

KENNETH SCHMITT
Town Supervisor

TOWN OF CARMEL
TOWN HALL

ANN SPOFFORD
Town Clerk

FRANK D. LOMBARDI
Town Councilman
Deputy Supervisor

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

KATHLEEN KRAUS
Receiver of Taxes

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

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

TOWN BOARD VOTING MEETING
Wednesday, August 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
4. Res: For Temporary Advancement of Government Fund Monies Temporary Loan from general Fund to Carmel Water District #1
5. Res: Authorization for Payment of 2014 Claims from Fiscal Year 2015 Operating Funds
6. Res: Authorizing Issuance of Permit for Display of Fireworks
7. 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
9. Res: Calling Public Hearing in the Matter of the Increase and Improvement of the Facilities of Carmel Sewer District #1 (August 26, 2015)
10. 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

#2

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: _____

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

☐ Agenda

BUDGET REVISION NUMBER	ACCOUNT	ACCOUNT TITLE & TRANSFER DESCRIPTION	INCREASE USES & SOURCES OF FUNDS	DECREASE USES & SOURCES OF FUNDS
GENERAL FUND				
1	100-3120-0019	POLICE COMPENSATED ABSENCES	25,000.00	
	100-1989-9877	FUND BALANCE COMPENSATED ABSENCES	25,000.00	
		- PROVIDE FOR POLICE RETIREMENT SICK PAYOUT		
2	100-1355-0046	ASSESSOR CONTRACT SERVICES	250,000.00	
	100-1989-9878	FUND BALANCE FOR CAPITAL PROJECTS	250,000.00	
		- PROVIDE FOR COST RELATED REASSESSMENT PROJECT FROM RESERVE FUND 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	
	100-1320-0044	AUDIT SPECIAL EXPENSES		150.00
		- TRANSFER FOR CAFR EXPENSES		
5	100-1440-0040	ENGINEERING CONTRACTUAL EXPENSE	1,500.00	
	100-1440-0047	ENGINEERING TRAINING EXPENSE	500.00	
	100-1440-0086	RETIREE HEALTH INSURANCE		2,000.00
		- TRANSFER FOR MISC EXPENSES		
6	100-1620-0013	BUILDING TEMP STAFF	6,500.00	
	100-1620-0080	BUILDING EMPLOYEE BENEFITS	3,500.00	
	100-1990-0040	CONTINGENT ACCOUNT		10,000.00
		- TRANSFER FOR TEMPORARY STAFF		
7	100-1620-0045	BUILDING SPECIAL IMPROVEMENTS	650.00	
	100-1990-0040	CONTINGENT ACCOUNT		650.00
		- TRANSFER FOR FUEL DISPENSING SYSTEM ELECTRICAL TRENCH		
8	100-1680-0044	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	
	100-1990-0040	CONTINGENT ACCOUNT		5,500.00
		- TRANSFER FOR DOWNTOWN MAHOPAC LANDSCAPE CLEANUP		
10	100-3120-0012	POLICE STAFF OVERTIME	150,000.00	
	100-3120-0011	POLICE PERS SVS-UNIFORM		150,000.00
		- TRANSFER FOR POLICE OVERTIME EXPENSE		
11	100-7110-0040	PARK CONTRACTUAL EXPENSES	5,000.00	
	100-7110-0020	PARK MAINTENANCE EQUIPMENT		5,000.00
		- TRANSFER FOR CONTRACTUAL EXPENSES		
12	100-7117-0040	CARMADA PARK CONTRACTUAL EXPENSE	37,000.00	
	100-7020-0011	RECREATION ADMIN STAFF		22,000.00
	100-7020-0080	RECREATION ADMIN EMPLOYEE BENEFITS		15,000.00
		- TRANSFER FOR CARMADA PARK BALL FIELDS		
HIGHWAY FUND				
13	500-5142-0046	CONTRACTUAL ROAD SWEEPING	7,549.00	
	500-5142-0049	SNOW CONTROL MATERIALS		7,549.00
		- TRANSFER FOR CLEAN UP OF SNOW CONTROL MATERIALS		
LAKE CASSE PARK DISTRICT				
14	401-7140-0042	UTILITIES	2,000.00	
	401-7140-0099	REPAIR RESERVE FUND		2,000.00
		- TRANSFER FOR UTILITIES EXPENSE		

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

BUDGET REVISION NUMBER	ACCOUNT	ACCOUNT TITLE & TRANSFER DESCRIPTION	INCREASE USES & SOURCES OF FUNDS	DECREASE USES & SOURCES OF FUNDS
LAKE MAHOPAC PARK DISTRICT				
15	402-7110-0040	CONTRACTUAL EXPENSES	2,365.00	
	402-7110-0041	LAKE TREATMENT	3,500.00	
	402-7110-0099	REPAIR RESERVE FUND		5,865.00
		- TRANSFER FOR BOAT DOCKING FEES & BIO MASS STUDY X		
16	402-7110-0040	CONTRACTUAL EXPENSES	9,776.00	
	402-7110-9888	REPAIR RESERVE APPROPRIATION	* 9,776.00	
		- PROVIDE FOR GEESE DEPREDATION SERVICES		
CARMEL WATER DISTRICTS				
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		
CARMEL WATER DISTRICT #1				
18	601-8310-0047	EMERGENCY REPAIRS	3,500.00	
	601-8310-0099	REPAIR RESERVE FUND		3,500.00
		- TRANSFER FOR EMERGENCY REPAIRS		
CARMEL WATER DISTRICT #2				
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 WATER DISTRICT #8				
20	608-8310-0047	EMERGENCY REPAIRS	10,000.00	
	608-8310-9909	APPROPRIATED FUND BALANCE	* 10,000.00	
		- PROVIDE FOR EMERGENCY REPAIRS		
CARMEL WATER DISTRICT #10				
21	610-8310-0047	EMERGENCY REPAIRS	3,000.00	
	610-8310-0040	CONTRACTUAL EXPENSES		3,000.00
		- PROVIDE FOR EMERGENCY REPAIRS		
CARMEL WATER DISTRICT #12				
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 SEWER DISTRICT #1				
23	701-8130-0020	EQUIPMENT	23,875.00	
	701-8130-9888	REPAIR RESERVE APPROPRIATION	* 23,875.00	
		- PROVIDE FOR COMMUNOTOR PER RESOLUTION		
24	701-8130-0040	CONTRACTUAL EXPENSES	34,000.00	
	701-8130-9888	REPAIR RESERVE APPROPRIATION	* 34,000.00	
		- PROVIDE FOR MANHOLE REPAIRS PER RESOLUTION		
CARMADA PARK CAPITAL FUND				
25	911-7140-0045	CONTRACTED IMPROVEMENTS	100,000.00	
	911-7140-3050	STATE AID	* 100,000.00	
		- PROVIDE FOR DUGOUTS FROM STATE GRANT		
26	911-7140-0045	CONTRACTED IMPROVEMENTS	200,000.00	
	911-7140-3050	STATE AID	* 200,000.00	
		- PROVIDE FOR NEW BUILDING FROM STATE GRANT		

#3

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: _____

<u>Roll Call Vote</u>	<u>YES</u>	<u>NO</u>
Jonathan Schneider	<input type="checkbox"/>	<input type="checkbox"/>
John Lupinacci	<input type="checkbox"/>	<input type="checkbox"/>
Suzanne McDonough	<input type="checkbox"/>	<input type="checkbox"/>
Frank Lombardi	<input type="checkbox"/>	<input type="checkbox"/>
Kenneth Schmitt	<input type="checkbox"/>	<input type="checkbox"/>

#4

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

YES

NO

Jonathan Schneider

John Lupinacci

Suzanne McDonough

Frank Lombardi

Kenneth Schmitt

#5

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.

