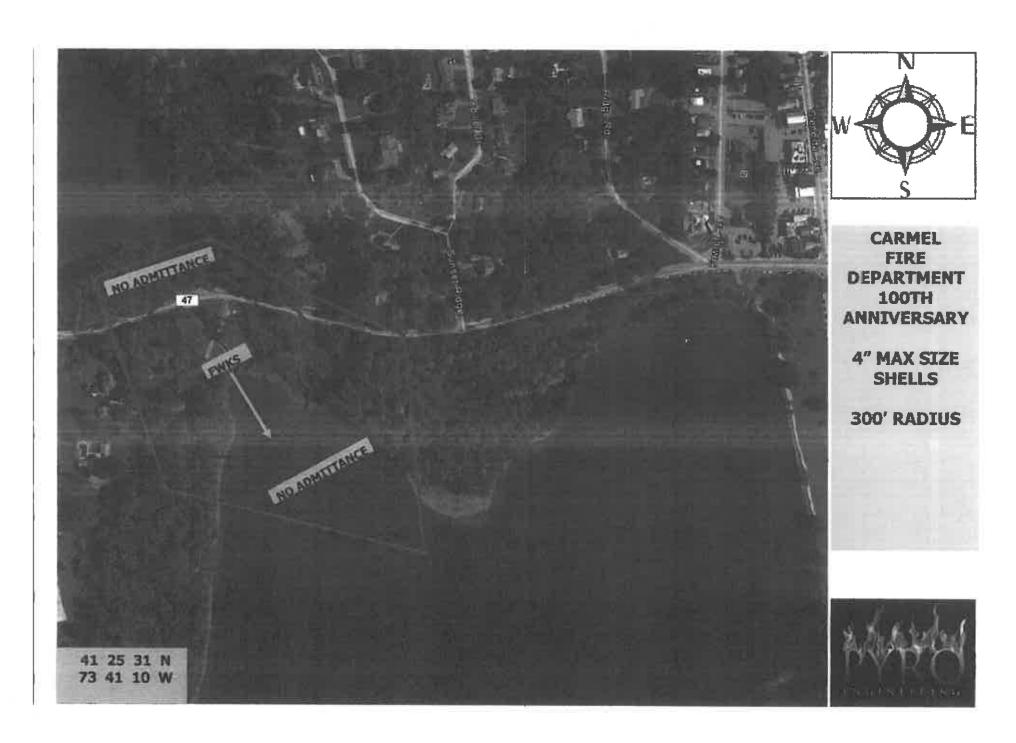
If you have any further questions, please feel free to contact my office at 631-390-8620.

Sincerely

Dennis P. Brady Sr.

Vice President of Operation

Pyro Engineering, Inc. dba Bay Fireworks



SPONSOR: Carmel Fire Department

Fireworks Company Pyro Engineering, Inc. dba Bay Fireworks 999 S. Oyster Bay Rd., Suite 111 Bethpage, NY 11714

Show Date(s): 8/22/15 Rain Date(s): None

Location: Land site near Lake Gleneida, NY

- 1. Total number of Class B shells being used: 2-3"=510, 4"=215 plus illuminations. Sizes between: 2 inches and 4 inches in diameter.
- 2. All shells are DOT approved.
- 3. Display will be fired manually and/or electrically.
- 4. All displays will comply with all requirements as set forth in NYS Penal Code 405 and NFPA 1123, 1124.
- 5. Pyro Engineering, Inc. has complete understanding of all rules and regulations governing public fireworks displays and this display will be in accordance with those rules and regulations.
- 6. Personnel representing fireworks display company: Lead: Michael Garafola (NYS DOL license # PR-595)

Cell: (631) 848-4193

7. Delivery is day of display from our Westhampton, NY facility.

Signed

servlet.FileDownload (480×640)

7728/2015

J.S. Department of Justice

received explosives License/Fermit

Bureau of Alcohol, Tobacco, Firearms and Explosi	ves	(18 U.S.C.	. Chapter 40)	(1) Hankston and common of the first of the first of the spirits o
n accordance with the provisions of Title XI, Organe activity specified in this license or permit within xpiration date shown. THIS LICENSE IS NOT	the limitations of Chapter 40.	Γitle 18. United State	es Code and the regulations	issued thereunder until the
Direct ATF ATF - Chief, FELC Lorrespondence To 244 Needy Road Martinsburg, WV 25405	5-9431	License/Permit Number	P. D. S. Vinera, Especial	1-7E-00129
Chustopher R. K	<i>I</i>	Expiration Date	May 1	, 2017
DBA BAY FIREWORKS & INTINTL I	PYRO IMPORTER (IPI)			
Premises Address (Changes? Notify the FELC at le 999 SOUTH OYSTER BAY RD SUI BETHPAGE, NY 11714-	ast 10 days before the move.) TE 111		***************************************	
'ype of License or Permit				
51-IMPORTER OF EXPLOSIVES		23		
Purchasing Certification States he licensee or permittee named above shall use a copy of ansferor of explosives to verify the identity and the license emittee as provided by 27 CFR Part 555. The signature gnature. A faxed scanned or e-mailed copy of the licens stended to be an original signature is acceptable. The signature is acceptable. The signatories Licensee (FEL) or a responsible person of the lopy of a license or permit issued to the licensee or permit usiness or operations specified above under "Type of Licensees or operations".	this license or permit to assist a sed status of the licensee or each convinus be an original to or permit with a signature must be that of the Federal FEL. I certify that this is a true tee named above to enpage in the	PYRO EN DBA BAY (IPI) 999 SOU'	SSS (Changes? Notify the F NGINEERING INC 'FIREWORKS & INT TH OYSTER BAY RO GE, NY 11714-	NTL PYRO IMPORTER
Licensec Permittee Responsible Person Signature	Position/Title			
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	Federal Explosives License (FEL) Customer Sex	rvice Information	
ederal Explosives Licensing Center (FELC) 44 Needy Road fartinsburg, WV 25405-9431	Toll-free Telephone Number: Fax Number: E-mail: FELC@atf.gov	(877) 283-3352 (304) 616-4401	ATF Homep	age; www.aff.gov
hange of Address (27 CFR 555.54(a)(1)). License	ses or permittees may during the	term of their current	liceuse or permit remove th	eir husiness or appearings to

ew 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 usiness 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 mainder 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 r permit to the Director of Industry Operations for denial in accordance with § 555.54.)

ight 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 usiness 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 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 enefit 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 ermit for 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 my on the business or operations.

