



# FACILITY RESERVATION APPLICATION AND PERMIT

FACILITY: Hudson Park  
DATES (S): Saturday August 10, 2019  
TIME (S): 11am-5pm  
PURPOSE: Autism Fundraiser

ORGANIZATION: Christopher's Voice

Contact Person:

Alternate:

Name: Tracy Greco  
Address: 189 Kensington Oval  
New Rochelle, NY 10805  
Phone: 914-560-6139

Roz Costabile  
88 Hanson Lane  
New Rochelle, NY 10804  
914-329-6583

*I agree to the rental terms and will abide by all rules and regulations for the use of City of New Rochelle Parks/school facility.*

Signature Per written request Date \_\_\_\_\_

- INSTRUCTIONS: \*Full payment is required within 2 weeks of receipt of this form  
\*Make checks payable to: City of New Rochelle Recreation  
\*No refunds unless facility is unusable due to park/school closure  
\*Read Rules and Regulations (on reverse side) carefully

Return to: Lois Russo, Office Manager  
New Rochelle Parks and Recreation  
City Hall, 515 North Avenue  
New Rochelle, NY 10801  
(914) 654-2091 Fax: (914) 654-2010

\*\*\*\*\*

### FOR OFFICIAL USE ONLY

Permit #: 19-2019

Date Issued: 8/6/2019

Fee: \$750

Check\_\_ Cash\_\_ Receipt # \_\_\_\_\_

Insurance Certificate Required:  Yes  on File

Special Provisions: 1 full-time park staff assigned @ \$85/hr for 8hrs with benefits=\$750. Assistance by seasonal park staff. Hudson Park vehicle parking fees will remain in effect. 25 parking passes provided. 5 classic cars on display. New Rochelle Chevrolet providing Corvette and Acura of Westchester providing car to be raffled off. Site plan arranged with Vin Parisi and Rob Bynum. Rental fee waived by City Manager. See page 2 for list of vendors and entertainment.

APPROVED: William V. Zimmermann

William V. Zimmermann, Commissioner of Parks and Recreation

Department of Park and Recreation  
515 North Avenue  
New Rochelle NY 10801-3416  
Lois Russo  
Office Manager



Writer's telephone: (914) 654-2091

City of New Rochelle  
New York

INVOICE

Date: 8/6/2019  
To: Tracy Greco-Christopher's Voice  
From: Lois Russo, Office Manager  
Re: Christopher's Voice Fundraiser- Hudson Park  
Attachments: Permit #19-2019  
Fee: \$750 - paid 8/9/19 check # 1010  
Please make checks payable to City of New Rochelle

### Christopher's Voice - Site Plan for Voices For Christopher Fundraiser

**Parking** - rear parking lot behind bandshell, main parking lot and along Hudson Park Rd.    **Use of Park** limited to main grass area and small portions as shown below.

**Restrooms**— as provided at Hudson Park    **Security**—one NRPD police officer    **Date**—August 10th    **Time**—1pm to 6pm





## Christopher's Voice

LOVE NEEDS NO WORDS

A Charitable Foundation for Autistic Children

A 501(c)3 Corporation

[www.christophersvoice.org](http://www.christophersvoice.org)

Dear Perspective Vendor:

Christopher's Voice is a 501(c)(3) non-profit organization who will be hosting a Fund Raising Event Saturday, August 10, 2019 at the Hudson Park Band Shell in New Rochelle from 11:00 AM to 5:00 PM. Rain date is Sunday, August 11, 2019. There will be entertainment, activities for children, vendors, lots of food, information about autism and information about the numerous activities Christopher's Voice is involved in.

Please view our website [www.christophersvoice.org](http://www.christophersvoice.org) or our Facebook page to find out more about our goals and objectives.

If you are interested in vending at the show, we have attached a vendor application for you to complete and return. There is a non-refundable – tax deductible fee of \$75.00 for the vendor space. Food vendors will be higher, but we will limit the number of food vendors.

If you have any questions or concerns, please feel free to call any of the telephone numbers listed below or you can write to us at [info@christophersvoice.org](mailto:info@christophersvoice.org)

We look forward to working with you. Thank you for your interest.

Sincerely,

Christopher's Voice

Roz Costabile – 914-329-6583



# FACILITY RESERVATION/SPECIAL EVENT APPLICATION

THIS IS NOT A PERMIT

DATE 9/20/18

**Please Print**

NAME OF PERSON/ORGANIZATION: Christopher's Voice

ADDRESS: 189 Kensington Oval NR 10805  
STREET CITY/TOWN ZIP CODE

HEAD OF ORGANIZATION (IF APPLICABLE): Tracy Greco 914-560-6139  
PHONE

CONTACT PERSON FOR EVENT: Tracy Greco

ADDRESS: Same  
STREET CITY/TOWN ZIP CODE

PHONE # (H): \_\_\_\_\_ PHONE # (C): 914-560-6139 E-MAIL ADDRESS (if applicable): teetee67@aol.com

**I. FACILITY REQUESTED:**

- Lincoln Park (special permit only)
- Ruby Dee Park at Library Green (special permit only)
- Hudson Park (special permit only) with
- Joe Curtis - Five Islands (Outdoor/Indoor/ Harrison) 3 Ad
- Flowers (City) Park
- D'Onofrio Park
- Other DAVENPORT PARK

EVENT DATE: SAT. AUG. 10<sup>th</sup> NUMBER OF PEOPLE: \_\_\_\_\_  
PURPOSE: Autism Fundraiser STARTING TIME: 11 AM ENDING TIME: 5 PM

**PROOF OF LIABILITY INSURANCE IN THE AMOUNT OF \$2,000,000, INCLUDING A COPY OF ENDORSMENT NAMING THE CITY OF NEW ROCHELLE AS ADDITIONAL INSURED IS REQUIRED.** To follow

**II. SPECIAL REQUESTS (Check where applicable):**

BANNER	<input checked="" type="checkbox"/> YES	NO (Permit required by NR Building Department)
BEER OR WINE ?	<input checked="" type="checkbox"/> YES	NO
CARNIVAL GAMES	<input checked="" type="checkbox"/> YES	NO (Proof of Liability required from vendor) (including inflatables)
CATERER	<input checked="" type="checkbox"/> YES	NO (Permit required by NR Building Department)
ELECTRICITY	<input checked="" type="checkbox"/> YES	NO (Additional Charge \$80 dollars per hour, per man)
FOOD	<input checked="" type="checkbox"/> YES	NO (Proof of Liability required from vendor) (May require permit from Westchester County Department of Health)
MUSIC/ DJ	<input checked="" type="checkbox"/> YES	NO (Proof of Liability required from Vendor) (No live music)
TENT(S)	<input checked="" type="checkbox"/> YES	NO (Proof required by NR Building Department)
USE OF GENERATOR	<input checked="" type="checkbox"/> YES	NO (Proof of Liability required from vendor)

SPECIAL REQUESTS (other than listed above): Intent is to have a fundraiser for local charity dedicated to helping autistic children. A band on L.I. Sound Doo wop concert

Request for water-front location critical

STEVE MICHAELS; (917) 682-0710  
ULTIMATE MUSEUM EXPERIENCE

Tracy Greco

I agree that New Rochelle Parks and Recreation Department may add conditions to a reservation. I further agree, convert and promise not to (OVER) against the city of New Rochelle, its agents, officials, employees and volunteers for any injury, death, illness, disease or damage to myself or to my property or to property, including City property which is under my control, arising from or connected with my use and/or rental of city equipment facilities or from any claims asserted against me by any other person.

I have read, I understand, and I will comply with all the information on this application and on the rental agreement.

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

THE CITY RESERVES THE RIGHT TO CANCEL DUE TO PUBLIC SAFETY AND/OR VOID ANY PERMIT DUE TO FALSIFICATION OF APPLICATION.

FOR OFFICIAL USE ONLY

\* REVERSING NR SCHOOL DISTRICT SPECIMEN EV.

Type of Event: Rental - Waived by City Manager Special Permit Yes  
Fee: \$ ~~680.00~~ 750.00 Deposit (non-refundable) \$ —  
Balance \$ — Due date —  
Insurance: Yes  No  Other —

Date 7/30/19

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

- > 1 F/T PARK STAFF ASSIGNED @ \$8/hr. x 3 EVNTS HRS = ~~864.00~~ 750.00  
WITH ASSISTANCE BY SEASONAL PARK STAFF W/ISSUANCE
- > HANSON PARK VEHICLE ENTRANCE FEE REMAINS IN EFFECT.

DRIVE COST OF OPERATING EVNT. COST.

