

**Town Supervisor**  
Timothy Doney  
**Town Board Members**  
Kenneth Knapp  
Donna J. Patchen  
James Kenney  
Kathleen LaClair



**Town of Clayton**  
405 Riverside Drive  
Clayton, New York 13624  
Telephone: (315) 686-3512  
Fax: (315) 686-2651  
www.townofclayton.com

**Town Clerk**  
Megan Badour

## **TOWN BOARD WORKSHOP MEETING AGENDA**

*Wednesday, January 22, 2025 • 5:00pm • Cerow Rec Park Arena*

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1. **Pledge of Allegiance**
2. **Guest:** Chris Matthews
3. **Town Clerk**
  - i. *Correspondence* that Needs Recording
  - ii. *Minutes* from 01/08/25 Annual Meeting & 01/08/25 Regular Meeting
4. **Public:** *Comment on Agenda Items*
5. **Workshop Discussion Items:**
  - a. Fireworks Permit- Harbor Hotel Fire & Ice Event- 2/6, 2/7, & 2/8
  - b. New Transfer Site Fee Schedule
  - c. Depauville Sewer Disinfection Project Accounts
  - d. RFQ for Engineering Services- Depauville Wastewater Disinfection Project
  - e. Set Joint Town/Village Meeting February 10, 2025 @ Village Municipal Building
6. **Adjournment**    **Next Meeting:** *Wednesday, February 12, 2025 @ 5:00pm Cerow Rec Park Arena*

*Thousand Islands*  
EMERGENCY RESCUE SERVICE



885 Graves St - P.O. Box 524  
Clayton, New York 13624

(315) 686-4333

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

01/15/2025

Supervisor Tim Doney  
Town of Clayton  
405 Riverside Dr.  
Clayton, NY 13624

Subject: Request for Letter of Opposition to North Star Health Alliance's Certificate of Need Application

Dear Supervisor Doney,

I hope this letter finds you well. We are reaching out to request your support in opposing the application by North Star Health Alliance for a Certificate of Need (CON) for Jefferson and St. Lawrence Counties.

As you may be aware, a Certificate of Need is required for certain health facilities to expand or introduce new services in a specific area. North Star Health Alliance has applied for this certification, which would allow them to establish a presence in our region. While we understand the importance of accessible healthcare, we have significant concerns regarding the potential negative impact this development may have on existing healthcare providers, community resources, and the overall healthcare landscape in our counties.

To be approved, North Star Health Alliance must prove that there is a "Public Need" for this ambulance service. Public need is defined in New York State Department of Health Bureau of Emergency Medical Services and Trauma Systems Policy Statement 06-06 as a "*demonstrated absence, reduced availability or inadequate level of care in an ambulance or emergency medical service available to a geographical area which is not readily correctable through the reallocation or improvement of existing resources*".

TIERS was dispatched to 704 calls in 2024 in the Town of Clayton. In rare occurrences of high call volume, TIERS relied on a neighboring department to respond to an emergency within the township on only six occasions. We are proud of our 99.15% response rate, which is significantly higher than our neighboring EMS Services. It is clearly evident that there is not an "*absence, reduced availability or inadequate level of care in an ambulance or emergency medical service available*" in the Town of Clayton.

We respectfully ask that you consider drafting a letter of opposition to North Star Health Alliance's CON application. Your opposition could play a pivotal role in ensuring that our local healthcare infrastructure remains strong, competitive, and focused on the needs of our residents.

Should you require more detailed information regarding the reasons for our opposition or how the approval of the CON could potentially disrupt services, we are more than happy to provide further insight. Additionally, if you would like assistance in drafting the letter of opposition, we are ready to support you in this effort.

*Your Life is our Mission*

TIERS does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations  
Dial 711 for TTY Relay service in NYS

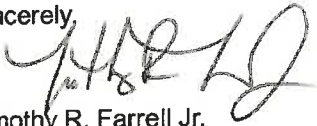
Letters opposing North Star Health Alliance's granting of a CON may be submitted prior to January 27, 2025 to:

North Country Regional EMS Council  
120 Washington St.  
Suite 230  
Watertown, NY 13601

There will be a public hearing regarding this matter on Tuesday, February 4, 2025, at Gouverneur High School, 113 E. Barney St., Gouverneur, NY 13642 at 6PM.