(Continued on reverse side)

Jut Here X Federal Explosives License/Permit (FEL) Information Card

License Permit Name: PYRO ENGINEERING INC

Business Name:

DBA BAY FIREWORKS & INTITL PYRO

IMPORTÉR (IPI)

License Permit Number: 6-NY-059-51-7E-00129

License Permit Type: 51-IMPORTER OF EXPLOSIVES

Expiration:

May 1, 2017

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

STATE OF NEW YORK DEPARTMENT OF LABOR



DIVISION OF SAFETY AND HEALTH

LICENSE TO DEAL IN OR MANUFACTURE EXPLOSIVES

Expires:

12/31/2015

Pyro Engineering, Inc.dba Bay Fireworks 999 South Oyster Bay Rd, Ste 111 Bethpage, NY 11714

THIS LICENSE MUST BE POSTED IN YOUR PLACE OF BUSINESS

Dennis P. Brady Jr.

License No D-5731

is hereby licensed to deal in or manufacture explosives in compliance with the requirements of the Labor Law and Industrial Code Rules. Any change in the conditions under which this license is granted may cause it to be revoked.

Eileen M. Franko, Acting Director THE COMMISSIONER OF LABOR FOR

Every person selling, delivering or giving away any explosives must keep at the principal place of business within the state, a record of each transaction, including:

- the NAME or TYPE and QUANTITY of explosives SOLD, DELIVERED or GIVEN. Note: No license is needed to purchase smokeless powder, or black powder in quantities not exceeding five pounds for use in firing antique firearms or artifacts or replicas thereof. However, dealers MUST post all such transactions on the "Dealer-Manufacturer Report of Explosives Transactions".
- 2) the DATE OF EACH SALE, DELIVERY or GIFT.
- 3) the NAME, LICENSE NUMBER, and BUSINESS ADDRESS of the purchaser, donee, or person to whom the explosives were delivered and the firm, if any, represented by such person.
- 4) the NAME, ADDRESS, and LICENSE NUMBER of the person TAKING THE EXPLOSIVES AWAY from the seller or donor.

SH-862 (5-98)



DATE (MM/DD/YYYY) 07/24/2015

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).

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		Treasure Is	slan	nd, FL 33706-	1814			E-MAIL ADDRE					
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		dba: Bay F						INSUR	ER C :				
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Ce	rt # 2	233F						AUTHORIZED REPRESENTATIVE					



DATE (MM/DD/YYYY) 07/24/2015

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 Allied Specialty Insurance, Inc. 10451 Gulf Boulevard ADDRESS Treasure Island, FL 33706-4814 INSURER(8) AFFORDING COVERAGE NAIC 1-800-237-3355 12866 INSURER A: T.H.E. Insurance Company INSURED INSURER B Pyro Engineering, Inc. INSURER C dba: Bay Fireworks INSURER D 999 South Oyster Bay Rd., Suite 111 INSURER E Bethpage, NY 11714 INSURER F REVISION NUMBER: COVERAGES CERTIFICATE 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. IADOL SUBR POLICY EFF (MM/DD/YYYY) LIMITS TYPE OF INSURANCE POLICY NUMBER \$1,000,000 EACH OCCURRENCE DAMAGE TO RENTED GENERAL LIABILITY Α CPP0101284-05 02/15/2015 02/15/2016 \$100,000 PREMISES (Ea occumence) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR MED EXP (Any one person) s 1,000,000 PERSONAL & ADV INJURY GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: PRO-JECT POLICY COMBINED SINGLE LIMIT (Ca accident) ,1,000,000 AUTOMOBILE LIABILITY 02/15/2016 CPP0101284-05 02/15/2015 **BODILY INJURY (Per person)** SCHEDULED AUTOS NON-OWNED AUTOS BODILY INJURY (Per accident) ALL OWNED AUTOS X PROPERTY DAMAGE (Per accident) X HIRED AUTOS \$4,000,000 UMBRELLA LIAB EACH OCCURRENCE OCCUR A 02/15/2016 02/15/2015 ELP0010292-05 (VL) \$4,000,000 X EXCESS LIAB AGGREGATE CLAIMS-MADE DED RETENTION \$ WC STATU-WORKERS COMPENSATION 02/15/2016 WCP0005167-001 02/15/2015 AND EMPLOYERS' LIABILITY s 1,000,000 E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? NIA E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 OFFICENCE OF THE STATE OF THE S E.L. DISEASE - POLICY LIMIT \$ 1,000,000 EACH OCCURRENCE \$9,000,000 02/15/2015 02/15/2016 ELP0010296-05 (GL) EXCESS LIABILITY/OCCUR AGGREGATE \$9,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) DISPLAY DATE: 08/22/15 RAIN DATE: None LOCATION: Land site near Lake Glenedia Carmel NY RE: GENERAL LIABILITY, THE FOLLOWING ARE NAMED AS ADDITIONAL INSURED IN RESPECTS TO THE OPERATION OF THE NAMED INSURED

RE: GENERAL LIABILITY, THE FOLLOWING ARE NAMED AS ADDITIONAL INSURED IN RESPECTS TO THE OPERATION OF THE NAMED INSURED ONLY: Town of Carmel New York; Putnam County; New York City Department of Environmental Protection; New York City Water Board; City of New York; Carmel FD