- ✓ Classic Car - 4 Vehicles
- ✓ Mess. ACURA Car - RMTA E

✓ PROVIDE EVNTS TEMP PARKING PERMIT W/ APPROPRIATE VEHICLE LOGS

ROZ Costabile  
38 Hanson Lane  
NR, NY 10804  
(914) 329-6583  
ROZ COSTABILE @ AOL.COM



# Planning for Christopher's Voice 2019 Fundraiser

Possibly Saturday 8/10/19

- Face Painting
- Jumping Castles
- BBQ/Food Vendors
- Vendor
- Live Music all Day
- Harbor Police Escorted Boat Parade (?)

- > *SPECIAL PERMIT REQUEST FOR FACILITY*
- > *USE APPROVAL FOR CITY LOGO/BRAND*
- > *PERMIT FEE WAIVER - APPROVED BY CITY MANAGER*

## Christopher's Voice - Site Plan for Voices For Christopher Fundraiser

**Parking** - rear parking lot behind bandshell, main parking lot and along Hudson Park Rd.    **Use of Park** limited to main grass area and small portions as shown below.  
**Restrooms**— as provided at Hudson Park    **Security**—one NRPD police officer    **Date**—August 10th    **Time**—1pm to 6pm





# *Voices for Christopher* *Presents* *A Day at Hudson Park* *Saturday* *August 10, 2019*



**11 A.M. TO 5 P.M.**

*Rain Date August 11, 2019*



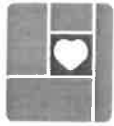
*Vendors*  
*Live Entertainment*  
*Classic Cars*  
*Rides*



*Contact Roz*  
**914-329-6583**

*To Benefit Christopher's Voice*  
*[cvhudsonpark@gmail.com](mailto:cvhudsonpark@gmail.com)*





**POLICY CHANGE  
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

COMPANY: Alliance of Nonprofits for Insurance (58998)

POLICY NUMBER: 2019-58998

NAMED INSURED: Christopher's Voice, Inc.

POLICY CHANGE EFFECTIVE: 04/16/2019

COVERAGE PART AFFECTED: COMMERCIAL GENERAL LIABILITY

POLICY CHANGE#: 2 Page 1

The following additional insured(s) is/are hereby added to the policy:

<u>CG 20 26</u> <u>Locations - ALL</u>	
City of New Rochelle	\$0
515 North Avenue	
New Rochelle, NY 10801	

All other terms, limits and conditions remain the same.

ADDITIONAL PREMIUM:	\$0
RETURN PREMIUM:	\$0
ENDORSEMENT PREMIUM:	\$0

*Pamela C. D.*

AUTHORIZED SIGNATURE

07/30/2019

POLICY NUMBER: 2019-58998  
Named Insured: Christopher's Voice, Inc.

COMMERCIAL GENERAL LIABILITY  
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

**Name Of Additional Insured Person(s) Or Organization(s):**

City of New Rochelle

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations; or
  2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.





DAVES-5

OP ID: DK

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/31/2019

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 have ADDITIONAL INSURED provisions or 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**  
Dick Wardlow Insurance Brokers  
Lic. #0B99800  
233 High Street  
Moorpark, CA 93021  
Dick Wardlow Insurance Brokers

805-553-0505

**CONTACT NAME:** Matt Wardlow

**PHONE (A/C, No, Ext):** 805-553-0505

**FAX (A/C, No):** 805-553-0606

**E-MAIL ADDRESS:** mattw@wardlowinsurance.com

**INSURER(S) AFFORDING COVERAGE**

**NAIC #**

**INSURER A :** Admiral Insurance

**INSURER B :**

**INSURER C :**

**INSURER D :**

**INSURER E :**

**INSURER F :**

**INSURED**  
Dave's Cast of Characters, Inc  
David Zucker  
20 Cottage Place  
New Rochelle, NY 10801

### 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		CA00003024302	04/02/2019	04/02/2020	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>EXCLUDED</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> <b>Deduct-</b> \$ <b>5,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

City of New Rochelle is named as additional insured, but only insofar as the operations under this written contract are concerned. Amusement Devices as Scheduled with Insurer.

### CERTIFICATE HOLDER

City of New Rochelle  
515 North Avenue  
New Rochelle, NY 10801

### CANCELLATION

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

AUTHORIZED REPRESENTATIVE  
Dick Wardlow Insurance Brokers



## Zimmermann, William

---

**From:** Zimmermann, William  
**Sent:** Thursday, December 27, 2018 10:36 AM  
**To:** 'tarcor211@aol.com'  
**Cc:** Strome, Chuck; Gill, Kathleen  
**Subject:** Proposed 2019 Event @ Davenport Park for Christopher's Voice

**Importance:** High

Good morning Al:

We recently met with individuals from the Christopher's Voice Foundation to discuss their request to hold a major fundraising event at Davenport Park, tentatively scheduled from 1-6 pm on Saturday August 10<sup>th</sup> with a rain date of August 11<sup>th</sup>. Due to the nature of this event and target audience, this park would be the ideal location to hold the fundraiser. Before we finalize all event logistics and issue a park permit, I wanted to advise you of this request and gauge your opinion of same. Please let me know your thoughts so we can proceed in a timely manner.

Cheers,  
Bill

William V. Zimmermann  
Interim Commissioner  
City of New Rochelle Parks & Recreation Department  
(914) 654-2092  
[wzimmerm@newrochelleny.com](mailto:wzimmerm@newrochelleny.com)



**Russo, Lois**

---

**From:** Zimmermann, William  
**Sent:** Tuesday, January 8, 2019 7:25 PM  
**To:** rozcostabile@aol.com; Greco, Christopher  
**Cc:** Russo, Lois  
**Subject:** RE: Christopher's Voice Fundraiser New Rochelle

**Importance:** High

Good Evening Roz and Chris:

Upon examination and review of our restrictive covenant and deed for Davenport Park, the City should not host your special event at that specific park. I suggest we move forward with option B-Hudson Park and have you prepare an event site plan that we can review and cost out prior to issuance of a permit. Please let me know what assistance we can provide to insure your event has great success.

Thanks and Happy New Year to you and yours!

Bill

William V. Zimmermann  
Interim Commissioner  
City of New Rochelle Parks & Recreation Department  
(914) 654-2092  
[wzimmerm@newrochelleny.com](mailto:wzimmerm@newrochelleny.com)



Hi Bill,

Happy New Year. Will we be able to use Davenport Park for our event? I am not sure if you informed Roz or not, but last week she thought that perhaps we may not get approval for DP.

My cell is 914-469-5946

Respectfully,

*Detective Christopher T. Greco*

**Zimmermann, William**

**From:** Christopher Greco  
**Sent:** Thursday, March 21, 2019  
**To:** Zimmermann, William  
**Cc:** rozcostabile@aol.com  
**Subject:** Re: Christopher's Voice

**\*\*EXTERNAL SENDER\*\***

Hi Bill,

Bandshell and park area will work just fine!

Can we confirm and book August 10th and August 11th?

What are the next steps?

Thank you very much for this!

Christopher Greco  
New York State Licensed Associate Real Estate Broker  
New York State Certified Real Estate Appraiser  
New York State Licensed Home Inspector  
New York State Licensed MOLD ASSESSOR  
[www.cgihomeinspections.com](http://www.cgihomeinspections.com)  
[www.grecoappraisalservices.com](http://www.grecoappraisalservices.com)  
[www.christophersvoice.org](http://www.christophersvoice.org)

A Charitable Foundation for Autistic Children  
New Rochelle, NY 10801  
914-469-5946



Christopher's Voice

LOVE NEEDS NO WORDS  
A Charitable Foundation for Autistic Children  
A 501(c)3 Corporation  
[www.christophersvoice.org](http://www.christophersvoice.org)

On Wed, Feb 20, 2019 at 4:18 PM Zimmermann, William

W Zimmermann

FILE COPY

**Zimmermann, William**

---

**From:** Christopher Greco <ctag1003@gmail.com>  
**Sent:** Thursday, March 21, 2019 3:28 PM  
**To:** Zimmermann, William  
**Cc:** rozcostabile@aol.com; Russo, Lois  
**Subject:** Re: Christopher's Voice Fundraiser New Rochelle

**\*\*EXTERNAL SENDER\*\***

Hi Bill,

Bandshell and park area will work just fine!

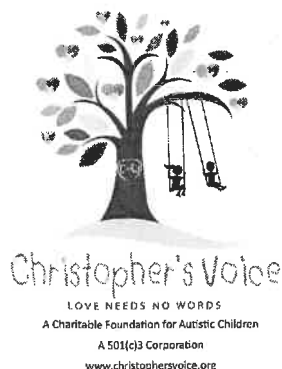
Can we confirm and book August 10th and August 11th as rain date as discussed?

What are the next steps?

Thank you very much for this!