<u>Vendor</u>	<u>Amount</u>	<u>Date</u>	<u>Government Fund</u>	<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:

YES

NO

Jonathan Schneider

John Lupinacci

Suzanne McDonough

Frank Lombardi

Kenneth Schmitt

TOWN OF CARMEL
60 McALPIN AVENUE
MAHOPAC, NY 10541

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

TAX EXEMPT No. A-158985

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

[illegible]

FSK

Title

(Space below for Municipal Use)

Authorized Official

Authorized Official's Signatures



SUBSCRIPTION INVOICE DETAIL

To: RMEEL 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 of 1

04

Customer Service: 1/800-328-4880

BILLING ACCOUNT #:	INVOICE	INVOICE DATE:	BILLING PERIOD:	PAYMENT DUE:	TOTAL INVOICE
103459378	830169071	08/04/2014	JUL 05, 2014 - AUG 04, 2014	09/03/2014	AMOUNT IN USD: 554.16

SHIP/POST DATE POSTING NUMBER OR PAYMENT REFERENCE	DELIVERY NUMBER	DESCRIPTION	QTY	UNIT PRICE IN USD	TAX IN USD	TOTAL IN USD
ANNUAL/MONTHLY CHARGES						
7/11 6094863444		Jul 11, 2014 - Jul 10, 2015 QUINLAN POLICE DEPT DISCIPLINARY BULLETIN SUB	1	277.08	0.00	277.08 S
3/01 6095231447		Aug 01, 2014 - Jul 31, 2015 QUINLAN LAW ENFORCEMENT EMPLOYMENT BULLETIN SUB	1	277.08	0.00	277.08 S

ANNUAL/MONTHLY CHARGES TOTAL 554.16 T

Thank You



SUBSCRIPTION INVOICE SUMMARY



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

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

Page 1 of 1
04

IMPORTANT NEWS

Thank you for your business.
For more information about Thomson Reuters - West, or to shop online visit west.thomson.com.

Customer Service: 1/800-328-4880
on the reverse side for contact and payment information

BILLING ACCOUNT #:	INVOICE NO:	INVOICE DATE:	BILLING PERIOD:	PAYMENT DUE:	TOTAL INVOICE AMOUNT IN USD:
1003459378	830169071	08/04/2014	JUL 05, 2014 - AUG 04, 2014	09/03/2014	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

INVOICE # 830169071
ACCOUNT # 1003459378
ENDOR # 41-1426973
CAT REG # EU826006554
PAYMENT DUE 09/03/2014
AMOUNT DUE IN USD 554.16

AMOUNT 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

0830169071 0000000000000000000000 20140804 ZCMI 000055416 0010 1003459378 3

TOWN OF CARMEL
60 McALPIN AVENUE
MAHOPAC, NY 10541

CLAIMANT'S
NAME AND
ADDRESS

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

DEPARTMENT POLICE
VENDOR TAX ID #

TAX EXEMPT No. A-158985

VOUCHER #	
PURCHASE ORDER #	
REQUISITION #	
DOC. APPROPRIATION NO.	AMOUNT
TOTAL	
Abstract No.	

[illegible]

I, Paul J. Smith, certify that the above account in the amount of \$ 6,001 is true and correct; that the items, services and disbursements charged were rendered to or for the municipality on the dates stated; that no part has been paid or satisfied; that taxes, from which the municipality is exempt, are not included; and that the amount claimed is actually due.

Date _____

Signature

Title

TOWN DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the municipality on the date stated and the charges are correct.

Date _____

Authorized Official

APPROVAL FOR PAYMENT

The claims approved and ordered out from the appropriations and carried above.

Authorized Official's Signatures



Remit To: P.O. Box 560248 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
 Bill to:

01/05/14 ** INVOICE ** M88981

TOWN OF CARMEL POLICE DEPT
 55 MCALPIN AVENUE

Ship: TOWN OF CARMEL POLICE DEPARTMEN
 55 MCALPIN AVE

MAHOPAC
 USA

NY
 10541

MAHOPAC
 USA

NY
 10541

Tax # FORM ST-119-1

Tax #

By	Full	Bo	Terms	Shipped Via	PO 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	ExtTot	Core	CoreTot	Ext Tot
1	1	0	63-005-750	REMAN PART	E	220.00			220.00
Location 11M01			ALTERNATOR MITSUBISHI 12V 200AMP I/R						
1	1	0	9A65	PART	E	147.01			147.01
Location 26B01			BATTERY						
			WEB ORDER: 44533						
			KEVIN HAS CORES						

Sign: _____

Print Name: _____

THE COLD MAKES EVERYTHING WORK HARDER. LET OUR ADDITIVES KEEP YOUR FUEL FLOWING, BATTERIES TO KEEP YOU CRANKING, FAN CLUTCHES TO CONTROL THE TEMP. **MONDIAL HAS WHAT YOUR ENGINE NEEDS**

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

Page 1 of 1

Total	367.01
Freight	0.00
SubTotal	367.01
Sales Tax	0.00
Total Due	367.01

PLEASE PAY FROM THIS INVOICE

Mondial Automotive, Inc. warrants their remanufactured Starters, Alternators, Turbos, Injectors and Injection Pumps to be free from defects in material and workmanship for 12 months, starting on the date of original sale. Remanufactured Carburetors are warranted to be free from defects in material and/or workmanship for 3 months, starting on the date of original sale. On products manufactured by other OEM manufacturers, their warranty terms prevail. You, the customer, will be required to provide any information required by the vendor in order to process this warranty.

Mondial Automotive, Inc. will repair or replace, at its option, free of charge, any product it remanufactured, which under normal circumstances of use and service, proves to be defective during the warranty period. This warranty does not cover any labor costs incurred in diagnosis of defects or removal or reinstallation of a product, nor does it cover any towing charges or contingent expenses. Excluded from this warranty are failures caused by misuse, negligence, modification, abuse, contamination, improper installation or application or unauthorized service or parts. No products supplied by Mondial Automotive, Inc. are suitable for aircraft use.

Core deposits are refundable upon return of an original, refundable core and presentation of this invoice for a period of 90 days. Cores returned in excess of eligibility will be either banked or returned to customer. Core return eligibility and core bank expire 90 days after the invoice date. At no time will cores in the bank be redeemed for cash or credit.

Merchandise that has been repaired or special ordered is not returnable for credit or refund. There is a 20% handling charge on all returned merchandise. The invoice must accompany all requests for credit or refund.

Please send all payments to: P.O. BOX 560248, College Point, NY 11356-0248

#297 P.002/003

TOWN OF CARMEL
80 McALPIN AVENUE
MAHOPAC, NY 10541

Advance Auto Parts
1841 Route 6
Carmel, NY 10512

PAGE 1

TAX EXEMPT No. A-158986

Date	Invoice Number	Description of Materials or Services	Unit Price	Amount
11/19/14	3122	Arrngr		\$16.02
09/19/14	2070	brake pad		\$53.71
09/16/14	9112	headlight		\$44.99
09/16/14	1852	ventvisor		\$85.12
09/19/14	2068	waterpump		\$43.60
09/19/14	2075	Car 32		\$28.68
09/12/14	8939	tool cart		\$135.37
09/19/14	8288	crystal clear		\$20.57
09/05/14	8428	carburetor		\$28.51
09/05/14	8425	carburetor		\$42.88
09/04/14	8369	hose and clamp		\$48.04
09/16/14	1900	Accumulator		\$158.91
09/16/14	9111	headlight		(\$54.99)
09/02/14	8177	battery		\$39.21
05/16/14	2928	seal and freight		\$118.60
10/08/14	6764	rad hose		(\$39.36)
11/25/14	8417	drum		\$407.76

Date _____

Signature

Title

(Space below for Municipal Use)

TOWN DEPARTMENT APPROVAL

Date _____

Authorized Official

APPROVAL FOR PAYMENT

Authorized Official's Signatures

VENDOR CLAIM FORM

TOWN OF CARMEL
60 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 2

TAX EXEMPT No. A-158985

Date	Invoice Number	Description of Materials or Services	Unit Price	Amount
12/02/14	6835	lug nut		(\$24.00)
08/18/14	7297	fuses		\$10.40
08/18/14	7300	fuses		(\$19.40)
08/18/14	8107	headlight		\$54.08
09/24/14	2416	brakes		\$59.47
			Total	\$1,263.27

I, TOMMY ECONOMIDES, certify that the above account in the amount of \$ 1,263.27 is true and correct; that the items, services and disbursements charged were rendered to or for the municipality on the dates stated; that no part has been paid or satisfied; that taxes, from which the municipality is exempt, are not included; and that the amount claimed is actually due.