CERTIFICATE HOLDER	CANCELLATION
Putnam County 48 Glenedoa Ave Carmel NY 10512	Thirty (30) Days Notice of Cancellation Applies. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Cert # 2233B	arthurized perfesentative a Seria



DATE (MM/DD/YYYY) 07/24/2015

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PRODUC	CER Allied Specialty Insurance,	inc.			CONTA	CT					
	10451 Gulf Bouleyard				PHONE (A/C, No. Ext): (A/C, No):						
	Treasure Island, FL 33706-4	814			E-MAIL ADDRESS:						
	1-800-237-3355					IN:	SURER(S) AFFO	RDING COVERAGE	NAIC #		
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	dba: Bay Fireworks				INSUR	RC:					
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	Bethpage, NY 11714	,			INSURI						
OVE		TIECO	ΔTE	NUMBER:	INSUR	RF:		REVISION NUMBER:			
THIS INDIC CERT EXCL	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE TIFICATE MAY BE ISSUED OR MAY JUSIONS AND CONDITIONS OF SUCH	OF IN EQUIRE PERTA POLICI	ISUF EME: IN, IES,	RANCE LISTED BELOW HAN NT, TERM OR CONDITION THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR THE P DOCUMENT WITH RESPECT T D HEREIN IS SUBJECT TO AL	O WHICH THIS		
SR TR	TYPE OF INSURANCE	ADDL 9	UBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
X	CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR ENL AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC			CPP0101284-05		02/15/2015	02/15/2016	EACH OCCURRENCE \$1, DAMAGE TO RENTED PREMISES (Ea occurrence) \$10 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1, GENERAL AGGREGATE \$	000,000 00,000 000,000		
AU	ANY AUTO ALL OWNED AUTOS AUTOS SCHEDULED AUTOS			CPP0101284-05	i	02/15/2015	02/15/2016	COMBINED SINGLE LIMIT (Fa scodent) \$1, BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	000,000		
×	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTIONS			ELP0010292-05 (VL)		02/15/2015	02/15/2016		000,000 000,000		
AN OF (Mi	DRKERS COMPENSATION ID EMPLOYERS LIABILITY IV PROPRIETOR/PARTNER/EXECUTIVE PICER/MEMBER EXCLUDED? andatory in NH) es, describe under ESCRIPTION OF OPERATIONS below	NJA		WCP0005167-001		02/15/2015	02/15/2016	WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT \$ 1, E.L. DISEASE - EA EMPLOYEE \$ 1,	000,000 000,000 000,000		
- (CESS LIABILITY/OCCUR			ELP0010296-05 (GL)		02/15/2015	02/15/2016	EACH OCCURRENCE \$9,000 AGGREGATE \$9,000,000			
ISPLA E: GE NLY: '	PTION OF OPERATIONS / LOCATIONS / VEHICL LY DATE: 08/22/15 RAIN DATE: NERAL LIABILITY, THE FOLLOWIN Town of Carmel New York; Putnan armel FD	None NG AR	LC E N	CATION: Land site near I	Lake C NSURE	ilenedia Car D IN RESPE	mel NY CTS TO THE	OPERATION OF THE NAME; New York City Water Board	D INSURED		
ERTI	FICATE HOLDER					ELLATION					
9-17 .	ork City Department of Environ Junction Bivd 19th Floor ng NY 11373	tal į	protection	Thirty (30) Days Notice of Cancellation Applies. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
ert#	2233C				AUTHO	NEED REPRESE	NTATIVE	Serra			



DATE (MW/DD/YYYY) 07/24/2015

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.

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_	certificate holder in lieu of such endon		ent(s).						
PR	opucer Aliled Specialty Insurance, I	inc.			CONTA NAME:	CT				
]	10451 Gulf Boulevard				PHONE FAX (A/C, No): (A/C, No):					
	Treasure Island, FL 33706-4	814			E-MAIL ADDRE	83;				
	1-800-237-3355					IN:	SURER(8) AFFOI	RDING COVERAGE		NAIC#
					INSUR	ERA: T.H.E.	Insurance (Company		12866
INS	Pyro Engineering, Inc.				INSUR	ERB:				i i
	dba: Bay Fireworks				INSUR	ERC:				
ĺ	999 South Oyster Bay Rd.	e.	iito.	111	INSUR	ERD:	,			
		, 01	IIIO	111	INSURI	ER E :				
L	Bethpage, NY 11714				INSURI	ERF;				
				E NUMBER:				REVISION NUMBER:		
(E	THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE DERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUII PERT POLI	REME TAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT	CT TO	WHICH THIS
i Si	TYPE OF INSURANCE	ADDL	SUBF WVD	POLICY NUMBER		POLICY EFF (MM/OD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	SENERAL LIABILITY COMMERCIAL GENERAL LIABILITY	l		CPP0101284-05		02/15/2015	02/15/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,00 \$ 100	00,000 ,000
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	
İ]	PERSONAL & ADV INJURY	ş 1,00	00,000
								GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:		Į					PRODUCTS - COMPIOP AGG	\$ 2,00	00,000
_	POLICY PRO- JECT LOC		-					COMBINED SINGLE LIMIT	\$	
Α	ANY AUTO			CPP0101284-05		02/15/2015	02/15/2016	(Es accident) BODILY INJURY (Per person)	\$ 1,00	00,000
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	dent) \$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
							İ		\$	
Α	UMBRELLA LIAB X OCCUR			ELP0010292-05 (VL)		02/15/2015	02/15/2016	EACH OCCURRENCE	\$4,00	00,000
	X EXCESS LIAB CLAIMS-MADE			CLF 00 (0232-03 (VL)		02/13/2013	02119/2010	AGGREGATE	\$4,00	0,000
	DEO RETENTION \$								\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WCP0005167-001		02/15/2015	02/15/2016	WC STATU- CTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		TO 0000 01-00		027102013	02/19/2019	E.L. EACH ACCIDENT		00,000
	(Mandatory in Ni-h							E.L. DISEASE - EA EMPLOYEE	EE \$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							EL DISEASE - POLICY LIMIT \$ 1,000,000		00,000
A	EXCESS LIABILITY/OCCUR			ELP0010296-05 (GL)		02/15/2015	02/15/2016	EACH OCCURRENCE \$ AGGREGATE \$9,000,00		000
DIS	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL PLAY DATE: 08/22/15 RAIN DATE: 1	None	LC	OCATION: Land site near	Lake C	Sienedia Can	mel NY			
ONI	GENERAL LIABILITY, THE FOLLOWIN LY: Town of Carmel New York; Putnam	i Coi	ntv.	New York City Donating	nt of ⊏	nvironmonts	Drotooties	New York City Makes C.	AMED	INSURED
Yог	k: Carmel FD.		at reje t	now fork only popertine	III OI E	itali ottilletifo	ii Ptotection;	NOW TOTA CRY WATER DE	oaru; u	ity of New
	RTIFICATE HOLDER		····		04116	M. C. C. T. C. C. C.				· · · · · · · · · · · · · · · · · · ·
						ELLATION	nuo Metic-	of Connellation A		
Ne	w York City Water Board			İ	SHO	ULD ANY OF 1	THE ABOVE DI	of Cancellation Apescribed Policies BE CA	NCELL	ED BEFORE
	NYC DEP				THE	EXPIRATION	I DATE THE	REOF, NOTICE WILL B	E DEL	IVERED IN
59-	17 Junction Blvd 19th Floor				ACC	OKDANCE MJ.	IH THE POLIC	Y PROVISIONS.		
Flu	shing NY 11373			ŀ	AUTHO	RIZEO REPRESE	NTATIVE -	2 0		
Ce	rt # 2233D				(048	1/1	Soula		
	f						00 2040 400	DE CORRORATION :		
						© 19	00-2010 ACC	ORD CORPORATION.	ali righ	ts reserved.