Thank you for considering this request. We appreciate your commitment to the wellbeing of the residents and visitors of the Town of Clayton and the continued success of the emergency services we provide at TIERS.

Sincerely,



Timothy R. Farrell Jr.  
Executive Director  
Thousand Islands Emergency Rescue Service (TIERS)



# North Country Regional EMS Council, Inc.

“Serving Jefferson, Lewis & St. Lawrence Counties”

[www.fdrhpo.org/ems](http://www.fdrhpo.org/ems)

January 6, 2025

To Whom It May Concern.

North Star Health Alliance, Inc. has submitted an application to the North Country Regional Emergency Medical Services Council, Inc. for approval to operate an ambulance service “within North Star Health Alliance facilities or campuses within Jefferson and St. Lawrence counties”. In order for the North Country Regional Emergency Medical Services Council, Inc. (NC REMSCo) to approve this application, North Star Health Alliance, Inc. must meet the definition of Public Need, which can be found in the NYS DOH Policy Statement 06-06.

Public Need is defined as, *“the demonstrated absence, reduced availability or an inadequate level of care in an ambulance or emergency medical service available to a geographical area which is not readily correctable through the reallocation or improvement of existing resources.”* The policy can be viewed online in its entirety by going to [www.health.state.ny.us/nysdoh/ems/pdf/06-06.pdf](http://www.health.state.ny.us/nysdoh/ems/pdf/06-06.pdf).

Public Health Law, Article 30, Section 3003 states *“The regional council shall have the responsibility to make determinations of public need for the establishment of additional emergency medical services and ambulance services and to make the determinations of public need as provided in section three thousand eight.”*

There will be a public hearing on Tuesday, February 4, 2025 (inclement weather date of Thursday, February 6, 2025). The public hearing will begin at 6 pm at the Gouverneur High School, 113 East Barney Street, Gouverneur, NY 13642. If you plan to speak at this public hearing, you will need to register upon arrival at the hearing location. Please be advised that there may be a time limit put in place for those wishing to speak.

If you wish to make written comments on this application you may do so by sending them to North Country Regional EMS Council, Inc., 120 Washington Street, Suite 230, Watertown, NY, 13601 ATTN: CON Committee. The NC REMSCo must be in receipt of all written correspondence by the close of business on Monday, January 27, 2025.

A copy of this CON is available for public viewing at the NC REMSCo Office and at the public hearing. The full CON document is available on the Program Agency website at <https://www.fdrhpo.org/north-country-remac-remaco>. Please be advised that this document is very large and may take a few moments to load. If you require a copy of this CON, contact the NC REMSCo Office in Watertown at the address below.

Sincerely,

Debbie Singleton  
NC REMSCo Chair

**North Country EMS Program Agency** | 120 Washington Street, Suite 230, Watertown, NY 13601

Office: (315) 755-2020 ext. 56 • Fax: (315) 755-2022 | [www.fdrhpo.org/ems](http://www.fdrhpo.org/ems)

## Town of Clayton Annual Meeting Minutes

Wednesday, January 8, 2025

The Town Board of the Town of Clayton held their Annual Meeting at 5:26 PM, located at Cerow Rec Park Arena, 600 East Line Rd, Clayton, NY, with the following persons present:

Tim Doney	Donna Patchen	Steve Dorr, Sr.
Kenneth Knapp	Mariah LaClair	James Kenney
Pam McDowell	Savarah Wright	Megan Badour
Kevin Patchen		

**1. Pledge of Allegiance:** The Supervisor opened the annual meeting at 5:26 PM and led the Assembly in the Pledge of Allegiance.