6/30/15
Date

Larry Economice
Signature

COMMERCIAL PARTS PRO
Title

(Space below for Municipal Use)

TOWN DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the municipality on the date stated and the charges are correct.

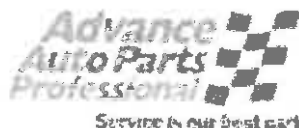
Date _____

Authorized Official

APPROVAL FOR PAYMENT

The claim is approved and ordered paid from the appropriations indicated above.

Authorized Officer's Signatures



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@advanceautoparts.com.

Town Of Carmel Highway Dept 55 McAlpin Ave Mahopac NY 10541 Phone: 845/628-7474 Account ID: 8800028011	P.O. #	ERT	Invoice/Trans	8800432373122
	Date	11/19/2014	Time	13:42:42
	Register	7	Delivery	Y
	Store/Unit #:	8800	Payment Terms	MONTHLY
	Internet Order #:			

Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
AGS	BLU-4C	UNION 1/4 USA 1 EA AMRGR	22190080	1 YR REPLACEMENT IF DEFEC	6.00	5.40	2.67	16.02

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

Received By: _____

8 of 10

Date: _____



Service is our best part.

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@advanceautoparts.com.

TOWN OF CARMEL Police Dept	P.O.#:	car 317	Invoice/Trans:	8800426279298
60 McAlpin Avenue Mahopac NY 10541	Date:	09/19/2014	Time:	12:31:48
Phone: 845/628-7474	Register:	7	Delivery:	Y
Account ID: 8800028012	Store/Unit #:	8800	Payment Terms:	MONTHLY
	Internet Order #:			

Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
Duplicolor	BGM0434	OLYMPIC WHITE 8 OZ DUPLI	99984737	REPLACE OR REFUND AT MGR	2.00	13.10	7.42	14.84
Duplicolor	DA1692	PNT-CRYSTAL CLEAR 12 OZ D	7140215	REPLACE OR REFUND AT MGR	1.00	10.13	5.73	5.73

Payment

AAP Comm Credit

SUBTOTAL 20.57

TOTAL INVOICE 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!

Received By: _____

Date: _____



Service is our best part.

Store #: 6804 Address: 1841 US Route 6 Carmel NY 10512 Phone:

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.#: 315 Date: 09/24/2014 Register: 8 Store/Unit #: 6804 Internet Order #:	Invoice/Trans: 6804426782416 Time: 14:40:34 Delivery: Y Payment Terms: MONTHLY
--	---	---

Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
Fenco	SLC721	BRK CAL W/HDW-RMFD 1 EA F	18621274	LIMITED LIFETIME REPLACEM	1.00	94.53	59.47	59.47
Fenco	SLC721	CORE-BRAKE CALIPER 1 EA	98621274	LIMITED LIFETIME REPLACEM	1.00	78.75	45.00	45.00
Fenco	SLC721	CORE-BRAKE CALIPER 1 EA	98621274	LIMITED LIFETIME REPLACEM	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. Invoice required as proof of purchase for all returns.

THANK YOU FOR YOUR BUSINESS!

Received By: _____

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@advanceautoparts.com.

TOWN OF CARMEL Police Dept 60 McAlpin Avenue Mahopac NY 10541 Phone: 845/628-7474 Account ID: 8800028012	<table><tr><td>P.O.#:</td><td>Car 32</td><td>Invoice/Trans:</td><td>8800425979107</td></tr><tr><td>Date:</td><td>09/16/2014</td><td>Time:</td><td>12:14:16</td></tr><tr><td>Register:</td><td>7</td><td>Delivery:</td><td>Y</td></tr><tr><td>Store/Unit #:</td><td>8800</td><td>Payment Terms:</td><td>MONTHLY</td></tr><tr><td>Internet Order #:</td><td>S08800-20140916080449153</td><td></td><td></td></tr></table>	P.O.#:	Car 32	Invoice/Trans:	8800425979107	Date:	09/16/2014	Time:	12:14:16	Register:	7	Delivery:	Y	Store/Unit #:	8800	Payment Terms:	MONTHLY	Internet Order #:	S08800-20140916080449153		
P.O.#:	Car 32	Invoice/Trans:	8800425979107																		
Date:	09/16/2014	Time:	12:14:16																		
Register:	7	Delivery:	Y																		
Store/Unit #:	8800	Payment Terms:	MONTHLY																		
Internet Order #:	S08800-20140916080449153																				

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 Comm Credit

SUBTOTAL 54.99

TOTAL INVOICE 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.

THANK YOU FOR YOUR BUSINESS!

Received By: _____

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@advanceautoparts.com.

TOWN OF CARMEL Police Dept 60 McAlpin Avenue Mahopac NY 10541 Phone: 845/628-7474 Account ID: 8800028012	P.O.#: car 35 Date: 08/18/2014 Register: 7 Store/Unit #: 8800 Internet Order #:	Invoice/Trans: 8800423077300 Time: 14:48:52 Delivery: Y Payment Terms: MONTHLY
--	--	---

Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
Bussmann	BP/SFE-AL6-RP	FUSE ASST SFE LO AMP 1 EA	25984865	REPLACE OR REFUND AT MGR	1.00	0.00	-3.42	-3.42
Bussmann	BP/AGX-A8-RP	FUSE ASST AGX 1 EA BUSMN	25984868	REPLACE OR REFUND AT MGR	1.00	0.00	-3.49	-3.49
Bussmann	BP/AGW-A8-RP	FUSE ASST AGW 1 EA BUSMN	25984869	REPLACE OR REFUND AT MGR	1.00	0.00	-3.49	-3.49

Payment

AAP Comm Credit

SUBTOTAL -10.40

TOTAL INVOICE -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!

Received By: _____

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@advanceautoparts.com.

TOWN OF CARMEL Police Dept 60 McAlpin Avenue Mahopac NY 10541 Phone: 845/628-7474 Account ID: 8800028012	P.O.#: car 35 Date: 08/18/2014 Register: 7 Store/Unit #: 8800 Internet Order #:	Invoice/Trans: 8800423077297 Time: 14:20:45 Delivery: Y Payment Terms: MONTHLY
--	---	---

Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
Bussmann	BP/SFE-AL6-RP	FUSE ASST SFE LO AMP 1 EA	25984865	REPLACE OR REFUND AT MGR	1.00	6.28	3.42	3.42
Bussmann	BP/AGX-A8-RP	FUSE ASST AGX 1 EA BUSMN	25984868	REPLACE OR REFUND AT MGR	1.00	6.28	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 Comm Credit

SUBTOTAL 10.40

TOTAL INVOICE 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!

Received By: _____

Date: _____



Service is our best part.