DATE (MM/DD/YYYY) 07/24/2015

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.

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				of such endor		ent(s).						
PRO	DUCE	R Allied Spe	ciali	ty Insurance,	inc.			CONTA NAME:		··			
		10451 Gulf	r Bo	ulevard			*	PHONE FAX (AJC, No, Ext): (AJC, No):					
ļ		Treasure Is	slan	d, FL 33706-4	814			E-MAIL ADDRE	SS:				
		1-800-237-	335	5			· /		INS	SURER(S) AFFOI	RDING COVERAGE		NAIC#
 -								INSURER A: T.H.E. Insurance Company 12866					12866
INS	JRED	Pyro Engir	100	ring, Inc.				INSURE	ER 8 :				
		dba: Bay F						INSURI	ERC:				
		•		ster Bay Rd.	Q.	iita '	144	INSURER D:					
		Bethpage,	_	-	., oc	III.O	111	INSURER E:					
<u> </u>			141				<u> </u>	INSURE	ERF:				
_~	_	AGES	TILA				E NUMBER:				REVISION NUMBER:		
10 €	NDICA ERTI XCLL	NTED, NOTWIT FICATE MAY B	ihst Ie is	'Anding any ri Sued or may	PERT POLI	REME TAIN, CIES.	RANCE LISTED BELOW HAY NT. TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS
LTR		TYPE OF I	INSUF	RANCE	ADDL	SUBA	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	3	
A	X X	COMMERCIAL GE CLAIMS MAI		ALEIABILITY CCCUR	ĺ		CPP0101284-05		02/15/2015	02/15/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Arty one person)	s 100 s	
						7					PERSONAL & ADV INJURY	s 1,00	00,000
	-	•				1					GENERAL AGGREGATE	2 000	30.000
	GEN	POLICY PE	MITA RO- CT	LOC							PRODUCTS - COMP/OP AGG	\$ 2,00 \$	00,000
A	AUT	OMOBILE LIABILM	TY				CPP0101284-05		02/15/2015	02/15/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	, 1,00 s	00,000
	×	ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$			
												\$	
Α		UMBRELLA LIAD	- [:	OCCUR			ELP0010292-05 (VL)		02/15/2015	02/15/2016	EACH OCCURRENCE	\$ 4,00	00,000
	X	EXCESS LIAB		CLAIMS-MADE			,				AGGREGATE	\$4,00	0,000
	WOX	DED RETE	ENTIC								A LINC STATE OTH	\$	·
A	AND	EMPLOYERS' LIA	BILIT	Υ γ/μ			WCP0005167-001		02/15/2015	02/15/2016	WC STATU- OTH- TORY LIMITS ER		
	OFF	PROPRIETOR/PAR	RTNEF	WEXECUTIVE	NIA						E.L. EACH ACCIDENT		0,000
	If yes	ndatory (n NH) s, describe under CRIPTION OF OPE									E.L. DISEASE - EA EMPLOYEE		
	}					}					E.L. DISEASE - POLICY LIMIT	\$ 1,UL	00,000
A	EXC	ess Liabilit	Y/0	CCUR			ELP0010296-05 (GL)		02/15/2015	02/15/2016	EACH OCCURRENCE \$ AGGREGATE \$9,000,00		100
DISI RE: ONL	GEN Y: T	DATE: 08/22 ERAL LIABIL!	/15 TY,	RAIN DATE: THE FOLLOWI	None NG A	RE N	ACORD 101, Additional Remarks S DCATION: Land site near IAMED AS ADDITIONAL I New York City Departme	Lake G NSURE	elenedia Can ED IN RESPE	mel NY CTS TO THE	OPERATION OF THE N New York City Water B	IAMED oard; C	INSURED ity of New
CE	RTIF	ICATE HOLD	ER					CANC	ELLATION				
c/o	NYC	New York DEP unction Bivd	1 191	th Floor				SHO THE	ULD ANY OF T EXPIRATION	THE ABOVE D	e of Cancellation Appending the secretary policies be concerned, notice will exprovisions.	ANCELL	ED BEFORE
Flu	shin	g NY 11373						AUTHO!	RIZED PEPRESE	NTATIVE /	7 8		
Cei	t#2	233E		<u> </u>					ard	(U	Derra		
									© 198	B8-2010 AC(ORÓ CORPORATION.	All riah	ts reserved.