Christopher Greco  
New York State Licensed Associate Real Estate Broker, Certified Buyers Agent  
New York State Certified Real Estate Appraiser  
New York State Licensed Home Inspector  
New York State Licensed MOLD ASSESSOR  
[www.cgihomeinspections.com](http://www.cgihomeinspections.com)  
[www.grecoappraisalservices.com](http://www.grecoappraisalservices.com)  
[www.christophersvoice.org](http://www.christophersvoice.org)

A Charitable Foundation for Autistic Children  
New Rochelle, NY 10801  
914-469-5946



On Wed, Feb 20, 2019 at 4:18 PM Zimmermann, William <[Wzimmerm@newrochelleny.com](mailto:Wzimmerm@newrochelleny.com)> wrote:

Chris:

My first blush reaction to this proposed event site plan is not favorable given we will be hosting your event during summer beach season and cannot restrict the beach access and sundeck utilization, especially with our annual bathing beach health code requirements. I would suggest we frame your event site plan for the upper park area, using the existing band shell, spreading this out in a very controlled, yet inviting park like setting. It could work similar to our past Memorial Day festivities and would allow the public full park and beach access without any disruptions. Let me know your thoughts and if we should schedule another brief meeting or park site visit to outline logistics.

Cheers,

Bill

William V. Zimmermann

Interim Commissioner

City of New Rochelle Parks & Recreation Department

(914) 654-2092

[wzimmerm@newrochelleny.com](mailto:wzimmerm@newrochelleny.com)



**From:** Christopher Greco <[ctag1003@gmail.com](mailto:ctag1003@gmail.com)>

**Sent:** Wednesday, February 20, 2019 3:01 PM

**To:** [rozcostabile@aol.com](mailto:rozcostabile@aol.com); Zimmermann, William <[Wzimmerm@newrochelleny.com](mailto:Wzimmerm@newrochelleny.com)>; Russo, Lois <[lrusso@newrochelleny.com](mailto:lrusso@newrochelleny.com)>

**Subject:** Re: Christopher's Voice Fundraiser New Rochelle

**\*\*EXTERNAL SENDER\*\***



Hi Mr. Zimmerman,

I hope all is well. Attached for your consideration please find our proposed site plan for our event. We hope that it meets the City's approval so that we can move forward with planning. I am working on the Insurance as well.

Respectfully Submitted,

Christopher Greco

New York State Licensed Associate Real Estate Broker, Certified Buyers Agent

New York State Certified Real Estate Appraiser

New York State Licensed Home Inspector

New York State Licensed MOLD ASSESSOR

[www.cgihomeinspections.com](http://www.cgihomeinspections.com)

[www.grecoappraisalservices.com](http://www.grecoappraisalservices.com)

[www.christophersvoice.org](http://www.christophersvoice.org)

A Charitable Foundation for Autistic Children

New Rochelle, NY 10801

914-469-5946

## Zimmermann, William

---

**From:** Christopher Greco <ctag1003@gmail.com>  
**Sent:** Thursday, February 21, 2019 8:26 AM  
**To:** Zimmermann, William  
**Cc:** rozcostabile@aol.com; Russo, Lois  
**Subject:** Re: Christopher's Voice Fundraiser New Rochelle

\*\*EXTERNAL SENDER\*\*

Good Morning,

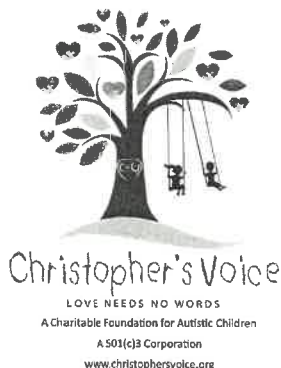
I am sorry, i thought we could use the pier and we kept our proposal to only half of it. If that's not doable we will visit the grass area. Our concern with the grass and band shell is the loss of water-views and uneven terrain. We thought the Long Island Sound as a back-drop to the event would be a big draw.

Be back in touch soon.

Respectfully,

Christopher Greco  
New York State Licensed Associate Real Estate Broker, Certified Buyers Agent  
New York State Certified Real Estate Appraiser  
New York State Licensed Home Inspector  
New York State Licensed MOLD ASSESSOR  
[www.cgihomeinspections.com](http://www.cgihomeinspections.com)  
[www.grecoappraisalservices.com](http://www.grecoappraisalservices.com)  
[www.christophersvoice.org](http://www.christophersvoice.org)

A Charitable Foundation for Autistic Children  
New Rochelle, NY 10801  
914-469-5946



On Wed, Feb 20, 2019 at 4:18 PM Zimmermann, William <[Wzimmerm@newrochelleny.com](mailto:Wzimmerm@newrochelleny.com)> wrote:

Chris:

My first blush reaction to this proposed event site plan is not favorable given we will be hosting your event during summer beach season and cannot restrict the beach access and sundeck utilization, especially with our annual bathing beach health code requirements. I would suggest we frame your event site plan for the upper park area, using the existing band shell, spreading this out in a very controlled, yet inviting park like setting. It could work similar to our past Memorial Day festivities and would allow the public full park and beach access without any disruptions. Let me know your thoughts and if we should schedule another brief meeting or park site visit to outline logistics.

Cheers,

Bill

William V. Zimmermann

Interim Commissioner

City of New Rochelle Parks & Recreation Department

(914) 654-2092

[wzimmerm@newrochelleny.com](mailto:wzimmerm@newrochelleny.com)



**From:** Christopher Greco <[ctag1003@gmail.com](mailto:ctag1003@gmail.com)>

**Sent:** Wednesday, February 20, 2019 3:01 PM

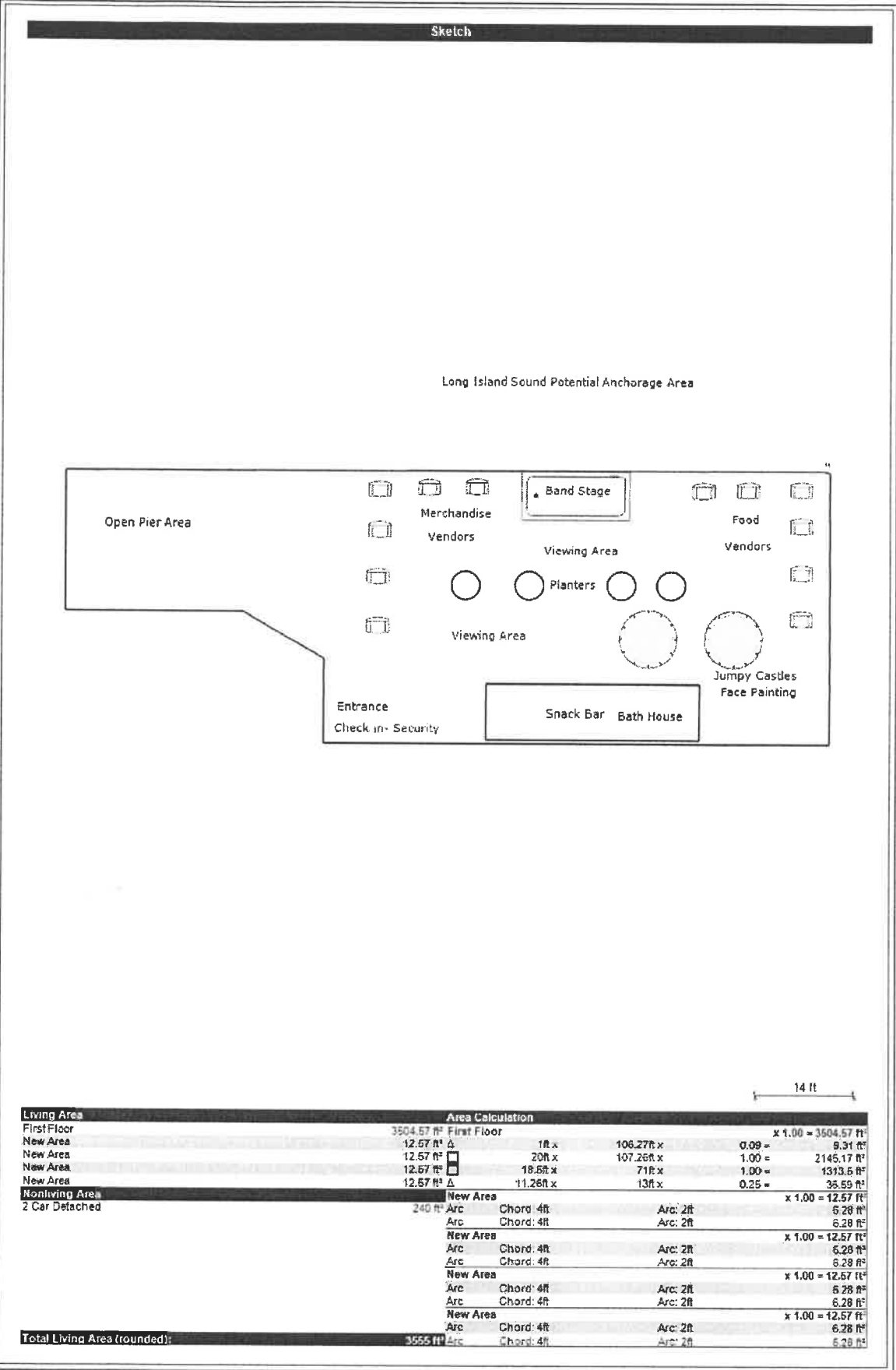
**To:** [rozcostabile@aol.com](mailto:rozcostabile@aol.com); Zimmermann, William <[wzimmerm@newrochelleny.com](mailto:wzimmerm@newrochelleny.com)>; Russo, Lois <[lrusso@newrochelleny.com](mailto:lrusso@newrochelleny.com)>