### 2. Supervisor:

#### ➤ Administrative Appointments

- Association of Towns Delegate: Tim Doney
- Deputy Supervisor: Kenneth Knapp
- Clerk to Supervisor: Savarah Wright
- Finance and Human Resources Clerk: Mariah LaClair
- Registrar: Megan Badour, Town Clerk
- Records Management Officer: Megan Badour
- Records Access Officer: Megan Badour
- Tax Collector: Megan Badour
- Zoning Officer: Richard Ingerson
- Building Codes Officer: Richard Ingerson
- Acting Assessor: Alexander Marchenkoff
- Historian: Jordan Coughlin
- Recreation Park Supervisor: James Jones

Motion was made by Kenneth Knapp, seconded by James Kenney to approve the appointments.

**Motion carried**

#### ➤ Board Appointments

- Heritage Heights Sewer Board: Tom Turgeon; Dennis Baldwin; Christopher Matthews
- Depauville Sewer Board: Larry Girard; Bob Haver; Aaron Fulton
- Consolidated Health Board: Mayor Nancy Hyde; Supervisor Timothy Doney; Dr. Grybowski; Keitha Haas
- Consolidated Health Board Officer: Dr. Grybowski
- Clayton Youth Commission: (see attached for list of addresses)
  - Town: Sara Matthews; Nicci Hudson; Scott Johnson; Chelsea Eppolito; Darin Barton; Amber Parliament
  - Village: Scott Johnson; Katie Johnson; Anthony Augliano; Heather Williams
- Clayton Local Development Corporation: Jamie Ganter (Chairman); John Cooper (Treasurer); Christine Powers (Secretary); Jack Stopper; Dennis Weller; Mike Hazelwood; Christopher Bogenschutz; Tim Lalonde; Norma Zimmer *Ex Officio Members:* Doug Rogers; Nancy Hyde; Tim Doney; Bobby Cantwell (Vice Chairman); Michael Bashaw
- Depauville Library: Tresa Forkey (President); Jan Larrow (Vice-President); Colleen Schimpf (Secretary); Gail Egeressy (Treasurer); Doreen Hanson; Phil Pond; Keitha Haas

Motion was made by Kenneth Knapp, seconded by James Kenney to approve the appointments.

**Motion carried.**

#### ➤ Other Appointments

- Zoning Board of Appeals Chairman: Steve Mack
- Planning Board Chairman: Doug Rogers
- Board of Assessment Review Chairman: Justin Taylor
- Town Constable: TBD

- Depauville Sewer Operator: William Sherman
- External Auditor: Bill Dealing, CPA: AUD, Stackel & Navarra: Single Audit/AUP

Motion was made by James Kenney, seconded by Kenneth Knapp to approve the appointments.  
**Motion carried**

**Town Board Committees: (per Town Law 63, 13)**

- Tim Doney: Highway, Consolidated Health, Youth Commission, CLDC & ABM
- Donna Patchen: Buildings & Grounds, Cemetery, Personnel & Purchasing
- James Kenney: Safety Coordinator, Planning & Zoning, & Sewer Districts
- Kenneth Knapp: Libraries and Chamber of Commerce
- Kathleen LaClair: TIERS, Paynter Centre

Motion was made by Kenneth Knapp, seconded by James Kenney to approve the appointments.  
**Motion carried**

**3. Town Clerk:**

- Appoint Deputy Clerk/Deputy Registrar/Deputy Tax Collector: Rylee Babcock

Motion was made by Kenneth Knapp, seconded by Donna Patchen to approve the appointment.  
**Motion carried**

**4. Highway Superintendent:**

- Appoint Deputy Highway Superintendent: Raymond Robinson

Motion was made by James Kenney, seconded by Kenneth Knapp to approve the appointment.  
**Motion carried**

**5. Recreation Park:**

- Appoint Assistant Recreation Park Supervisor: Patrick McCarron

Motion was made by Kenneth Knapp, seconded by Donna Patchen to approve the appointment.  
**Motion carried**