Store #: 6804 Address: 1841 US Route 6 Carmel NY 10512 Phone:

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	P.O.#:	RETURNS	Invoice/Trans:	6804433686835
60 McAlpin Avenue Mahopac NY 10541	Date:	12/02/2014	Time:	18:50:28
Phone: 845/628-7474	Register:	8	Delivery:	Y
Account ID: 8800028012	Store/Unit #:	6804	Payment Terms:	MONTHLY
	Internet Order #:			

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

SUBTOTAL -24.80

TOTAL INVOICE -24.80

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: _____

Date: _____



Service is our best part!

Store #: 6804 Address: 1841 US Route 6 Carmel NY 10512 Phone:

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 #:	SHOP 11/25/2014 8 6804	Invoice/Trans: 6804432986417 Time: 16:09:49 Delivery: Y Payment Terms: MONTHLY
---	--	---------------------------------	---

Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
	NA	MOT-PE-BB5W30 55GALDRUM 5	80010222	3 YR REPLACEMENT IF DEFEC	1.00	0.00	407.75	407.75

Payment

AAP Comm Credit

SUBTOTAL 407.75

TOTAL INVOICE 407.75

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. Invoice required as proof of purchase for all returns.

THANK YOU FOR YOUR BUSINESS!

Received By: _____

Date: _____



Store #: 6804 Address: 1841 US Route 6 Carmel NY 10512 Phone:

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 #:	RETURNS 10/08/2014 7 6804	Invoice/Trans: Time: Delivery: Payment Terms:	6804428176764 19:59:32 Y MONTHLY
--	---	---	--	---

Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
Dayco	D71428	RAD HOSE - LOWER 1 EA DAY	5198841	1 YR REPLACEMENT IF DEFEC	1.00	0.00	-18.95	-18.95
Dayco	E71881	RAD HOSE - UPPER 1 EA DAY	15590080	1 YR REPLACEMENT IF DEFEC	1.00	0.00	-20.41	-20.41

Payment

AAP Comm Credit

SUBTOTAL -39.36

TOTAL INVOICE -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!

Received By: _____

Date: _____



Service is our best part.

Store #: 6804 Address: 1841 US Route 6 Carmel NY 10512 Phone:

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.#: car 38 Date: 05/16/2014 Register: 8 Store/Unit #: 6804 Internet Order #:	Invoice/Trans: 6804413682926 Time: 12:15:44 Delivery: Y Payment Terms: MONTHLY
--	--	---

Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
MOTIVE GEAR	R12CRMKT	BRG&SEAL MSTR KIT W/TIM 1	20640097	90 DAY REPLACEMENT IF DEF	1.00	181.33	96.60	96.60
MOTIVE GEAR	OVERNIGHT	FDO OVERNIGHT FREIGHT	25010035	90 DAY REPLACEMENT IF DEF	1.00	0.00	22.00	22.00

Payment

AAP Comm Credit

SUBTOTAL 118.60

TOTAL INVOICE 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: _____

Date: _____



Service is our best part.

Store #: 6804 Address: 1841 US Route 6 Carmel NY 10512 Phone:

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.#: 317 Date: 09/16/2014 Register: 8 Store/Unit #: 6804 Internet Order #:	Invoice/Trans: 6804425981852 Time: 12:41:48 Delivery: Y Payment Terms: MONTHLY
--	---	---

Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
Autocraft	AC5704B	FLR MAT-RUBBER-BLK 1 EA A	6100344	REPLACE OR REFUND AT MGR	1.00	45.48	25.73	25.73
Ventshade	94228	VENTVISOR-SMOKE 4 PC VNTS	6245064	LIMITED LIFETIME REPLACEM	1.00	45.48	59.39	59.39

Payment

AAP Comm Credit

SUBTOTAL 85.12

TOTAL INVOICE 85.12

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!

Received By: _____

Date: _____



Store #: 6804 Address: 1841 US Route 6 Carmel NY 10512 Phone:

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	P.O.#:	CAR 317	Invoice/Trans:	6804425981900
60 McAlpin Avenue Mahopac NY 10541	Date:	09/16/2014	Time:	16:49:44
Phone: 845/628-7474	Register:	8	Delivery:	Y
Account ID: 8800028012	Store/Unit #:	6804	Payment Terms:	MONTHLY
	Internet Order #:			

Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
		1L2Z19C836AA ACCUMULATOR	80010222	LIMITED LIFETIME REPLACEM	1.00	0.00	156.91	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.

THANK YOU FOR YOUR BUSINESS!

Received By: _____

Date: _____



Store #: 6804 Address: 1841 US Route 6 Carmel NY 10512 Phone:

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.#: CAR 317 Date: 09/19/2014 Register: 8 Store/Unit #: 6804 Internet Order #:	Invoice/Trans: 6804426282068 Time: 12:17:08 Delivery: Y Payment Terms: MONTHLY
--	---	---

Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
TOUGHONE WATER PUMP	T1238	WATER PUMP 1 EA TWPUP	15760013	LIMITED LIFETIME REPLACEM	1.00	78.73	43.60	43.60

Payment

AAP Comm Credit

SUBTOTAL 43.60

TOTAL INVOICE 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.

THANK YOU FOR YOUR BUSINESS!

Received By: _____

Date: _____



Service is our best part.

Store #: 6804 Address: 1841 US Route 6 Carmel NY 10512 Phone:

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	P.O.#:	OLD Car 35	Invoice/Trans:	6804426282070
60 McAlpin Avenue Mahopac NY 10541	Date:	09/19/2014	Time:	12:27:11
Phone: 845/628-7474	Register:	8	Delivery:	N
Account ID: 8800028012	Store/Unit #:	6804	Payment Terms:	MONTHLY
	Internet Order #:	S06804-20140821101713455		

Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
WAGNER	QC966B	BRAKE PAD SET-CERAMC 1 EA	15810563	LIMITED LIFETIME REPLACEM	1.00	99.18	53.71	53.71

Payment

AAP Comm Credit

SUBTOTAL 53.71

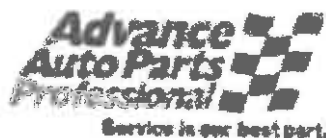
TOTAL INVOICE 53.71

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.

THANK YOU FOR YOUR BUSINESS!

Received By: _____

Date: _____



Store #: 6804 Address: 1841 US Route 6 Carmel NY 10512 Phone:

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	P.O.#:	CAR 317	Invoice/Trans:	6804426282075
60 McAlpin Avenue Mahopac NY 10541	Date:	09/19/2014	Time:	12:42:10
Phone: 845/628-7474	Register:	8	Delivery:	Y
Account ID: 8800028012	Store/Unit #:	6804	Payment Terms:	MONTHLY
	Internet Order #:			

Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
PRESTONE	AF2100	ANTIFRZ EXT D 50/50 1 GL P	7020013	REPLACE OR REFUND AT MGR	2.00	24.48	13.34	26.68

Payment

AAP Comm Credit

SUBTOTAL 26.68

TOTAL INVOICE 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.

THANK YOU FOR YOUR BUSINESS!

Received By: _____

Date: _____



Service is our best part.

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@advanceautoparts.com.

TOWN OF CARMEL Police Dept	P.O.#:	ATV	Invoice/Trans:	8800424578177
60 McAlpin Avenue Mahopac NY 10541	Date:	09/02/2014	Time:	14:05:50
Phone: 845/628-7474	Register:	7	Delivery:	Y
Account ID: 8800028012	Store/Unit #:	8800	Payment Terms:	MONTHLY
	Internet Order #:			

Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
BATTERY TENDER	021-0123	BATTERY TENDER 1 EA BATTR	10081059	1 YR REPLACEMENT IF DEFEC	1.00	73.48	39.21	39.21

Payment

AAP Comm Credit

SUBTOTAL 39.21

TOTAL INVOICE 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.