DATE (MIN/DD/YYYY) 07/24/2015

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certificate holder in lieu of such endor		nt(s)	· · · · · · · ·					
PRODUCER Allied Specialty Insurance,	inc.			NAME:					
10451 Gulf Boulevard				PHONE (A/C, N	o. Ext):		FAX (A/C, No):		
Treasure Island, FL 33706-4	1814			E-MAIL ADDRESS:					
1-800-237-3355				INSURER(S) AFFORDING COVERAGE				NAIC#	
			· · · · · · · · · · · · · · · · · · ·	INSUR	ERA: T.H.E.	Insurance	Company	12866	
Pyro Engineering, inc.				INSUR	ERB;				
dba: Bay Fireworks				INSUR	ER C:		×		
999 South Oyster Bay Rd	0	ia.	444	INSUR	ERD:				
	., ou	ile	314	INSURER E:					
Bethpage, NY 11714				INSURI	ERF:			İ	
			E NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	REME AIN, CIES	ENT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT TO A	TO WHICH THIS	
INSR TYPE OF INSURANCE	ADOL INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			CPP0101284-05		02/15/2015	02/15/2016		1,000,000 100,000	
							PERSONAL & AUV INJURY \$,000,000	
		ĺ			•		GENERAL AGGREGATE \$		
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMPIOP AGG \$	2,000,000	
POLICY PRO-]						\$		
A AUTOMOBILE LIABILITY ANY AUTO			CPP0101284-05		02/15/2015	02/15/2016	COMBINED SINGLE LIMIT (Es accident) \$ BODILY INJURY (Per person) \$,000,000	
ALL OWNED SCHEDULED							BODILY INJURY (Per accident) \$		
NON-OWNED							PROPERTY DAMAGE		
HIRED AUTOS AUTOS							(Per accident) \$		
A UMBRELLA LIAB X OCCUR							-	,000,000	
X EXCESS LIAB CLAIMS-MADE			ELP0010292-05 (VL)		02/15/2015	02/15/2016		.000.000	
DED RETENTIONS							S S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCP0005167-001			02/15/2015	02/15/2016	X WC STATU- OTH- TORY LIMITS ER		
OFFICERMEMBER EXCLUDED?	NIA							,000,000	
(Mandatory in NH)	l i		}					,000,000	
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 7	,000,000	
A EXCESS LIABILITY/OCCUR			ELP0010296-05 (GL)		02/15/2015	02/15/2016	EACH OCCURRENCE \$9,0 AGGREGATE \$9,000,000	00,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES !A	tiach	ACORD 101 Additional Rameries	Schodula	if more eases in	nanufraen	L		
DISPLAY DATE: 08/22/15 RAIN DATE:									
RE: GENERAL LIABILITY, THE FOLLOWI							OPERATION OF THE NAM	IED INSURED	
ONLY: Town of Carmel New York; Putnan									
York; Carmel FD		•					, , , , , , , , , , , ,	_, ,	
CERTIFICATE HOLDER				CANC	ELLATION				
						avs Notice	of Cancellation Appl	ios	
Carmel Fire Department Inc				SHO	ULD ANY OF 1	HE ABOVE D	ESCRIBED POLICIES BE CANC	ELLED BEFORE	
94 Gleneida Ave				THE	EXPIRATION	I DATE THE	REOF, NOTICE WILL BE		
Carmei NY 19512]				Y PROVISIONS.		
			i	AUTHO	RIZED REPRESE	NTATIVE	2 1		
Cert # 2233A				(ard	l U	Derra		

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STATE OF NEW YORK WORKERS' COMPENSATION BOARD

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier			
1a. Legal Name and Address of Insured (Use street address only) PYRO ENGINEERING INC dba BAYFIREWORKS 999 SOUTH OYSTER BAY RD STE 111 BETHPAGE, NY 11714	1b. Business Telephone Number of Insured (516) 597-5500 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 753-04-4987		
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Putnam County 48 Gleneida Avenue Carmel, NY 10512	3a. Name of Insurance Carrier NEW YORK STATE INSURANCE FUND 3b. Policy Number of entity listed in box "Ia": DBL 5213 59 - 1 3c. Policy effective period: 01/04/2015 to 01/04/2016		
4. Policy covers:			
a. X All of the employer's employees eligible under the New York Disability Benefits Law b. Only the following class or classes of the employer's employees: Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits insurance coverage as described above.			
Date Signed 07/24/2015 By 3	Joseph J. Masi		
[Signature of insurance carrier's authorized representative of NYS Ucersed insurance Agent of that insurance carrier) Telephone Number (866) 697-4332 Title Director of Disability Benefits Insurance IMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder. If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board. DB Plans Acceptance Unit, 20 Park Street, Albany, New York 12207.			
PART 2. To be completed by NYS Workers' Compensation	Board (Only if box "4b" of Part 1 has been checked)		
State Of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.			
Date SignedBy			
(Signature of NYS Workers' Compensation Board Employee)			
Telephone NumberTitle			

Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

STATE OF NEW YORK WORKERS' COMPENSATION BOARD

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier			
ia. Legal Name and Address of Insured (Use street address only) PYRO ENGINEERING INC dba BAYFIREWORKS 999 SOUTH OYSTER BAY RD STE 111 BETHPAGE, NY 11714	Business Telephone Number of Insured (516) 597-5500 Ic. NYS Unemployment Insurance Employer Registration Number of Insured Id. Federal Employer Identification Number of Insured or Social Security Number 753-04-4987		
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Town of Carmel 60 McAipin Avenue Mahopac, NY 10541	3a. Name of Insurance Carrier NEW YORK STATE INSURANCE FUND 3b. Policy Number of entity listed in box "Ia": DBL 5213 59 - 1 3c. Policy effective period: 01/04/2015 to 01/04/2016		
4. Policy covers:			
a. X All of the employer's employees eligible under the New York Disability Benefits Law b. Only the following class or classes of the employer's employees: Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits insurance coverage as described above.			
Date Signed 07/24/2015 By 3	•		
[Signature of insurance or ries's authorized representative of NYS Doctor of NYS Doctor of the tinsurance carrier) Telephone Number (866) 697-4332 Title Director of Disability Benefits Insurance IMPORTANT: If box "4s" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder. If box "4s" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit. 20 Park Street, Albany, New York 12207.			
PART 2. To be completed by NYS Workers' Compensation	· · · · · · · · · · · · · · · · · · ·		
State Of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.			
Date SignedBy			
(Signature of N	YS Workers' Compensation Board Employee)		
Telephone Number Title			

Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

DB-120.1 (5-06)

Certificate Number 333997

STATE OF NEW YORK WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

- CERTIFICATIE OF THE TOTAL COND	EMBRITON INSURANCE COVERAGE
1a. Legal Name & Address of Insured (Use street address only)	1b. Business Telephone Number of Insured (631) 390-8620
Pyro Engineering, Inc. dba Bay Fireworks 999 S. Oyster Bay Rd., Stc. 111 Bethpage, NY 11714	1c. NYS Unemployment Insurance Employer Registration Number of Insured
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)	1d. Federal Employer Identification Number of Insured or Social Security Number 753044987
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)	3a. Name of Insurance Carrier T.H.E. INSURANCE COMPANY
County of Putnam County 48 Gleneida Avenue	3b. Policy Number of entity listed in box "1a" WCP0005167-001
Carmel, NY 10512	3c. Policy effective period
	2/15/2015 to2/15/2016
	3d. The Proprietor, Partners or Executive Officers are X included. (Only check box if all partners/officers included) \[\sum_{\text{all excluded}} \text{or certain partners/officers excluded.} \]
	an excluded of certain partners officers excluded,
compensation under the New York State Workers' Compensation Law. (on the INFORMATION PAGE of the workers' compensation insurations this Certificate of Insurance to the entity listed above as the certificate of Insurance to the entity listed above as the certificate of Insurance Carrier will also notify the above certificate holder within within 30 days IF there are reasons other than nonpayment of premiums indicated on this Certificate. (These notices may be sent by regular mail is approved by the insurance carrier or its licensed agent, or until the	ance policy). The Insurance Carrier or its licensed agent will send holder in box "2". 10 days IF a policy is canceled due to nonpayment of premiums or that cancel the policy or eliminate the insured from the coverage. 1.) Otherwise, this Certificate is valid for one year after this form
Please Note: Upon the cancellation of the workers' compensation pamed on a permit, license or contract issued by a certificate holder Certificate of Workers' Compensation Coverage or other authorize coverage requirements of the New York State Workers' Compensa	policy indicated on this form, if the business continues to be t, the business must provide that certificate holder with a new ted proof that the business is complying with the mandatory
Under penalty of perjury, I certify that I am an authorized represe above and that the named insured has the coverage as depicted on	entative or licensed agent of the insurance carrier referenced
Approved by: Carol A. Serra (Print name of authorized representative	e or licensed agent of insurance carrier)
Approved by: Carol a Source (Signature)	7/24/2015 (Date)
Title:	(armer)
Telephone Number of authorized representative or licensed agent of ins	surance carrier: (800) 237-3355
Please Note: Only insurance carriers and their licensed agents are a authorized to issue it.	

STATE OF NEW YORK WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (Use street address only) Pyro Engineering, Inc. dba Bay Fireworks 999 S. Oyster Bay Rd., Ste. 111 Bethpage, NY 11714 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)	1b. Business Telephone Number of Insured (631) 390-8620 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured
2. Name and Address of the Entity Requesting Proof of	or Social Security Number 753044987 3a. Name of Insurance Carrier
Coverage (Entity Being Listed as the Certificate Holder)	T.H.E. INSURANCE COMPANY
Town of Carmel 60 McAlpin Avenue Mahopac, NY 10541	3b. Policy Number of entity listed in box "1a" WCP0005167-001
	3c. Policy effective period
	3d. The Proprietor, Partners or Executive Officers are
	X included. (Only check box if all partners/officers included)
	all excluded or certain partners/officers excluded.
This certifies that the insurance carrier indicated above in box "3" in compensation under the New York State Workers' Compensation Law. (on the INFORMATION PAGE of the workers' compensation insurate this Certificate of Insurance to the entity listed above as the certificate. The Insurance Carrier will also notify the above certificate holder within within 30 days IF there are reasons other than nonpayment of premiums indicated on this Certificate. (These notices may be sent by regular mail is approved by the insurance carrier or its licensed agent, or until the	To use this form, New York (NY) must be listed under Item 3A ance policy). The Insurance Carrier or its licensed agent will send holder in box "2". 10 days IF a policy is canceled due to nonpayment of premiums or is that cancel the policy or eliminate the insured from the coverage 1.) Otherwise, this Certificate is valid for one year after this form
Please Note: Upon the cancellation of the workers' compensation named on a permit, license or contract issued by a certificate holder Certificate of Workers' Compensation Coverage or other authorize coverage requirements of the New York State Workers' Compensa	r, the business must provide that certificate holder with a new red proof that the business is complying with the mandatory
Under penalty of perjury, I certify that I am an authorized represe above and that the named insured has the coverage as depicted on	ntative or licensed agent of the insurance carrier referenced this form.
Approved by: Carol A. Serra (Print name of authorized representative	e or licensed agent of insurance carrier)
Approved by: Carol a Seria	7/24/2015
(Signature)	(Date)
Title:	
Telephone Number of authorized representative or licensed agent of ins	surance carrier: <u>(800)</u> 237-3355
Please Note: Only insurance carriers and their licensed agents are a authorized to issue it.	