**Subject:** Re: Christopher's Voice Fundraiser New Rochelle

**\*\*EXTERNAL SENDER\*\***

FLOORPLAN SKETCH

Client:	File No.:
Property Address:	Case No.:
City:	State: Zip:



Living Area		Area Calculation			
First Floor	3504.57 ft <sup>2</sup>	1ft x	106.27ft x	0.09 =	3504.57 ft <sup>2</sup>
New Area	12.57 ft <sup>2</sup> Δ	20ft x	107.26ft x	1.00 =	9.31 ft <sup>2</sup>
New Area	12.57 ft <sup>2</sup> □	18.5ft x	71ft x	1.00 =	2145.17 ft <sup>2</sup>
New Area	12.57 ft <sup>2</sup> Δ	11.26ft x	13ft x	0.25 =	1313.6 ft <sup>2</sup>
New Area	12.57 ft <sup>2</sup> Δ				35.59 ft <sup>2</sup>
<b>Nonliving Area</b>	<b>New Area</b>	<b>Arc</b>	<b>Chord: 4ft</b>	<b>Arc: 2ft</b>	<b>x 1.00 = 12.57 ft<sup>2</sup></b>
2 Car Detached	240 ft <sup>2</sup>	Arc	Chord: 4ft	Arc: 2ft	5.28 ft <sup>2</sup>
		Arc	Chord: 4ft	Arc: 2ft	6.28 ft <sup>2</sup>
		<b>New Area</b>	<b>Chord: 4ft</b>	<b>Arc: 2ft</b>	<b>x 1.00 = 12.57 ft<sup>2</sup></b>
		Arc	Chord: 4ft	Arc: 2ft	5.28 ft <sup>2</sup>
		Arc	Chord: 4ft	Arc: 2ft	6.28 ft <sup>2</sup>
		<b>New Area</b>	<b>Chord: 4ft</b>	<b>Arc: 2ft</b>	<b>x 1.00 = 12.57 ft<sup>2</sup></b>
		Arc	Chord: 4ft	Arc: 2ft	5.28 ft <sup>2</sup>
		Arc	Chord: 4ft	Arc: 2ft	6.28 ft <sup>2</sup>
<b>Total Living Area (rounded):</b>	<b>3555 ft<sup>2</sup></b>	<b>Arc</b>	<b>Chord: 4ft</b>	<b>Arc: 2ft</b>	<b>5.28 ft<sup>2</sup></b>



Insurance TABLE

VENDOR APPLICATION

Company Name: MD Resource Mgmt <sup>Inc Affiliate</sup> M5A Consulting LLC

Contact Name: Michael Oppediso

Address: 76 North Broadway  
Irvington NY 10533

Phone: 914-368-9881 E-Mail: info@mdrm-inc.com

Merchandise Being Sold: Insurance / medical  
claim advocacy

Space Required: \_\_\_\_\_

**Standard Vendor Space** is 15' x 10' – Non-refundable fee of \$75.00  
**Food Vendor Space** – Non-refundable fee of \$250.00

**Liability:** In consideration of the acceptance of the right to participate, entrants, vendors, participants and spectators, by execution of this form, expressly release and discharge Christopher's Voice and the New Rochelle and their officers and anyone else connected with management of presentation of the Christopher's Voice Street Fair of and from any and all known or unknown damages, injuries, losses, judgments and/or claims from any causes whatsoever that may be suffered by an entrant to his person or property. Further, each entrant expressly agrees to indemnify all of the foregoing entities, firms, persons and bodies of and from any and all liability occasioned or resulting from the conduct of entrants or direction of control or entrant.

Michael Oppediso  
Signature

Michael Oppediso  
Print Name

Dated: 5/





Christopher's Voice

LOVE NEEDS NO WORDS  
A Charitable Foundation for Autistic Children  
A 501(c)3 Corporation  
www.christophersvoice.org

VENDOR APPLICATION

Company Name: Anna & Jack's Treehouse

Contact Name: Rob Rubicco

Address: 138 Centre Ave New Rochelle, NY 10805

Phone: 914-482-2888 E-Mail: rob@thetreehouses.org

Merchandise Being Sold: None, Free Slime

Space Required: Standard

**Standard Vendor Space** is 15' x 10' – Non-refundable fee of \$75.00

**Food Vendor Space** – Non-refundable fee of \$250.00

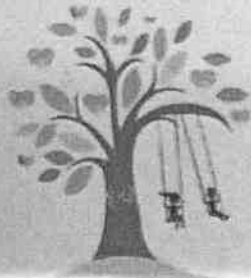
**Liability:** In consideration of the acceptance of the right to participate, entrants, vendors, participants and spectators, by execution of this form, expressly release and discharge Christopher's Voice and the New Rochelle and their officers and anyone else connected with management of presentation of the Christopher's Voice Street Fair of and from any and all known or unknown damages, injuries, losses, judgments and/or claims from any causes whatsoever that may be suffered by an entrant to his person or property. Further, each entrant expressly agrees to indemnify all of the foregoing entities, firms, persons and bodies of and from any and all liability occasioned or resulting from the conduct of entrants or direction of control or entrant.

Rob Rubicco

Signature

Print Name

Dated: 08/08/2019



# VENDOR APPLICATION

Christopher's Voice  
1000 WEST 100 STREET  
A CHARITABLE FOUNDATION FOR YOUTH SERVICES  
A 501(C)(3) CORPORATION  
www.christophersvoice.org

Company Name: Wallauer

Contact Name: LISA PACIFICO

Address: 1333B NORTH AVENUE

NEW ROCHELLE NY 10801

Phone: (914) 632-3000

E-Mail LISA.P@WALLAUER.COM

Merchandise Being Sold: GIVE AWAY

Space Required: 10x10

**Standard Vendor Space** is 10' x 10' - Non-refundable fee of \$75.00  
**Food Vendor Space** - Non-refundable fee of \$250.00

**Liability:** In consideration of the acceptance of the right to participate, entrants, vendors, participants and spectators, by execution of this form, expressly release and discharge Christopher's Voice and the New Rochelle Parks Department and their officers and anyone else connected with management of presentation of the Christopher's Voice Street Fair of and from any and all known or unknown damages, injuries, losses, claims and/or claims from any causes whatsoever that may be suffered by an entrant to his person or property. Further, each entrant expressly agrees to indemnify all of the foregoing entities, firms, persons and organizations of and from any and all liability occasioned or resulting from the conduct of entrants or direction of or entrant.

Lisa Pacifico

Signature

LISA PACIFICO

Print Name

8/8/2019

914-329-6583



Christopher's Voice

LOVE NEEDS NO WORDS

A Charitable Foundation For Autistic Children

A 501(c)(3) Corporation

[www.christophersvoice.org](http://www.christophersvoice.org)

## VENDOR APPLICATION

Company Name: Dubrovnik Restaurant  
Contact Name: MATIJA ZARAK  
Address: 721 Main St. New Rochelle 10801

Phone: 914 637 3777 E-Mail zarakmatija@gmail.com

Merchandise Being Sold: Shrimp Cocktail, Oysters,  
Cuttlefish nbotto, Veal Ragout, Octopus Salad

Space Required: \_\_\_\_\_

**Standard Vendor Space** is 15' x 10' – Non-refundable fee of \$75.00

**Food Vendor Space** – Non-refundable fee of \$250.00

**Liability:** In consideration of the acceptance of the right to participate, entrants, vendors, participants and spectators, by execution of this form, expressly release and discharge Christopher's Voice and the New Rochelle and their officers and anyone else connected with management of presentation of the Christopher's Voice Street Fair of and from any and all known or unknown damages, injuries, losses, judgments and/or claims from any causes whatsoever that may be suffered by an entrant to his person or property. Further, each entrant expressly agrees to indemnify all of the foregoing entities, firms, persons and bodies of and from any and all liability occasioned or resulting from the conduct of entrants or direction of control or entrant.

Signature

MATIJA ZARAK

Print Name

Dated: 8/9/19



Christopher's Voice

LOVE NEEDS NO WORDS  
A Charitable Foundation for Autistic Children  
A 501(c)(3) Corporation  
www.christophersvoice.org

## VENDOR APPLICATION

Company Name: kids on the go!