**Town Facility**

**Rates:**

- Transfer Site—As adopted in 2020.
- Cerow Recreation Park:
  - Event Rates: \$700.00 base price, plus \$1 per attendee per day
  - Event Room Rental: Full Room \$40/hour or \$300 Full Day or Half-Room \$20/hour or \$150 Full Day
  - Pavilion Rental: \$50/day with Proof of Insurance Resident - \$100/day Non-Resident

Ice rates for 2024-2025:

- \$105/hr contract
- \$115/hr Old Timers
- \$125/hr Community non-contract
- \$200/hr Outside non-contract
- \$3/day Public Skate admission
- \$5/session Skate-n-Shoot

Ice rates for 2025-2026:

- \$110/hr contract
- \$115/hr Old Timers
- \$125/hr Community non-contract
- \$200/hr Outside non-contract
- \$3/day Public Skate admission
- \$5/session Skate-n-Shoot

Motion was made by Kenneth Knapp, seconded by James Kenney to approve the rates. **Motion carried.**



Pool Rates:

- \$3.00/day daily admission
- Season membership: \$75 – family; \$50 – adult; \$40 – student
- Pool event rental \$70/hour (under 30ppl); \$100/hour(30-60ppl)

Motion was made by Kenneth Knapp, seconded by Donna Patchen to approve the rates. **Motion carried**

Advertising:

- Arena Wall Sign: \$275/season
- Ice Board Signage: \$275/season
- In-Ice Signage: \$275/season
- Zamboni Advertising \$300/side/season (3 sides)

Motion was made by James Kenney, seconded by Kenneth Knapp to approve rates. **Motion carried.**

**Annual**

**Resolutions:**

1. Adopt the Official Undertaking of Municipal Officers Resolution.
2. Resolution to adopt Robert's Rules of Order as Town Meeting Rules.
3. Resolution to reaffirm "Rules for Public Participation at Town of Clayton Board Meetings" adopted by Resolution on October 31, 2008 and revised June 9, 2010.
4. Resolution to reaffirm "Resolution Regarding Rules for Public Hearings Conducted by the Town Board Town of Clayton", adopted December 9, 2009 and revised April 14, 2010.
5. Resolution to establish two regular meetings per month for Town Board—2<sup>nd</sup> and 4<sup>th</sup> Wednesdays of the month at 5PM.

Motion was made by Kenneth Knapp, seconded by James Kenney to approve Resolutions 1-5 for the year 2025. **Motion carried.**

6. Resolution establishing that the second meeting in July will be held on Grindstone Island and the second meeting in August will be held in Depauville.
7. Resolution to designate the Thousand Island's Sun as the official Town newspaper.
8. Acknowledge and set the salaries of the elected officials: Supervisor \$42,000; Councilpersons \$5,000; Town Clerk \$33,000; Highway Superintendent \$74,584; Town Justice \$15,000; Town Justice \$12,400.
9. Acknowledge that no formal action needs to be taken at the organizational meeting to further approve salaries for employees. In accordance with the established policies within the employee handbook, and as per the terms of any applicable bargaining unit the salaries for 2025 have been provided for within the 2025 budget. The Town Board has approved 2025 salaries by its action to approve the final budget on November 13, 2024.
10. Resolution that any "new hire" or "rehire" must be reflected in Board minutes.

Motion was made by Kenneth Knapp, seconded by Donna Patchen to approve Resolutions 6-10 for the year 2025. **Motion carried.**

11. Resolution to pay certain contractors or service providers by voucher:
  - a. Jay Slate: \$15.50/hour for seasonal Highway Laborer on Grindstone Island

12. Set official Town Hall hours for regular business:
- a. Zoning Enforcement/Code Enforcement Office: 7am-3:30pm Monday-Friday
  - b. Assessment Office: 9:00am-4:00pm Thursdays and as needed.
  - c. Town Clerk's Office: 8:00am-11:30 am, 12:30-5 pm Monday-Friday; 5:30-8 pm Tuesday and Thursday; 8-12 pm Saturday
  - d. Supervisor's Office: 9am-4pm Monday-Friday

13. Approve payment of \$1,200 membership dues for the Association of Towns for the year 2025.

14. Resolution to set mileage rate for 2025 at the established IRS and Federal Rate. IRS Rate for 2025 is \$0.70 per mile.