THANK YOU FOR YOUR BUSINESS!

Received By: _____

Date: _____



Service is our best part.

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@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 #:	PEACEKEEPER 09/04/2014 7 8800 	Invoice/Trans: Time: Delivery: Payment Terms:	8800424778369 16:32:07 Y MONTHLY
--	---	---	--	---

Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
H B D Industries	24088	3/8"x 25' FUEL HOSE 1 FT	5193907	1 YR REPLACEMENT IF DEFEC	25.00	2.60	0.63	15.75
Autocraft	AC5202	HOSE CLAMP #4 1 EA ATOCF	9070001	REPLACE OR REFUND AT MGR	10.00	1.73	0.29	2.90
Imperial	215026	FAN CLUTCH-THERMAL 1 EA I	6014674	1 YR REPLACEMENT IF DEFEC	1.00	1.73	29.39	29.39

Payment

AAP Comm Credit

SUBTOTAL 48.04

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 FOR YOUR BUSINESS!

Received By: _____

Date: _____



Service is our best part.

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@advanceautoparts.com.

TOWN OF CARMEL Police Dept		P.O.#:	PEACEKEEPER	Invoice/Trans:	8800424878425
60 McAlpin Avenue Mahopac NY 10541		Date:	09/05/2014	Time:	14:08:15
Phone: 845/628-7474		Register:	7	Delivery:	Y
Account ID: 8800028012		Store/Unit #:	8800	Payment Terms:	MONTHLY
		Internet Order #:			

Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
Edelbrock	8719	CARBURETOR SPACER 1 EA ED	22342627	90 DAY REPLACEMENT IF DEF	1.00	62.98	35.88	35.88
Edelbrock	2NDDAYFREIGHT	FDO 2ND DAY FREIGHT	25010027	90 DAY REPLACEMENT IF DEF	1.00	0.00	7.00	7.00

Payment

AAP Comm Credit

SUBTOTAL 42.88

TOTAL INVOICE 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.

THANK YOU FOR YOUR BUSINESS!

Received By: _____

Date: _____



Service is our best part.

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@advanceautoparts.com.

TOWN OF CARMEL Police Dept 60 McAlpin Avenue Mahopac NY 10541 Phone: 845/628-7474 Account ID: 8800028012	P.O.#:	peacemaker	Invoice/Trans:	8800424878428
	Date:	09/05/2014	Time:	14:21:50
	Register:	7	Delivery:	N
	Store/Unit #:	8800	Payment Terms:	MONTHLY
	Internet Order #:			

Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
Edelbrock	8724	CARBURETOR SPACER 1 EA ED	22342625	90 DAY REPLACEMENT IF DEF	1.00	52.48	28.51	28.51

Payment

AAP Comm Credit

SUBTOTAL 28.51

TOTAL INVOICE 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.

THANK YOU FOR YOUR BUSINESS!

Received By: _____

Date: _____



Service is our best part.

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@advanceautoparts.com.

TOWN OF CARMEL Police Dept 60 McAlpin Avenue Mahopac NY 10541 Phone: 845/628-7474 Account ID: 8800028012	P.O.#: SHOP Date: 09/12/2014 Register: 7 Store/Unit #: 8800 Internet Order #:	Invoice/Trans: 8800425578939 Time: 18:43:37 Delivery: Y Payment Terms: 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 Comm Credit

SUBTOTAL 135.37

TOTAL INVOICE 135.37

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 rebuildable condition to receive full core credit. Invoice required as proof of purchase for all returns.

THANK YOU FOR YOUR BUSINESS!

Received By: _____

Date: _____



Service is our best part.

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@advanceautoparts.com.

TOWN OF CARMEL Police Dept 60 McAlpin Avenue Mahopac NY 10541 Phone: 845/628-7474 Account ID: 8800028012	P.O.#:	return-CAR 32	Invoice/Trans:	8800425979111
	Date:	09/18/2014	Time:	12:35:04
	Register:	7	Delivery:	Y
	Store/Unit #:	8800	Payment Terms:	MONTHLY
	Internet Order #:	S08800-20140916080449153		

Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
Sylvania	9007 ST ZXE	HEADLIGHT-SLVRSTR ZXE 2 PA	10099045	1 YR REPLACEMENT IF DEFEC	1.00	0.00	-54.99	-54.99

Payment

AAP Comm Credit

SUBTOTAL -54.99

TOTAL INVOICE -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.

THANK YOU FOR YOUR BUSINESS!

Received By: _____

Date: _____



Service is our best part.

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@advanceautoparts.com.

TOWN OF CARMEL Police Dept	P.O.#:	CAR 32-rebill	Invoice/Trans:	8800425979112
60 McAlpin Avenue Mahopac NY 10541	Date:	09/16/2014	Time:	12:36:26
Phone: 845/628-7474	Register:	7	Delivery:	Y
Account ID: 8800028012	Store/Unit #:	8800	Payment Terms:	MONTHLY
	Internet Order #:			

Product Line	Part#	Description	SKU	Warranty	Qty	List	Cost	Extended
Sylvania	9007 ST ZXE	HEADLIGHT-SLVRSTR ZXE 2 PA	10099045	1 YR REPLACEMENT IF DEFEC	1.00	98.98	44.99	44.99

Payment

AAP Comm Credit

SUBTOTAL 44.99

TOTAL INVOICE 44.99

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.

THANK YOU FOR YOUR BUSINESS!

Received By: _____

Date: _____

#6

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.

Resolution

Offered by: _____

Seconded by: _____

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

**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:

- 1) 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)

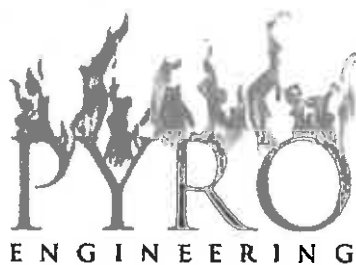
John Mulreany, President of the Carmel Fire Department, Inc., being duly sworn deposes and says that he is the authorized representative of the sponsoring body, that all of the statements in this application are true to the best of his knowledge, and that the display will be performed in the manner set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


John Mulreany
Carmel Fire Department, Inc.

Sworn to before me this 28 day of July, 2015.

Michael R. John
Notary Public

MICHAEL R. JOHNSON
Notary Public, State of New York
No. 01JO6242318
Qualified in Putnam County
Commission Expires May 31, 2019



www.peifx.com

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



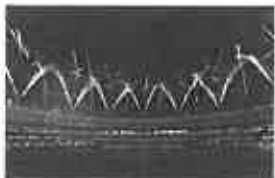
www.bayfireworks.com

World Class Productions



Fireworks Symposium
at Walt Disney World
America's 400th Anniversary
Las Vegas Baby's Birthday Celebration
Major Theme Parks
NASA's 50th Anniversary
Universal Orlando Resort
Centennial Michigan Events

Major Sporting Events



Major League Baseball
U.S. Olympic Committee
State Games of America
National Football League
Minor League Baseball
PGA / LPGA Courses & Events
Olympic Games

Concert Tours - Close Proximity



Ultra Music Fest - Miami
Electric Daisy Carnival - Las Vegas
Katy Perry - One Direction
Ariana Grande - Swedish House Mafia
Stadium, Stage, Concerts
Theatrical Events
Theme Park Design - Consultations

July 28, 2015

To Whom It May Concern:

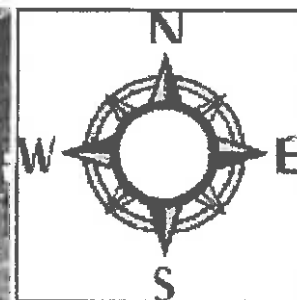
This letter will serve as a Resume for Mr. Michael Garafola. Mr. Garafola has produced fireworks displays since 2011. As a lead Technician for Pyro Engineering dba Bay Fireworks, he shows the ability to multi task at his display site by interacting with the Sponsor's Representative, Fire Marshal, Police, 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,