Contact Name: Jorge Moore at Roz Costabile

Address: 66 Bayberry Lane

New Rochelle N.Y 10804

Phone: 718-440-0888

E-Mail Jorge4053@gmail.com

Merchandise Being Sold: Activity bags for kids

Space Required: 10'x10'

Standard Vendor Space is 10' x 10' - Non-refundable fee of \$75.00  
Large Vendor Space - Non-refundable fee of \$250.00

In consideration of the acceptance of the right to participate, entrants, vendors, participants, and exhibitors, by execution of this form, expressly release and discharge Christopher's Voice and the Parks Department and their officers and anyone else connected with management of present and future Christopher's Voice Street Fair of and from any and all known or unknown damages, injuries, losses, and/or claims from any causes whatsoever that may be suffered by an entrant to his person or property. Further, each entrant expressly agrees to indemnify all of the foregoing entities, firms, persons, and from any and all liability occasioned or resulting from the conduct of entrants or direct or indirect employees of the entrant.

J Moore  
Signature

Jorge Moore  
Print Name

8/9/2019



## VENDOR APPLICATION

Christopher's Voice

LOVE NEEDS NO WORDS  
A Charitable Foundation for At-Risk Children  
A 501(c)(3) Corporation  
www.christophersvoice.org

Company Name: Tutoring Solutions

Contact Name: Victoria Suarez

Address: 1299-C North Ave

New Rochelle NY 10804

Phone: 914-632-1047

E-Mail: victoria@tutoringsolutions.net

Merchandise Being Sold: N/A

Space Required: 10 x 10

Standard Vendor Space is 10' x 10' - Non-refundable fee of \$75.00  
Food Vendor Space - Non-refundable fee of \$250.00

**Liability:** In consideration of the acceptance of the right to participate, entrants, vendors, participants, spectators, by execution of this form, expressly release and discharge Christopher's Voice and the Rochelle Parks Department and their officers and anyone else connected with management of present Christopher's Voice Street Fair of and from any and all known or unknown damages, injuries, judgments and/or claims from any causes whatsoever that may be suffered by an entrant to his property. Further, each entrant expressly agrees to indemnify all of the foregoing entities, firms, parties and from any and all liability occasioned or resulting from the conduct of entrants or display control or entrant.

Victoria Suarez  
Signature

Victoria Suarez  
Print Name

Dated: 8/9/2019





Gifts/Baskets

## VENDOR APPLICATION

Company Name: Madeline + Laura's Homemade Gifts  
Contact Name: Laura + Metakes  
Address: 28 Everett St  
New Rochelle, NY 10801  
Phone: 914-648-1738 E-Mail: lmetakes@gmail.com  
Merchandise Being Sold: Homemade Bookmarks, seasonal items,  
Baskets, Kitchen items, towel holders, coin banks, candy dishes etc  
Space Required: 10x10

**Standard Vendor Space** is 10' x 10' – Non-refundable fee of \$75.00  
**Food Vendor Space** – Non-refundable fee of \$250.00

**Liability:** In consideration of the acceptance of the right to participate, entrants, vendors, participants and spectators, by execution of this form, expressly release and discharge Christopher's Voice and the New Rochelle Parks Department and their officers and anyone else connected with management of presentation of the Christopher's Voice Street Fair of and from any and all known or unknown damages, injuries, losses, judgments and/or claims from any causes whatsoever that may be suffered by an entrant to his person or property. Further, each entrant expressly agrees to indemnify all of the foregoing entities, firms, persons and bodies of and from any and all liability occasioned or resulting from the conduct of entrants or direction of control or entrant.

Laura Metakes  
Signature

Laura Metakes  
Print Name

Dated: 5-10-2019



Christopher's Voice

LOVE NEEDS NO WORDS

A Charitable Foundation for Autistic Children

A 501(c)3 Corporation

www.christophersvoice.org

\*GPA\*

# VENDOR APPLICATION

Company Name: Gypsy Box Designs

Contact Name: Nicole Fitzsimons

Address: 1247 Rhineclanck Avenue

Bronx, NY 10461

Phone: 347-680-6407 E-Mail: NCfitzsimons@gmail

Merchandise Being Sold: Keepsake Boxes

Space Required: Standard Vendor Space

Standard Vendor Space is 10' x 10' – Non-refundable fee of \$75.00

Food Vendor Space – Non-refundable fee of \$250.00

**Liability:** In consideration of the acceptance of the right to participate, entrants, vendors, participants and spectators, by execution of this form, expressly release and discharge Christopher's Voice and the New Rochelle Parks Department and their officers and anyone else connected with management of presentation of the Christopher's Voice Street Fair of and from any and all known or unknown damages, injuries, losses, judgments and/or claims from any causes whatsoever that may be suffered by an entrant to his person or property. Further, each entrant expressly agrees to indemnify all of the foregoing entities, firms, persons and bodies of and from any and all liability occasioned or resulting from the conduct of entrants or direction of control or entrant.

Nicole Fitzsimons  
Signature

Nicole Fitzsimons  
Print Name

Dated: 5-2-19.



Christopher's Voice

LEAVE NOBODY BEHIND  
A CHARITABLE FOUNDATION FOR A BETTER COMMUNITY  
A 501(c)(3) ORGANIZATION  
www.christophersvoice.org

\* T-SHIRTS / HATS

VENDOR APPLICATION

Company Name: AWOFF

Contact Name: Cody Verma

Address: 93 Donald Dr. New Rochelle, NY

Phone: 914-309-8136 E-Mail: VermaCody@gmail

Merchandise Being Sold: T-shirts, hats, custom jackets, stickers  
shorts; (street clothing apparel)

Space Required: Standard vendor space

Standard Vendor Space is 10' x 10' - Non-refundable fee of \$75.00  
Food Vendor Space - Non-refundable fee of \$250.00

**Liability:** In consideration of the acceptance of the right to participate, entrants, vendors, participants and spectators, by execution of this form, expressly release and discharge Christopher's Voice and the New Rochelle Parks Department and their officers and anyone else connected with management of presentation of the Christopher's Voice Street Fair of and from any and all known or unknown damages, injuries, losses, judgments and/or claims from any causes whatsoever that may be suffered by an entrant to his person or property. Further, each entrant expressly agrees to indemnify all of the foregoing entities, firms, persons and bodies of and from any and all liability occasioned or resulting from the conduct of entrants or direction of control or entrant.

[Signature]  
Signature

Cody Verma  
Print Name

Dated: 5/24/2019



# VENDOR APPLICATION

*Jewelry*

Company Name: Paparazzi Accessories  
Contact Name: Cathy Walker  
Address: 85 Curtis Lane  
Yonkers, NY 10710  
Phone: (914) 589-5731 E-Mail Catmama1231@aol.com  
Merchandise Being Sold: Jewelry

Space Required: 10x10

**Standard Vendor Space** is 10' x 10' – Non-refundable fee of \$75.00  
**Food Vendor Space** – Non-refundable fee of \$250.00

**Liability:** In consideration of the acceptance of the right to participate, entrants, vendors, participants and spectators, by execution of this form, expressly release and discharge Christopher's Voice and the New Rochelle Parks Department and their officers and anyone else connected with management of presentation of the Christopher's Voice Street Fair of and from any and all known or unknown damages, injuries, losses, judgments and/or claims from any causes whatsoever that may be suffered by an entrant to his person or property. Further, each entrant expressly agrees to indemnify all of the foregoing entities, firms, persons and bodies of and from any and all liability occasioned or resulting from the conduct of entrants or direction of control or entrant.

Cathy Walker  
Signature


Cathy Walker  
Print Name

Dated: May 15, 2019



TKwen do  
shew  
shew

\* Demonstrations \*

  
Christopher's Voice  
A Non-Profit Organization  
www.christophersvoice.org

**VENDOR APPLICATION**

Company Name: Hwa Rang Taekwondo  
Contact Name: Ruthie Kuhn  
Address: 93 Knollwood Rd  
White Plains, NY 10523  
Phone: 914.428.0085 E-Mail: whiteplainskd@gmail.com  
Merchandise Being Sold: Taekwondo  
Trial Lesson + Uniform  
Space Required: Standard Vendor Space (1)

Standard Vendor Space is 10' x 10' - Non-refundable fee of \$75.00  
Food Vendor Space - Non-refundable fee of \$250.00

**Liability:** In consideration of the acceptance of the right to participate, entrants, vendors, participants and spectators, by execution of this form, expressly release and discharge Christopher's Voice and the New Rochelle Parks Department and their officers and anyone else connected with management of presentation of the Christopher's Voice Street Fair of and from any and all known or unknown damages, injuries, losses, judgments and/or claims from any causes whatsoever that may be suffered by an entrant to his person or property. Further, each entrant expressly agrees to indemnify all of the foregoing entities, firms, persons and bodies of and from any and all liability occasioned or resulting from the conduct of entrants or direction of control or oversight.