15. Resolution to adopt Community Bank; Watertown Savings Municipal Bank, and Gouverneur Savings and Loan as Town Banks.

Motion was made by Kenneth Knapp, seconded by James Kenney to approve Resolutions 11-15 for the year 2025. **Motion carried.**

16. Resolution that no bills incurred by the Town of Clayton are valid without a voucher and that all vouchers that are to be paid must be delivered to the Town no less than five (5) business days prior to the regular Board meeting, unless otherwise approved by the Town Supervisor and that bills will be paid once per month, except in December for the year-end meeting.

17. Resolution authorizing Town Supervisor to sign checks or in absence, his Deputy.

18. Authorize the Town Superintendent of Highways to make highway purchases in an amount not to exceed \$10,000 without prior approval of the Town Board as per Highway law.

19. Authorize the Supervisor to execute contracts for insurance Renewals for the year 2025.

20. Resolution for Supervisor to sign agreement with Village for the Hawn Memorial Library for \$9,000 for 2025.

Motion was made by James Kenney, seconded by Kenneth Knapp to approve Resolutions 16-20 for the year 2025. **Motion carried.**

21. Resolution for Supervisor to sign contract with the Paynter Center for \$10,000 for Senior Services for 2025.

22. Resolution for Supervisor to sign a Town of Clayton Ambulance District agreement with TIERS for \$128,200 contract for expenses related to Emergency Services in the Town of Clayton and \$42,800 reserved for capital for 2025.

23. Resolution for Supervisor to sign contract with TI Museum for \$3,000 for expenses related to housing the Town Historian for 2025.

24. Resolution recognizing the current agreement with the CLDC regarding a 2025 contribution of \$15,000, at the discretion of the Town Board, for expenses related to economic development in the Town of Clayton.

25. Resolution to appoint Rob Company, PE, as Town Engineer per agreement (see attached).

Motion was made by Kenneth Knapp, seconded by Donna Patchen to approve Resolutions 21-25 for the year 2025. **Motion carried.**

26. Resolution to appoint, Kendall, Harrienger, & Burrows, as Town attorney at the rate of \$235 per hour.

27. Resolution to adopt the Comprehensive Financial Policy, embodying all Town financial policies into one document.



28. Adoption of the Employee Handbook v. 2025-1, inclusive of all policies within.

29. Resolution for a Zoning & Planning Fee schedule for the Town, adopted January 5, 2005, revised by motion on October 10, 2013 and November 8, 2017, and as revised and presented on January 13, 2021.

30. Resolution for a Code Enforcement Fee Schedule, adopted March 26, 2008, revised by motion on October 8, 2008 and November 8, 2017, and as revised and presented on January 13, 2021.

Motion was made by James Kenney, seconded by Kenneth Knapp to approve Resolutions 26-30 for the year 2025. **Motion carried.**

31. Resolution to adopt Town Clerk's Fee Schedule, adopted December 30, 2015.

32. Resolution to comply with requirements of NYS Environmental Quality Review Act.

33. Resolution that any employee of Town wanting to travel to schools, seminars, etc., who expect reimbursement must get Board permission.

34. Resolution affirming the Town Board's support for Resolution #23 of 2003 related to simplifying and enhancing the zoning and planning processes within the Town and Village of Clayton.

35. Resolution authorizing Petty Cash Funds (in accordance with Town Law Section 64, Subdivision

1(a) and the Town of Clayton Comprehensive Financial Policy) as follows:

- a. Town Clerk: \$200.00 Custodian: Megan Badour, Town Clerk
- b. Tax Collector: \$200.00 Custodian: Megan Badour, Tax Collector
- c. Transfer Site: \$50.00 Custodian: James Jones, Recreation Supervisor
- d. Recreation Park: \$50.00 Custodian: James Jones, Recreation Supervisor

36. Approval of \$20 fee for dishonored checks, as authorized by Section 85 of General Municipal Law (Section 5-328 of the General Obligations Law sets the maximum fee at \$20.00).