RESOLUTION AUTHORIZING DELETION TO THE ACTIVE LIST OF THE MAHOPAC VOLUNTEER FIRE DEPARTMENT

RESOLVED that the Town Board of the Town of Carmel hereby authorizes the deletion of the following names to the active list of the Mahopac Volunteer Fire Department:

Anna-Lisa Sargent

Resolution		
Offered by:		
Seconded by:		
Roll Call Vote	<u>YES</u>	<u>NO</u>
Jonathan Schneider		-
John Lupinacci		-
Suzanne McDonough	-	
Frank Lombardi		
Kenneth Schmitt		

RESOLUTION ACCEPTING THE ACTIVE MEMBER LIST OF THE CARMEL FIRE DEPARTMENT

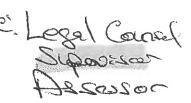
RESOLVED that the Town Board of the Town of Carmel hereby authorizes and accepts the current active list of the members of the Carmel Fire Department in form as attached hereto and made part hereof.

Resolution Property of the Resolution		
Offered by:		
Seconded by:		
Roll Call Vote	<u>YES</u>	<u>NO</u>
Jonathan Schneider		
John Lupinacci		_
Suzanne McDonough	===	_
Frank Lombardi	-	_
Kenneth Schmitt		



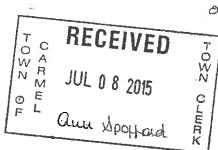
Carmel Fire Department, Inc.

94 Gleneida Avenue Carmel, New York 10512 (845) 225-5100 FAX: 845-225-2252



Established 1915 orig: Carmel F.D. cci. Comptroller v 7/8BC

Ann Spofford, Town Clerk Town of Carmel 60 McAlpin Ave. Mahopac, New York 10541



Dear Mrs. Spofford:

Please accept the following list as a complete and accurate list of all active members with the Carmel Fire Department as of July 2015. This list shall supersede and replace any membership lists currently held in the town Hall, Town of Carmel.

Active Members:

Adelman, James Arbore, Charles Baker Andrew Barrett Richard Bonavenia, Jessica Cargain. Emerson Coviello, Chris DeNapoli, Mike DiRienzo, David Doherty, Michael Duffy, Edward Durmer, Kevin Earle, Mark Efferen, Scott Fell, Geoffrey Forbes, William Geoghegan, Robert Goldsmith, Daniel Grifin, Patrick Heubel, Joseph Jacobsen, David Jaeschke, Donna Jaeschke, Michael Jenik, Brian Keck Jr, Tom

Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Brewster, NY 10509 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512

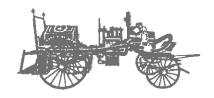
Work Session 7/22/15

☐ Agenda

JUL 0 8 2015

SUPERVISOR'S OFFICE TOWN OF CARMEL

Carmel Fire Department, Inc.



94 Gleneida Avenue Carmel, New York 10512 (845) 225-5100 FAX: 845-225-2252

Established 1915

Lamb, Charles Lipton, Robert Longo, Robert Lubera, Mathew Matessino, Michael Mckecknie, Adam McMahon, Michael Mirko, Nicholas Montalvo, Luis Moorehead, Dennis Nobile, Tom Orsini, Mike Pinna, Paul Rivera, Steven Roberts, James Ruggiero, Vincent Singh, Joseph Smith, Timothy Sonnberger, Albert Sonnberger, Kimberly Stone, Christopher Venezia Jr., Daniel



Carmel, NY 10512 Carmel, NY 10512 Holmes, NY 12531 Brewster, NY 10509 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512 Carmel, NY 10512

Active 20 Year Members:

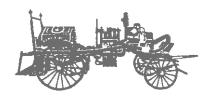
Behan, Robert
Conklin, Charles
Cornish, Peter
Efferen, Robert
Greenwood, Carl
Hengel, Kevin
Hengel, Michael
Johnson, Michael
Lipton, Robert A
Madden, Peter
Margolus, Louis
Mulreany, john
Nesheiwat, Michael

O'Brien, Patrick



Carmel, NY 10512
Carmel, NY 10512
Carmel, NY 10512
Carmel, NY 10512
Carmel, NY 10512
Stormville, NY 12582
Carmel, NY 10512
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Carmel Fire Department, Inc.



94 Gleneida Avenue Carmel, New York 10512 (845) 225-5100 FAX: 845-225-2252

Established 1915

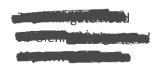
Tompkins, Karen Venezia Sr., Daniel



Carmel, NY 10512 Carmel, NY 10512

Active Probationary Members:

Fernandez, Joseph Rotella, John Vanderhoff, Brian



Carmel, NY 10512 Carmel, NY 10512 Pawling, NY 10512

Respectfully Submitted,

Robert L Lipton 2nd Assistant Chief

RESOLUTION CALLING PUBLIC HEARING IN THE MATTER OF THE INCREASE AND IMPROVEMENT OF THE FACILITIES OF CARMEL SEWER DISTRICT #1

WHEREAS, the Town Board of the Town of Carmel, Putnam County, New York, has caused to be prepared a map, plan and report, including an estimate of cost, pursuant to Section 202-b of the Town Law, relating to the increase and improvement of the facilities of the Carmel Sewer District No. 1, in the Town of Carmel, Putnam County, New York, being the reconstruction of sewer lines for infiltration and inflow remediation, including incidental improvements and expenses in connection therewith, at a maximum estimated cost of \$1,112,310; and