RK RUTHIE KUHN  
Signature Print Name

Dated: 5/14/19



Christopher's Voice

LOVE NEEDS NO WORDS

A Charitable Foundation for Autistic Children

A 501(c)3 Corporation

www.christophersvoice.org

# VENDOR APPLICATION

Company Name: Origami Owl

Contact Name: Bobbie Loeb

Address: 89 Mills Rd

North Salem, NY 10560

Phone: 914-441-7819

E-Mail bobbie1oeb1021@gmail.com

Merchandise Being Sold: Jewelry, lockets, Charms, CHAINS, earrings

Space Required: \_\_\_\_\_

Standard Vendor Space is 10' x 10' - Non-refundable fee of \$75.00

Food Vendor Space - Non-refundable fee of \$250.00

**Liability:** In consideration of the acceptance of the right to participate, entrants, vendors, participants and spectators, by execution of this form, expressly release and discharge Christopher's Voice and the New Rochelle Parks Department and their officers and anyone else connected with management of presentation of the Christopher's Voice Street Fair of and from any and all known or unknown damages, injuries, losses, judgments and/or claims from any causes whatsoever that may be suffered by an entrant to his person or property. Further, each entrant expressly agrees to indemnify all of the foregoing entities, firms, persons and bodies of and from any and all liability occasioned or resulting from the conduct of entrants or direction of control or entrant.

Bobbie Loeb  
Signature

Bobbie Loeb  
Print Name

Dated: 8-8-19

VENDOR APPLICATION



Company Name: EMERIL HARVEY DONOR  
 Contact Name: Randy Medina  
 Address: 8 INDUSTRIAL SQ #6 10805  
NEW BRUNSWICK NY  
 Phone: 973-622-6773 E-Mail: Randy.Medina@emeralldonors.com  
 Merchandise Being Sold: T-SHIRTS AND BAGS BY DESIGN #33624

Space Required: 15x10  
 Standard Vendor Space is 15' x 10' - Non-refundable fee of \$75.00  
 Food Vendor Space - Non-refundable fee of \$250.00

Liability: In consideration of the acceptance of this form, express release and discharge Christopher's Voice and the N.J. operators, by execution of this form, expressly release and discharge Christopher's Voice and the N.J. operators, their officers and their officers and anyone else connected with management of the Christopher's Voice Street Fair of and from any and all known or unknown damages, injuries, losses, judgments and/or claims from any causes whatsoever that may be suffered by an entrant to this person or property. Further, each entrant expressly agrees to indemnify all of the foregoing entities, firms, persons, and bodies of and from any and all liability occasioned or resulting from the conduct of entrants or direction of conduct of entrant.

Randy Medina Signature  
 Randy Medina Print Name

Dated: 8/8/19



# Christopher's Voice

LOVE NEEDS NO WORDS  
A Charitable Foundation for Autistic Children  
A 501(c)3 Corporation  
www.christophersvoice.org

Company Name: Dave's Cast of Characters ✓

Contact Name: Dave Zucker

Address: 20 Cottage Place  
New Rochelle, NY 10801

Phone: 914-235-7100 E-Mail craigr@davescast.com

Merchandise Being Sold: we are providing rides, games  
+ inflatables for the event

Space Required: \_\_\_\_\_

**Standard Vendor Space** is 15' x 10' – Non-refundable fee of \$75.00

**Food Vendor Space** – Non-refundable fee of \$250.00

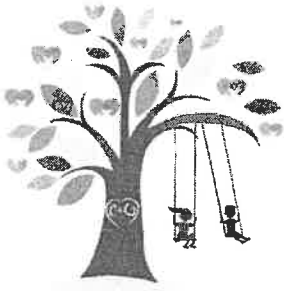
**Liability:** In consideration of the acceptance of the right to participate, entrants, vendors, participants and spectators, by execution of this form, expressly release and discharge Christopher's Voice and the New Rochelle and their officers and anyone else connected with management of presentation of the Christopher's Voice Street Fair of and from any and all known or unknown damages, injuries, losses, judgments and/or claims from any causes whatsoever that may be suffered by an entrant to his person or property. Further, each entrant expressly agrees to indemnify all of the foregoing entities, firms, persons and bodies of and from any and all liability occasioned or resulting from the conduct of entrants or direction of control or entrant.

Craig David Rosen  
Signature

Craig David Rosen  
Print Name

Dated: 8-8-19





Christopher's Voice

LOVE NEEDS NO WORDS  
A Charitable Foundation for Autistic Children  
A 501(c)3 Corporation  
www.christophersvoice.org

VENDOR APPLICATION

Company Name: CREATIVE FACEPAINTING NY

Contact Name: CLAUDIA BENITEZ

Address: 11 MIDLAND AVENUE

WHITE PLAINS NY 10606

Phone: 914-843-0533

E-Mail INFO@CREATIVEFACEPAINTINGNY.COM

Merchandise Being Sold: FACEPAINT, TATTOOS

Space Required: TENT, TABLE AND 4 CHAIRS (NEXT TO HWA RANG TAEKWONDO SCHOOL)

Standard Vendor Space is 10' x 10' – Non-refundable fee of \$75.00

Food Vendor Space – Non-refundable fee of \$250.00

**Liability:** In consideration of the acceptance of the right to participate, entrants, vendors, participants and spectators, by execution of this form, expressly release and discharge Christopher's Voice and the New Rochelle Parks Department and their officers and anyone else connected with management of presentation of the Christopher's Voice Street Fair of and from any and all known or unknown damages, injuries, losses, judgments and/or claims from any causes whatsoever that may be suffered by an entrant to his person or property. Further, each entrant expressly agrees to indemnify all of the foregoing entities, firms, persons and bodies of and from any and all liability occasioned or resulting from the conduct of entrants or direction of control or entrant.

Claudia Benitez

Signature

CLAUDIA BENITEZ

Print Name

Dated: 8/8/19



Christopher's Voice

LOVE NEEDS NO WORDS

A Charitable Foundation for Autistic Children

A 501(c)3 Corporation

www.christophersvoice.org

## VENDOR APPLICATION

Company Name: Mr. Softee ICE CREAM.

Contact Name: Julio Cruz

Address: 748 Southern Blvd

Bronx NY 10455

Phone: 917 662 0771 E-Mail Jacruz118@hotmail.com

Merchandise Being Sold: ICE CREAM - SODA - WATER.

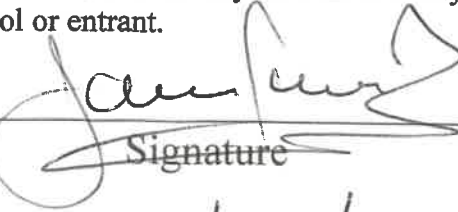
GATAPOTE.

Space Required: \_\_\_\_\_

**Standard Vendor Space** is 10' x 10' - Non-refundable fee of \$75.00

**Food Vendor Space** - Non-refundable fee of \$250.00

**Liability:** In consideration of the acceptance of the right to participate, entrants, vendors, participants and spectators, by execution of this form, expressly release and discharge Christopher's Voice and the New Rochelle Parks Department and their officers and anyone else connected with management of presentation of the Christopher's Voice Street Fair of and from any and all known or unknown damages, injuries, losses, judgments and/or claims from any causes whatsoever that may be suffered by an entrant to his person or property. Further, each entrant expressly agrees to indemnify all of the foregoing entities, firms, persons and bodies of and from any and all liability occasioned or resulting from the conduct of entrants or direction of control or entrant.

  
Signature

Julio Cruz  
Print Name

Dated: 04/30/2019.



Christopher's Voice

LOVE NEEDS NO WORDS

A Charitable Foundation for Autistic Children

A 501(c)3 Corporation

www.christophersvoice.org

\* Selling \*

## VENDOR APPLICATION

Company Name: DEANNA'S PIZZERIA & RESTAURANT INC

Contact Name: Michael Salvo

Address: 1784 NORTH AVE NEW ROCHELLE NY

Phone: 914-636-5960

E-Mail M.Salvo1475@AOL.COM

Merchandise Being Sold: PIZZA & WATER

Space Required: 2 tables

**Standard Vendor Space** is 10' x 10' – Non-refundable fee of \$75.00

**Food Vendor Space** – Non-refundable fee of \$250.00

**Liability:** In consideration of the acceptance of the right to participate, entrants, vendors, participants and spectators, by execution of this form, expressly release and discharge Christopher's Voice and the New Rochelle Parks Department and their officers and anyone else connected with management of presentation of the Christopher's Voice Street Fair of and from any and all known or unknown damages, injuries, losses, judgments and/or claims from any causes whatsoever that may be suffered by an entrant to his person or property. Further, each entrant expressly agrees to indemnify all of the foregoing entities, firms, persons and bodies of and from any and all liability occasioned or resulting from the conduct of entrants or direction of control or entrant.