37. Resolution for the Town of Clayton Tax Collector to keep up to \$5.00 over payment of town taxes submitted and to pool said money and use to compensate for under payment amounts tendered.

Motion was made by Kenneth Knapp, seconded by Donna Patchen to approve Resolutions 31-37 for the year 2025. **Motion carried.**

**Pending Litigation:**

Jan 2025 None

**10. Adjournment:**

Motion was made by Kenneth Knapp, seconded by James Kenney to adjourn meeting at 5:42 PM.

**Motion carried.**

Next Meeting: Wednesday, January 22, 2025 @ 5pm located at Cerow Rec Park Arena, 600 East Line Rd, Clayton, NY 13624.

*Megan Badour, Town Clerk*

Town of Clayton Regular Meeting Minutes

Wednesday, January 8, 2025

The Town Board of the Town of Clayton held their regular meeting at 5:00 PM, located at Cerow Recreation Park, 600 East Line Rd, Clayton, NY.

The following persons attended:

Tim Doney	Kenneth Knapp	Megan Badour	Steve Dorr, Sr.
James Kenney	Donna Patchen	Pamela McDowell	Mariah LaClair
Savarah Wright	James McDowell	Kevin Patchen	

1. Pledge of Allegiance: Supervisor Doney led the pledge of allegiance.

2. Guests: N/A

3. Town Clerk:

Correspondence:

- Charter Communications (see attached)
- FEMA Jeff Co Flood Study Update (see attached)

Minutes: Motion to approve meeting minutes from 12/31/2024 Workshop Meeting made by Kenneth Knapp, seconded by James Kenney. **Motion carried.**

4. Public: N/A

5. General Discussion Items:

A. Bills and Transfers:

i. Abstract #1 of 2025

Motion was made by Kenneth Knapp, seconded by Donna Patchen to approve Abstract #1, in the amount of \$569,798.68. **Motion carried.**

ii. Transfers:

1. Motion was made by James Kenney seconded by Donna Patchen to approve the transfer of \$50,000 from General Fund Checking to Rec Park Equipment Reserve per 2025 Adopted Budget. **Motion carried.**
2. Motion was made by Kenneth Knapp, seconded by James Kenney to approve the transfer of \$50,000 from Rec Park Equipment Reserve to NYCLASS Reserve. **Motion carried.**
3. Motion was made by Donna Patchen, seconded by Kenneth Knapp to approve the transfer of \$150,000 from General Fund Checking to Highway Reserve per 2025 Adopted Budget. **Motion carried.**
4. Motion was made by James Kenney, seconded by Donna Patchen to approve the transfer of \$150,000 from Highway Reserve to NYCLASS Reserve. **Motion carried.**

iii. Budget Amendment: N/A

iv. New Accounts/Special Entries:

- G/L HR-0200.02 Capital Projects (REDI Marina)- Cash.

Motion was made by Kenneth Knapp, seconded by James Kenney to approve the G/L HR-0200.02 Capital Projects (REDI Marina)- Cash account. **Motion carried.**

- EXP HR-5720.22 Capital Expenses- REDI Marina Project

Motion was made by Kenneth Knapp, seconded by Donna Patchen to approve the EXP HR-5720.22 Capital Expenses- REDI Marina Project account. **Motion carried.**

**B. Supervisor's Report & Bank Reconciliations:**

Motion was made by Kenneth Knapp, seconded by James Kenney, to approve the report and transfers for December 2024. **Motion carried.**

**C. Balance Sheets: December 2024**

**D. Resignations and Appointments:**

- Resignations: N/A
- Positions/Appointments: N/A
- Rate Changes: Motion was made to approve B. Horton Step Increase of \$0.50 per hour to a rate of \$28.31 effective 1/25/2025 by James Kenney, seconded by Kenneth Knapp. **Motion carried.**