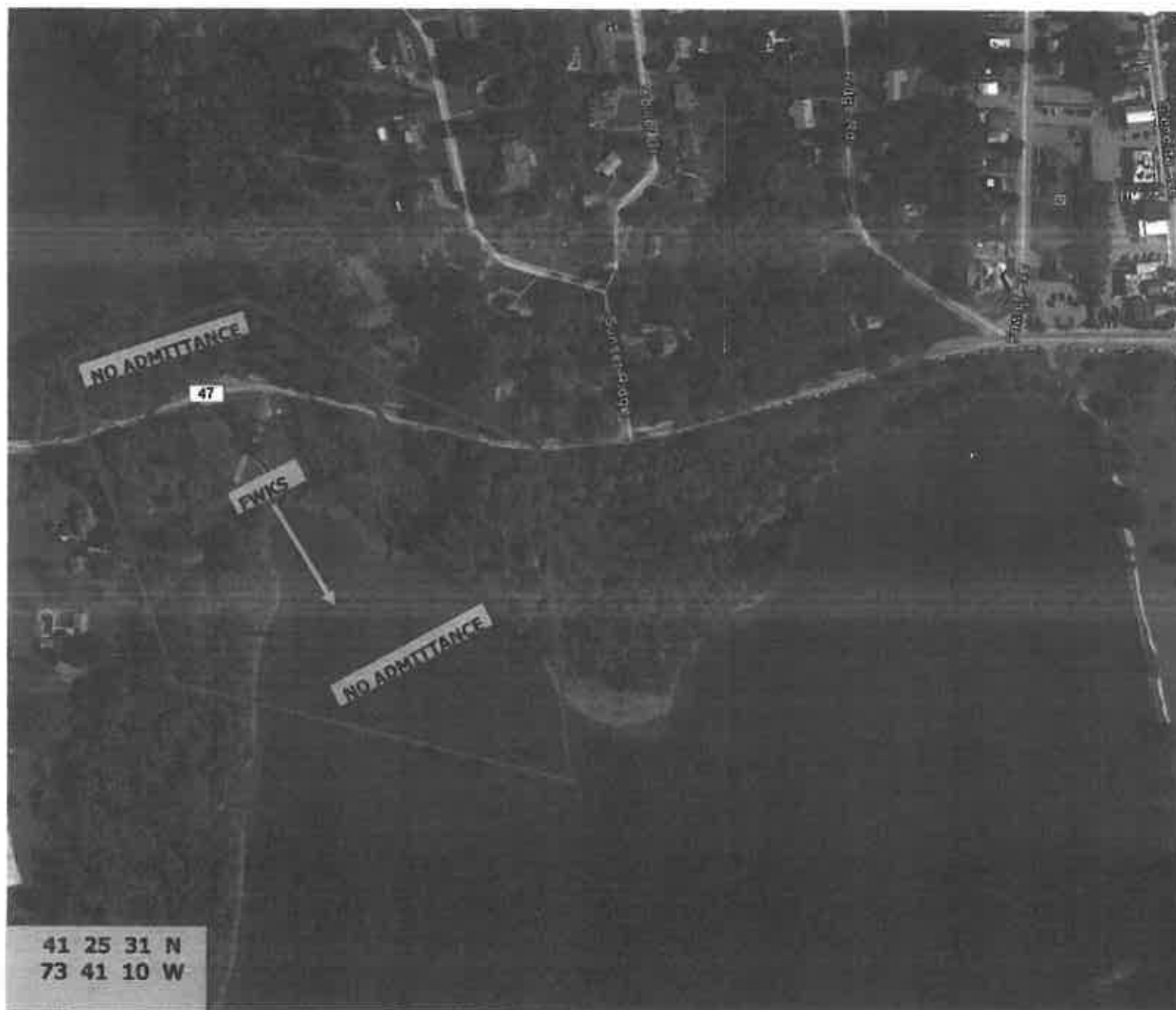
Dennis P. Brady Sr.
Vice President of Operation
Pyro Engineering, Inc. dba Bay Fireworks



**CARMEL
FIRE
DEPARTMENT
100TH
ANNIVERSARY**

**4" MAX SIZE
SHELLS**

300' RADIUS



41 25 31 N
73 41 10 W

SPONSOR: Carmel Fire Department

Fireworks Company

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

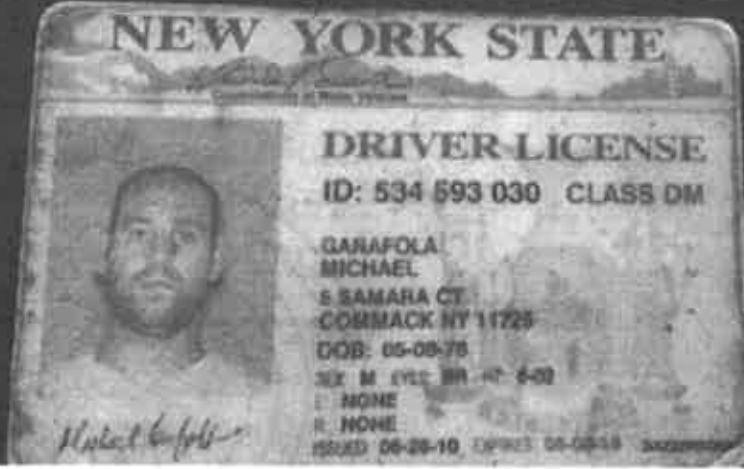
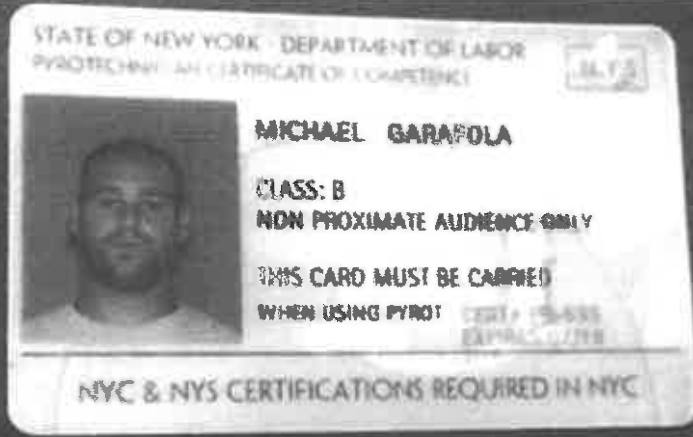
Show Date(s): 8/22/15

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 
Fireworks Company Representative



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:

- 1) 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-882 (5-98)



CERTIFICATE OF LIABILITY INSURANCE

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 Treasure Island, FL 33706-4814 1-800-237-3355	CONTACT NAME:	
	PHONE (A/C, No, Ext): FAX (A/C, No):	
INSURED Pyro Engineering, Inc. dba: Bay Fireworks 999 South Oyster Bay Rd., Suite 111 Bethpage, NY 11714	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : T.H.E. Insurance Company	12866
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CPP0101284-05	02/15/2015	02/15/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CPP0101284-05	02/15/2015	02/15/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ELP0010292-05 (VL)	02/15/2015	02/15/2016	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below N/A			WCP0005167-001	02/15/2015	02/15/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	EXCESS LIABILITY/OCCUR			ELP0010296-05 (GL)	02/15/2015	02/15/2016	EACH OCCURRENCE \$9,000,000 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 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**Town of Carmel**
60 McAlpin Avenue
Mahopac, NY 10541

Cert # 2233F

CANCELLATION**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.