[Handwritten Signature]  
Signature

Michael Salvo  
Print Name

Dated: 4-30-19

8/8/2019

To be on the Town of Greenburgh's Automatic e-mail alert list, e-mail me at [rdw@townofgreenburghny.com](mailto:rdw@townofgreenburghny.com)  
Money Magazine/ Greenburgh - A Best Place to Live in America Winner (2008)

Westchester County Department of Health  
Mount Kisco Central Office

# PERMIT

To Operate a  
**Food Service Establishment**

This is to certify that  
**GI-ANT CUPCAKES LLC**

the operator of  
**SMALLCAKES**

at  
**749 CENTRAL PARK AVENUE  
SCARSDALE, NY 10583**

Located in the **TOWN** of **GREENBURGH** in **WESTCHESTER** County  
is granted permission to operate said establishment in compliance with the provisions  
of Subpart 14-1 of the State Sanitary Code and  
under the following conditions:

(1) This permit is granted subject to any and all applicable State, Local and Municipal Laws,  
Ordinances, Codes, Rules and Regulations.

(2) This permit is limited to:

- LIMITED FOOD PREPARATION
- NO ON-SITE CONSUMPTION OF ALCOHOLIC BEVERAGES
- RESTRICT TO SEATING CAPACITY RESTRICTIONS ON OCCUPANCY

Effective Date: **September 01, 2018**  
Permit is **NON-TRANSFERABLE**

*Sherlita A. Miller MD*  
SHERLITA MILLER, M.D.

This permit expires on **August 31, 2019** and may be renewed or suspended for cause.  
**THIS PERMIT SHOULD BE POSTED CONSPICUOUSLY**

Facility Code: **01-R268-C**      Permit Number: **01-R268-C**      Operation ID: **949466**

20190723\_114813.jpg



Westchester County Department of Health  
Mount Kisco Central Office

# PERMIT

To Operate a  
Food Service Establishment

This is to certify that  
DUBROVNIK LLC

the operator of  
DUBROVNIK RESTAURANT  
at  
721 MAIN STREET  
NEW ROCHELLE, NY 10801

Located in the *CITY* of *NEW ROCHELLE* in *WESTCHESTER* County  
is granted permission to operate said establishment in compliance with the provisions  
of Subpart 14-1 of the State Sanitary Code and  
under the following conditions:

(1) This permit is granted subject to any and all applicable State, Local and Municipal Laws,  
Ordinances, Codes, Rules and Regulations.

Westchester  
GOV.COM

Effective Date March 01, 2019  
Permit is NON-TRANSFERABLE

*Sherlita Amler M.D.*

SHERLITA AMLER, M.D.  
Permit Issuing Official

This permit expires on February 29, 2020 and may be revoked or suspended for cause.

**THIS PERMIT SHOULD BE POSTED CONSPICUOUSLY**

Facility Code 01-N853-A

Permit Number 01-N853-A

Operation ID 831294

Mount Kisco Central Office

# PERMIT

To Operate a  
Food Service Establishment

This is to certify that  
**DEANNA'S PIZZERIA & RESTAURANT, INC.**

the operator of  
**DEANNA PIZZERIA**  
at  
**1284 NORTH AVENUE**  
**NEW ROCHELLE, NY 10804**

Located in the *CITY* of *NEW ROCHELLE* in *WESTCHESTER* County  
is granted permission to operate said establishment in compliance with the provisions  
of **Subpart 14-1 of the State Sanitary Code** and  
under the following conditions:

- (1) This permit is granted subject to any and all applicable State, Local and Municipal Laws, Ordinances, Codes, Rules and Regulations.
- (2) This permit is limited by the following conditions:

NO ON-SITE CONSUMPTION OF ALCOHOLIC BEVERAGES  
SUBJECT TO SEATING CAPACITY RESTRICTIONS

Westchester  
gov.com

Effective Date December 01, 2018  
Permit is NON-TRANSFERABLE

*Sherlita Amler MD*

SHERLITA AMLER, M.D.  
Permit Issuing Official

This permit expires on **November 30, 2019** and may be revoked or suspended for cause.

**THIS PERMIT SHOULD BE POSTED CONSPICUOUSLY**

Facility Code 01-G868

Permit Number 01-G868

Operation ID 458151



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/08/2019

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Devine Agency, Inc. 58 N Chestnut St PO Box 879 New Paltz NY 12561		<b>CONTACT NAME:</b> Dee Jaye Kurta <b>PHONE (A/C, No, Ext):</b> (845) 255-7806 <b>E-MAIL ADDRESS:</b> deejaye@devineinsurance.com <b>FAX (A/C, No):</b> (845) 255-8101																						
<b>INSURED</b> DEANNA'S PIZZERIA & RESTAURANT INC 1284 NORTH AVE NEW ROCHELLE NY 10804-2603		<table border="1"> <tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr><td>INSURER A:</td><td>Erie Insurance Company</td><td>26263</td></tr> <tr><td>INSURER B:</td><td>Erie Insurance P&amp;C</td><td>26830</td></tr> <tr><td>INSURER C:</td><td></td><td></td></tr> <tr><td>INSURER D:</td><td></td><td></td></tr> <tr><td>INSURER E:</td><td></td><td></td></tr> <tr><td>INSURER F:</td><td></td><td></td></tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Erie Insurance Company	26263	INSURER B:	Erie Insurance P&C	26830	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
INSURER A:	Erie Insurance Company	26263																						
INSURER B:	Erie Insurance P&C	26830																						
INSURER C:																								
INSURER D:																								
INSURER E:																								
INSURER F:																								

**COVERAGES**      **CERTIFICATE NUMBER:** CL198822484      **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 INSD	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		Q97-1254367	04/01/2019	04/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	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	N/A	Q88-5102424	04/01/2019	04/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate holder is also listed as additional insured in regards to general liability policy as required by written contract.

<b>CERTIFICATE HOLDER</b> CHRISTOPHER'S VOICE 189 KENSINGTON OVAL NEW ROCHELLE NY 10805	<b>CANCELLATION</b> 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 
---	--



04/01/2019 to 04/01/2020

Declarations

Address: 1284 NORTH AVE NEW ROCHELLE NY 10804-2603 County: Westchester

Occupancy/Operations: Pizza Shop-no commercial cooking-serving food on premises

Interest of Named Insured in Such Premises: Tenant/Entire Coverage

Property Protection

	Deductible	Amount of Insurance
1. Buildings		
2. Business Personal Property and Personal Property of Others	Property Deductible	NIL
Replacement Cost		\$157,000
Theft Exclusion Applies: No		
3. Income Protection & Extra Expense		
Automatic Adjustment of Business Personal Property and Personal Property of Others Coverage		- 2%
Actual Loss Sustained 12 Months		
Property and Inland Marine - Optional Coverages:		
Liquor Liability Endorsement		\$1,000,000 Each Common Cause/
Liquor Receipts - \$5,000		\$2,000,000 Aggregate

Policy-Level Additional Interests

Additional Insured - Managers or Lessors of Premises Wykagyl Associates NJ LLC & Minskoff Grant Realty & Management Corp 55 CHURCH ST STE 207 WHITE PLAINS NY 10601

Schedule of Static Forms

Form Number	Edition Date	Description
UPPNY	01/10	ULTRAPACK PLUS POLICY
PK0002	09/18 *	ULTRAPACK PLUS COMMERCIAL PROPERTY COVERAGE PART NEW YORK
PKAX	01/10	PRODUCTION OR PROCESS MACHINERY - DEDUCTIBLE
PKJK	09/18 *	RESTAURANTS ENHANCEMENT ENDORSEMENT
CL0203	11/10	IMPORTANT NOTICE TO NEWYORK POLICYHOLDERS
CL0212	11/10 *	IMPORTANT NOTICE - POLICY SERVICE FEES
CL0217	11/10 *	IMPORTANT NOTICE - NO FLOOD COVERAGE
PKRD	01/10	NEW YORK AMENDATORY ENDORSEMENT
PK0004	07/16	ULTRAPACK PLUS EXTRA LIABILITY COVERAGES NEW YORK
CG0001	04/13	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0033	04/13	LIQUOR LIABILITY COVERAGE FORM
CG0099	11/85	CHANGES IN GENERAL LIABILITY FORMS FOR COMMERCIAL PACKAGE POLICIES
CG0163	07/11	NEW YORK CHANGES - COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Processed On: 01/06/2019 (See Reverse Side)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/08/2019

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Devine Agency, Inc. 58 N Chestnut St PO Box 879 New Paltz NY 12561		<b>CONTACT NAME:</b> Dee Jaye Kurta <b>PHONE (A/C, No, Ext):</b> (845) 255-7806 <b>E-MAIL ADDRESS:</b> deejaye@devineinsurance.com <b>FAX (A/C, No):</b> (845) 255-8101	
<b>INSURED</b> DEANNA'S PIZZERIA & RESTAURANT INC 1284 NORTH AVE NEW ROCHELLE NY 10804-2603		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Erie Insurance Company NAIC # 26263 <b>INSURER B:</b> Erie Insurance P&C 26830 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES** CERTIFICATE NUMBER: CL198822484 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 INSD	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		Q97-1254367	04/01/2019	04/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Q88-5102424	04/01/2019	04/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate holder is also listed as additional insured in regards to general liability policy as required by written contract.