WHEREAS, all conditions precedent to the financing of the capital project hereinafter described, including compliance with the provisions of the State Environmental Quality Review Act ("SEQRA"), have been performed, it having been determined that this capital project is a Type II Action as to which the SEQRA regulations provide that there is no significant environmental effect pursuant to 6 NYCRR Part 617.5(c)(2) and (29); and

WHEREAS, it is now desired to call a public hearing on the question of the increase and improvement of the facilities of said Carmel Sewer District No. 1, in the matter described above, and to hear all persons interested in the subject thereof, concerning the same, in accordance with the provisions of Section 202-b of the Town Law; NOW, THEREFORE, IT IS HEREBY

ORDERED, by the Town Board of the Town of Carmel, Putnam County, New York, as follows:

Section 1. A public hearing will be held at the Town Hall, in Mahopac, New York, in said Town, on August 26, 2015 at 7:00 o'clock P.M., Prevailing Time, on the question of the increase and improvement of the facilities of Carmel Sewer District No. 1, in the Town of Carmel, Putnam County, New York, in the manner described in the preambles hereof, and to hear all persons interested in the subject thereof, concerning the same, and to take such action thereon as is required or authorized by law.

Section 2. The Town Clerk is hereby authorized and directed to cause a copy of the Notice of Public Hearing hereinafter provided to be published once in the official newspapers of the Town of Carmel, and also to cause a copy thereof to be posted on the sign board of the Town, such publication and posting to be made not less than ten, nor more than twenty, days before the date designated for the hearing.

Section 3. The notice of public hearing shall be in substantially the form attached hereto as Exhibit A and hereby made a part hereof.

<u>Section 4</u>. This Order shall take effect immediately.

Resolution		
Offered by:		
Seconded by:		
Roll Call Vote	<u>YES</u>	<u>NO</u>
Jonathan Schneider	5 	-
John Lupinacci		
Suzanne McDonough		
Frank Lombardi	_	
Kenneth Schmitt		

NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that the Town Board of the Town of Carmel, Putnam
County, New York, will meet at the Town Hall, 60 McAlpin Avenue, in Mahopac, New York, on
, 2015, at o'clock P.M., Prevailing Time, for the purpose of
conducting a public hearing upon a certain map, plan and report, including an estimate of cost, in
relation to the proposed increase and improvement of the facilities of Carmel Sewer District
No. 1, in said Town, consisting of the reconstruction of sewer lines for infiltration and inflow
remediation, including incidental improvements and expenses in connection therewith, at a
maximum estimated cost of \$1,112,310.
Said capital project has been determined to be a Type II Action pursuant to the
regulations of the New York State Department of Environmental Conservation promulgated
pursuant to the State Environmental Quality Review Act ("SEQRA"), the implementation of
which as proposed, said regulations provide will not result in any significant environmental
effects.
At said public hearing said Town Board will hear all persons interested in the subject
matter thereof.
Dated: Mahopac, New York,

BY ORDER OF THE TOWN BOARD OF THE TOWN OF CARMEL, PUTNAM COUNTY, NEW YORK

Ann Spofford Town Clerk

AFFIDAVIT OF POSTING

STATE OF NEW YORK)	
COUNTY OF PUTNAM) ss.:	
I, the undersigned Clerk of the Town of Car	mel, Putnam County, New York, DEPOSE
AND SAY:	
That on the day of August, 2015, I ca	aused to be posted on the official signboard
maintained by me pursuant to subdivision 6 of Secti	on 30 of the Town Law, a Notice of Public
Hearing which was a part of an Order adopted by tl	ne Town Board of said Town on August 5,
2015.	
A true and correct copy of such Notice of Hea	ring is attached hereto.
	Town Clerk
Sworn to before me this day of August, 2015.	
Notary Public	

RESOLUTION AUTHORIZING SCHEDULING OF PUBLIC HEARING

RESOLVED that the Town Board of the Town of Carmel hereby authorizes the scheduling of a Public Hearing at the Town Hall, 60 Mc Alpin Avenue, Mahopac, New York 10541 on Wednesday, September 9, 2015 at 7:00 p.m. or as soon thereafter that evening as possible on a Local Law amending Chapter 114 of the Code of the Town of Carmel entitled Property Maintenance; and

BE IT FURTHER RESOLVED that the Town Clerk is hereby authorized and instructed to publish and post the necessary notices in the official newspapers of the Town and on the Town bulletin board regarding this Public Hearing.

Resolution		
Offered by:		
Seconded by:		
Roll Call Vote	<u>YES</u>	<u>NO</u>
Jonathan Schneider		
John Lupinacci		
Suzanne McDonough		
Frank Lombardi	2 2	
Kenneth Schmitt		-

#11

RESOLUTION AUTHORIZING SCHEDULING OF PUBLIC HEARING

RESOLVED that the Town Board of the Town of Carmel hereby authorizes the scheduling of a Public Hearing at the Town Hall, 60 Mc Alpin Avenue, Mahopac, New York 10541 on Wednesday, September 9, 2015 at 7:00 p.m. or as soon thereafter that evening as possible on a Local Law enacting Chapter 15 of the Code of the Town of Carmel entitled Employment Applicant Fingerprint Inquiries; and

BE IT FURTHER RESOLVED that the Town Clerk is hereby authorized and instructed to publish and post the necessary notices in the official newspapers of the Town and on the Town bulletin board regarding this Public Hearing.

Resolution		
Offered by:		
Seconded by:		
Roll Call Vote	<u>YES</u>	NO
Jonathan Schneider		
John Lupinacci		_
Suzanne McDonough		3 =
Frank Lombardi		
Kenneth Schmitt		_