AUTHORIZED REPRESENTATIVE

© 1988-2010 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

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 Treasure Island, FL 33706-4814 1-800-237-3355	CONTACT NAME:	FAX (A/C, No):	
	PHONE (A/C, No, Ext):	E-MAIL ADDRESS:	
INSURED Pyro Engineering, Inc. dba: Bay Fireworks 999 South Oyster Bay Rd., Suite 111 Bethpage, NY 11714	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: T.H.E. Insurance Company		12866
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURANCE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CPP0101284-05	02/15/2015	02/15/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CPP0101284-05	02/15/2015	02/15/2016	COMBINED SINGLE LIMIT (Ca accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>		ELP0010292-05 (VL)	02/15/2015	02/15/2016	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		WCP0005167-001	02/15/2015	02/15/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	EXCESS LIABILITY/OCCUR		ELP0010296-05 (GL)	02/15/2015	02/15/2016	EACH OCCURRENCE \$9,000,000 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 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 HOLDERPutnam County
48 Glenedoa Ave
Carmel NY 10512

Cert # 2233B

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE

© 1988-2010 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

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 Treasure Island, FL 33706-4814 1-800-237-3355	CONTACT NAME:	FAX (A/C, No):	
	PHONE (A/C, No, Ext):	E-MAIL ADDRESS:	
INSURED Pyro Engineering, Inc. dba: Bay Fireworks 999 South Oyster Bay Rd., Suite 111 Bethpage, NY 11714	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : T.H.E. Insurance Company		12866
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CPP0101284-05	02/15/2015	02/15/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CPP0101284-05	02/15/2015	02/15/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		ELP0010292-05 (VL)	02/15/2015	02/15/2016	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) (If yes, describe under DESCRIPTION OF OPERATIONS below) Y/N <input type="checkbox"/> N/A		WCP0005167-001	02/15/2015	02/15/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	EXCESS LIABILITY/OCCUR		ELP0010296-05 (GL)	02/15/2015	02/15/2016	EACH OCCURRENCE \$9,000,000 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 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 New York City Department of Environmental protection 59-17 Junction Blvd 19th Floor Flushing NY 11373 Cert # 2233C	CANCELLATION 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. AUTHORIZED REPRESENTATIVE
--	--

© 1988-2010 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

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 Treasure Island, FL 33706-4814 1-800-237-3355	CONTACT NAME:	FAX (A/C, No):	
	PHONE (A/C, No, Ex):	E-MAIL ADDRESS:	
INSURED Pyro Engineering, Inc. dba: Bay Fireworks 999 South Oyster Bay Rd., Suite 111 Bethpage, NY 11714	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: T.H.E. Insurance Company		12866
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CPP0101284-05	02/15/2015	02/15/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CPP0101284-05	02/15/2015	02/15/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		ELP0010292-05 (VL)	02/15/2015	02/15/2016	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WCP0005167-001	02/15/2015	02/15/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	EXCESS LIABILITY/OCCUR		ELP0010296-05 (GL)	02/15/2015	02/15/2016	EACH OCCURRENCE \$9,000,000 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 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 New York City Water Board c/o NYC DEP 59-17 Junction Blvd 19th Floor Flushing NY 11373 Cert # 2233D	CANCELLATION 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. AUTHORIZED REPRESENTATIVE
--	--



CERTIFICATE OF LIABILITY INSURANCE

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 Treasure Island, FL 33706-4814 1-800-237-3355	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
INSURED Pyro Engineering, Inc. dba: Bay Fireworks 999 South Oyster Bay Rd., Suite 111 Bethpage, NY 11714	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: T.H.E. Insurance Company		12866
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CPP0101284-05	02/15/2015	02/15/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CPP0101284-05	02/15/2015	02/15/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		ELP0010292-05 (VL)	02/15/2015	02/15/2016	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A		WCP0005167-001	02/15/2015	02/15/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	EXCESS LIABILITY/OCCUR		ELP0010296-05 (GL)	02/15/2015	02/15/2016	EACH OCCURRENCE \$9,000,000 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 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 City of New York c/o NYC DEP 59-17 Junction Blvd 19th Floor Flushing NY 11373 Cert # 2233E	CANCELLATION 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. AUTHORIZED REPRESENTATIVE
---	--

© 1988-2010 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

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 Treasure Island, FL 33706-4814 1-800-237-3355	CONTACT NAME:	FAX (A/C, No):	
	PHONE (A/C, No, Ext):	E-MAIL ADDRESS:	
INSURED Pyro Engineering, Inc. dba: Bay Fireworks 999 South Oyster Bay Rd., Suite 111 Bethpage, NY 11714	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: T.H.E. Insurance Company		12866
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CPP0101284-05	02/15/2015	02/15/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CPP0101284-05	02/15/2015	02/15/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$		ELP0010292-05 (VL)	02/15/2015	02/15/2016	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A		WCP0005167-001	02/15/2015	02/15/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	EXCESS LIABILITY/OCCUR		ELP0010296-05 (GL)	02/15/2015	02/15/2016	EACH OCCURRENCE \$9,000,000 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 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

Carmel Fire Department Inc
94 Glenedia Ave
Carmel NY 10512

Cert # 2233A

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE

Carol A. Serra

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 "1a": DBL 5213 59 - 1 3c. Policy effective period: 01/04/2015 to 01/04/2016

4. Policy covers:

- a. ☒ 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 Joseph J. Masi Joseph J. Masi
(Signature of insurance carrier's authorized representative or NYS Licensed 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 Signed _____ By _____
(Signature of NYS 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.

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) Town of Carmel 60 McAlpin Avenue Mahopac, NY 10541	3a. Name of Insurance Carrier NEW YORK STATE INSURANCE FUND 3b. Policy Number of entity listed in box "1a": DBL 5213 59 - 1 3c. Policy effective period: <u>01/04/2015</u> to <u>01/04/2016</u>

4. Policy covers:

- a. ☒ 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 Joseph J. Masi Joseph J. Masi

(Signature of insurance carrier's authorized representative or NYS Licensed 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 Signed _____ By _____

(Signature of NYS 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.

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 or Social Security Number 753044987
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) County of Putnam County 48 Gleneida Avenue Carmel, NY 10512	3a. Name of Insurance Carrier T.H.E. INSURANCE COMPANY 3b. Policy Number of entity listed in box "1a" WCP0005167-001 3c. Policy effective period 2/15/2015 to 2/15/2016 3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

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 the coverage as depicted on this form.

Approved by: Carol A. Serra
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Carol A. Serra 7/24/2015
(Signature) (Date)

Title: _____

Telephone Number of authorized representative or licensed agent of insurance carrier: (800) 237-3355

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT 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 or Social Security Number 753044987
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Town of Carmel 60 McAlpin Avenue Mahopac, NY 10541	3a. Name of Insurance Carrier T.H.E. INSURANCE COMPANY 3b. Policy Number of entity listed in box "1a" WCP0005167-001 3c. Policy effective period 2/15/2015 to 2/15/2016 3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy**). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

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 the coverage as depicted on this form.

Approved by: Carol A. Serra
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Carol A. Serra 7/24/2015
(Signature) (Date)

Title: _____

Telephone Number of authorized representative or licensed agent of insurance carrier: (800) 237-3355

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

#7

**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: _____

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

#8

RESOLUTION ACCEPTING THE ACTIVE MEMBER LIST OF THE CARMEL FIRE DEPARTMENT

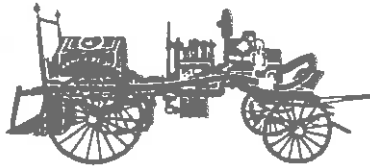
RESOLVED that the Town Board of the Town of Carmel hereby authorizes and accepts the current active list of the members of the Carmel Fire Department in form as attached hereto and made part hereof.