<b>CERTIFICATE HOLDER</b> CITY OF NEW ROCHELLE 475 NORTH AVE NFW ROCHELLE NY 10805	<b>CANCELLATION</b> 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 



# VENDOR APPLICATION

Christopher's Voice

LOVE NEEDS NO WORDS  
A Charitable Foundation for Autistic Children  
A 501(c)(3) Corporation  
www.christophersvoice.org

Company Name: Westchester Burger / Graziella's Italian Kitchen

Contact Name: Michelle DiFed

Address: 106 Westchester Ave

White Plains NY 10601

Phone: 914 2550255 E-Mail Michelle@westchestkuburger.com

Merchandise Being Sold: Burgers, Fries, signature pastas,  
Bussel shorts

Space Required: 21 Feet length

Standard Vendor Space is 15' x 10' - Non-refundable fee of \$75.00  
Food Vendor Space - Non-refundable fee of \$250.00

**Liability:** In consideration of the acceptance of the right to participate, entrants, vendors, participants and spectators, by execution of this form, expressly release and discharge Christopher's Voice and the New Rochelle and their officers and anyone else connected with management of presentation of the Christopher's Voice Street Fair of and from any and all known or unknown damages, injuries, losses, judgments and/or claims from any causes whatsoever that may be suffered by an entrant to his person or property. Further, each entrant expressly agrees to indemnify all of the foregoing entities, firms, persons and bodies of and from any and all liability occasioned or resulting from the conduct of entrants or direction of control or entrant.

[Signature]  
Signature

Michelle DiFed  
Print Name

Dated: 8/8/19



Westchester County Department of Health  
Mount Kisco Central Office

# PERMIT

To Operate a  
**Mobile Food Service Establishment**

This is to certify that  
**WESTCHESTER FOOD TRUCK II LLC**

the operator of  
**GRAZIELLA'S ITALIAN KITCHEN**

at  
**12 SPRING LAKE DRIVE  
WEST HARRISON, NY 10604**

Located in the *CITY of WHITE PLAINS* in *WESTCHESTER* County  
is granted permission to operate said establishment in compliance with the provisions  
of **Subpart 14-4 of the State Sanitary Code** and  
under the following conditions:

(1) This permit is granted subject to any and all applicable State, Local and Municipal Laws,  
Ordinances, Codes, Rules and Regulations.

Westchester  
gov.com

Effective Date **May 03, 2019**  
Permit is **NON-TRANSFERABLE**

*Sherlita Amler MD*

**SHERLITA AMLER, M.D.**

Permit Issuing Official

This permit expires on **April 30, 2020** and may be revoked or suspended for cause.

**THIS PERMIT SHOULD BE POSTED CONSPICUOUSLY**

Facility Code **02-8757-B**

Permit Number **02-8757-B**

Operation ID **1028300**

Westchester County Department of Health  
Mount Kisco Central Office

**PERMIT**

To Operate  
**Mobile Food Service Establishment**

This is to certify that  
**MARIANA R CAVA**

is operator of  
**MISTER SOFTEE #177 CAVA**

at  
**284 EAST 206TH STREET  
BRONX, NY 10467**

Located in the *TOBAY* of "MARIOUS" in *WESTCHESTER* County  
is granted permission to operate said establishments by compliance with the provisions  
of **Subpart 14-4 of the State Sanitary Code** and  
under the following conditions:

(1) This permit is granted subject to any and all applicable State, Local and Municipal Laws,  
Ordinances, Codes, Rules and Regulations.

(2) The permittee is authorized to operate the following:

PROZEL DESSERT MANUFACTURER

(3) This permit is limited by the following conditions:

SINGLE SERVICE ONLY

LIMITED FOOD PREPARATION

Westchester  
gov.com

Effective Date **May 01, 2019**

Permit is **NON-TRANSFERABLE**

*Sherlita Amler MD*

**SHERLITA AMLER, M.D.**

Health Commissioner

This permit expires on **April 30, 2020** and may be renewed or suspended because

**THIS PERMIT SHOULD BE POSTED CONSPICUOUSLY**

Facility Code: **02-7904-C**

Permit Number: **02-7904-C**

Operation ID: **00323**







*Entertainment*

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/08/2019

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804		<b>CONTACT NAME:</b> Mass Merchandising Underwriting	
		<b>PHONE (A/C No. Ext):</b> 1-800-328-2317	<b>FAX (A/C No.):</b> 1-260-459-5502
		<b>E-MAIL ADDRESS:</b> entertainers@kandkinsurance.com	
		<b>PRODUCER CUSTOMER ID:</b>	
<b>INSURED</b> Steven Michael Quaranta DBA: Victory Entertainment 324 Victory Boulevard New Rochelle, NY 10804 A Member of the Sports, Leisure & Entertainment RPG		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Nationwide Mutual Insurance Company	<b>NAIC #</b> 23787
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

### COVERAGES

CERTIFICATE NUMBER: W01496412

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 <input type="checkbox"/> OTHER:	X		6BRPG0000007005600	06/17/2019 12:01 AM EDT	06/17/2020 12:01 AM	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea Occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 PROFESSIONAL LIABILITY LEGAL LIAB TO PARTICIPANTS \$1,000,000 COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> NOT PROVIDED WHILE IN HAWAII						EACH OCCURRENCE AGGREGATE PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> 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					PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	<b>MEDICAL PAYMENTS FOR PARTICIPANTS</b>			6BRPG0000007005600	06/17/2019 12:01 AM EDT	06/17/2020 12:01 AM	PRIMARY MEDICAL \$5,000 EXCESS MEDICAL

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Performing as Musician/singer/vocalist  
The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

<b>CERTIFICATE HOLDER</b> New Rochelle Parks and Recreation City Hall, 515 North Avenue New Rochelle, NY 10801 (Owner/Lessor of Premises)	<b>CANCELLATION</b> 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 <i>Scott [Signature]</i>
---	--

Coverage is only extended to U.S. events and activities.  
\*\* NOTICE TO TEXAS INSURED: The insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/31/2019

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 have **ADDITIONAL INSURED** provisions or 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**  
Dick Wardlow Insurance Brokers  
Lic. #0B99800  
233 High Street  
Moorpark, CA 93021  
Dick Wardlow Insurance Brokers

805-553-0505

**CONTACT NAME:** Matt Wardlow

**PHONE (A/C, No, Ext):** 805-553-0505

**FAX (A/C, No):** 805-553-0606

**E-MAIL ADDRESS:** mattw@wardlowinsurance.com

**INSURED**  
Dave's Cast of Characters, Inc  
David Zucker  
20 Cottage Place  
New Rochelle, NY 10801

**INSURER(S) AFFORDING COVERAGE**

**NAIC #**

**INSURER A:** Admiral Insurance

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		CA00003024302	04/02/2019	04/02/2020	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>EXCLUDED</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> <b>Deduct-</b> \$ <b>5,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
City of New Rochelle is named as additional insured, but only insofar as the operations under this written contract are concerned. Amusement Devices as Scheduled with Insurer.

### CERTIFICATE HOLDER

City of New Rochelle  
515 North Avenue  
New Rochelle, NY 10801

### CANCELLATION

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

AUTHORIZED REPRESENTATIVE  
Dick Wardlow Insurance Brokers

Westchester County Department of Health

Mount Kisco Central Office

# PERMIT

To Operate a  
**Mobile Food Service Establishment**

This is to certify that  
**ROAD GRUB MOBILE INC.**

the operator of  
**ROAD GRUB MOBILE #1**

at  
**15 PEARCE PLACE  
MAHOPAC, NY 10541**

Located in the *TOWN* of "VARIOUS" in *WESTCHESTER* County  
is granted permission to operate said establishment in compliance with the provisions  
of Subpart 14-4 of the State Sanitary Code and  
under the following conditions:

- (1) This permit is granted subject to any and all applicable State, Local and Municipal Laws, Ordinances, Codes, Rules and Regulations.
- (2) This permit is limited by the following conditions:

LIMITED FOOD PREPARATION

Westchester  
gov.com

Effective Date May 01, 2019  
Permit is NON-TRANSFERABLE

*Sherlita Amler MD*

SHERLITA AMLER, M.D.

Permit Issuing Official

This permit expires on April 30, 2020 and may be revoked or suspended for cause.

**THIS PERMIT SHOULD BE POSTED CONSPICUOUSLY**

Facility Code 02-8567-C

Permit Number 02-8567-C

Operation ID 927143