Resolution

Offered by: _____

Seconded by: _____

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



Carmel Fire Department, Inc.

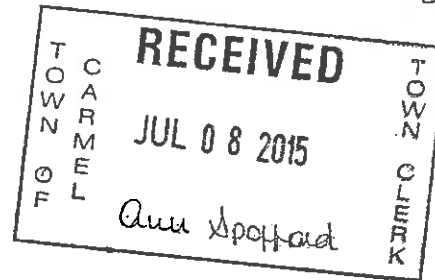
94 Gleneida Avenue
Carmel, New York 10512
(845) 225-5100
FAX: 845-225-2252

cc: Legal Counsel
Supervisor
Assessor

Established 1915

orig: Carmel F.D.
cc: Comptroller ✓
7/8 BC

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



Dear Mrs. Spofford:

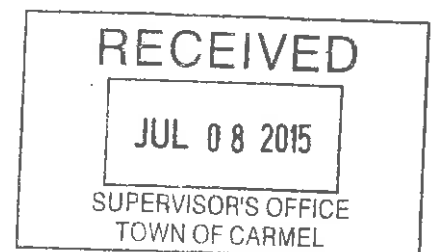
Please accept the following list as a complete and accurate list of all active members with the Carmel Fire Department as of July 2015. This list shall supersede and replace any membership lists currently held in the town Hall, Town of Carmel.

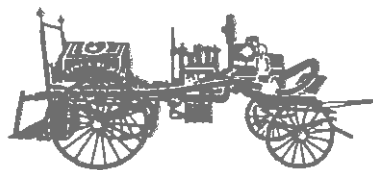
Active Members:

☒ Work Session 7/22/15

☐ Agenda _____

Adelman, James	[REDACTED]	Carmel, NY 10512
Arbore, Charles	[REDACTED]	Carmel, NY 10512
Baker Andrew	[REDACTED]	Carmel, NY 10512
Barrett Richard	[REDACTED]	Carmel, NY 10512
Bonavenia, Jessica	[REDACTED]	Carmel, NY 10512
Cargain, Emerson	[REDACTED]	Carmel, NY 10512
Coviello, Chris	[REDACTED]	Carmel, NY 10512
DeNapoli, Mike	[REDACTED]	Carmel, NY 10512
DiRienzo, David	[REDACTED]	Carmel, NY 10512
Doherty, Michael	[REDACTED]	Carmel, NY 10512
Duffy, Edward	[REDACTED]	Carmel, NY 10512
Durmer, Kevin	[REDACTED]	Brewster, NY 10509
Earle, Mark	[REDACTED]	Carmel, NY 10512
Efferen, Scott	[REDACTED]	Carmel, NY 10512
Fell, Geoffrey	[REDACTED]	Carmel, NY 10512
Forbes, William	[REDACTED]	Carmel, NY 10512
Geoghegan, Robert	[REDACTED]	Carmel, NY 10512
Goldsmith, Daniel	[REDACTED]	Carmel, NY 10512
Griffin, Patrick	[REDACTED]	Carmel, NY 10512
Heubel, Joseph	[REDACTED]	Carmel, NY 10512
Jacobsen, David	[REDACTED]	Carmel, NY 10512
Jaeschke, Donna	[REDACTED]	Carmel, NY 10512
Jaeschke, Michael	[REDACTED]	Carmel, NY 10512
Jenik, Brian	[REDACTED]	Carmel, NY 10512
Keck Jr, Tom	[REDACTED]	Carmel, NY 10512





Carmel Fire Department, Inc.

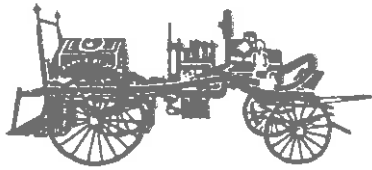
94 Gleneida Avenue
Carmel, New York 10512
(845) 225-5100
FAX: 845-225-2252

Established 1915

Lamb, Charles	[REDACTED]	Carmel, NY 10512
Lipton, Robert	[REDACTED]	Carmel, NY 10512
Longo, Robert	[REDACTED]	Holmes, NY 12531
Lubera, Mathew	[REDACTED]	Brewster, NY 10509
Matessino, Michael	[REDACTED]	Carmel, NY 10512
McKecknie, Adam	[REDACTED]	Carmel, NY 10512
McMahon, Michael	[REDACTED]	Carmel, NY 10512
Mirko, Nicholas	[REDACTED]	Carmel, NY 10512
Montalvo, Luis	[REDACTED]	Carmel, NY 10512
Moorehead, Dennis	[REDACTED]	Carmel, NY 10512
Nobile, Tom	[REDACTED]	Carmel, NY 10512
Orsini, Mike	[REDACTED]	Carmel, NY 10512
Pinna, Paul	[REDACTED]	Carmel, NY 10512
Rivera, Steven	[REDACTED]	Carmel, NY 10512
Roberts, James	[REDACTED]	Carmel, NY 10512
Ruggiero, Vincent	[REDACTED]	Carmel, NY 10512
Singh, Joseph	[REDACTED]	Carmel, NY 10512
Smith, Timothy	[REDACTED]	Carmel, NY 10512
Sonnberger, Albert	[REDACTED]	Carmel, NY 10512
Sonnberger, Kimberly	[REDACTED]	Carmel, NY 10512
Stone, Christopher	[REDACTED]	Carmel, NY 10512
Venezia Jr., Daniel	[REDACTED]	Carmel, NY 10512

Active 20 Year Members:

Behan, Robert	[REDACTED]	Carmel, NY 10512
Conklin, Charles	[REDACTED]	Carmel, NY 10512
Cornish, Peter	[REDACTED]	Carmel, NY 10512
Efferen, Robert	[REDACTED]	Carmel, NY 10512
Greenwood, Carl	[REDACTED]	Carmel, NY 10512
Hengel, Kevin	[REDACTED]	Stormville, NY 12582
Hengel, Michael	[REDACTED]	Carmel, NY 10512
Johnson, Michael	[REDACTED]	Carmel, NY 10512
Lipton, Robert A	[REDACTED]	Carmel, NY 10512
Madden, Peter	[REDACTED]	Carmel, NY 10512
Margolus, Louis	[REDACTED]	Carmel, NY 10512
Mulreany, John	[REDACTED]	Carmel, NY 10512
Nesheiwat, Michael	[REDACTED]	Carmel, NY 10512
O'Brien, Patrick	[REDACTED]	Carmel, NY 10512



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

[REDACTED]
[REDACTED]

Carmel, NY 10512
Carmel, NY 10512

Active Probationary Members:

Fernandez, Joseph
Rotella, John
Vanderhoff, Brian

[REDACTED]
[REDACTED]
[REDACTED]

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

Respectfully Submitted,

Robert L Lipton
2nd Assistant Chief

#9

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.

Section 4. This Order shall take effect immediately.

Resolution

Offered by: _____

Seconded by: _____

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

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,

_____, 2015.

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)
) ss.:
COUNTY OF PUTNAM)

I, the undersigned Clerk of the Town of Carmel, Putnam County, New York, DEPOSE
AND SAY:

That on the _____ day of August, 2015, I caused to be posted on the official signboard
maintained by me pursuant to subdivision 6 of Section 30 of the Town Law, a Notice of Public
Hearing which was a part of an Order adopted by the Town Board of said Town on August 5,
2015.

A true and correct copy of such Notice of Hearing is attached hereto.

Town Clerk

Sworn to before me this _____ day
of August, 2015.

Notary Public

#10

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: _____

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

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