**F. Training: N/A**

**G. 2025 Employee Agreements:**

- Motion was made by Kenneth Knapp, seconded by James Kenney to approve the 2025 Employee Agreement for R. Ingerson. **Motion carried.**
- Motion was made by Kenneth Knapp, seconded by James Kenney to approve the 2025 Employee Agreement for J. Jones. **Motion carried.**

**H. Depauville Wastewater Treatment Facility Disinfection Project CDGB Award:**

Motion to accept the Community Development Block Grant in the amount of \$895,811 and to authorize Supervisor Doney and Deputy Supervisor Knapp as signatories made by Donna Patchen, seconded by James Kenney. **Motion carried.**

**6. Supervisor's Report:**

Supervisor Doney reported that in the near future there may be changes within the short-term rental information forthcoming due to new State policies and Jefferson County involvement. Shoreline cleanup above the high-water mark can begin at the Riverwalk.

**7. Department Head Reports:**

- Highway Superintendent: Steve Dorr Sr. - Provided updated purchasing information on 2026/27 Plow.
- Buildings & Grounds: James Jones - At this time they are working with regard to some concerns at the Depauville Library.
- Assessor: N/A
- Codes/Zoning: Richard Ingerson See attached

**8. Council Reports**

- Councilwoman LaClair: Absent
- Councilwoman Patchen: N/A
- Councilman Knapp: N/A
- Councilman Kenney: N/A

**9. Public: N/A**

10. Adjournment:

Motion was made by Kenneth Knapp, seconded by Donna Patchen to adjourn at 5:23 PM. **Motion carried.**

Next Meeting: Wednesday, January 22, 2025 at 5:00PM located at Cerow Rec Park Arena, 600 East Line Rd, Clayton, NY 13624.

*Megan Badour, Town Clerk*

DRAFT

# APPLICATION FOR FIREWORKS DISPLAY PERMIT

Town of Clayton  
Ref: NY State Penal Law, Article 405.00

**FEE: \$200**

Request for fee waiver (Not-for-Profit ONLY)  YES

Application Date: December 16, 2024

**(A) TO BE COMPLETED BY THE EVENT SPONSOR/ORGANIZATION:**

Event Sponsor/Organization: 1000 Islands Harbor Hotel  
Address: 200 Riverside Drive, Clayton, NY 13624  
Phone: (315) 686-1100 ext. 7001 Contact Person: Ann Marie Angus

**TO BE COMPLETED BY THE FIREWORKS SHOW CONTRACTOR:**

Company Name: Young Explosives Corporation  
Address: P.O. Box 18653, Rochester, NY 14618  
Phone: (585) 394-1783 Contact Person: Jim Young  
NYS Dept. of Labor Explosives Licence# D-2316 Expires: 3/31/2025

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

Name	Certificate #	Expires
<u>James Young</u>	<u>PR-75</u>	<u>02/2027</u>

**Authorized Assistants:** Names of the individuals who are authorized by the operator to work on the show, identified either by their certificate number and expiration date, if they are certified, or by their age and phone number, if they are not certified.

Name	Certificate# / Age	Expires / Phone
<u>Zachary Rudy</u>	<u>Over age 18</u>	<u>(585) 394-1783</u>
_____	_____	_____
_____	_____	_____

(Continue on a separate sheet, if necessary).

- (B) Display Date/Time:** 2/6, 2/7 & 2/8, 2025 @ 9 pm **Expected Duration:** Approx. 15-20 min
- (C) Display Location:** Fixed wave attenuator off Riverside Drive, Clayton, NY 13624
- (D) If display location is water-based, do you have authorization from the US Coast Guard for the activity?**  
Yes No **If so, attached authorization to this application. Note, your application will not be approved for water-based discharge without USCG approval on file.**
- (D) Display Content:** The following content is per night (all three nights have same content): Approx. 104 misc. 1.3G and 1.4G shells with the largest shell size of 4" (280' fallout radius)

- (E) How will fireworks be stored prior to display: Fireworks arrive/depart with Young Explosives Crew
- (F) Rain Date for display: N/A
- (G) If rained out how will fireworks be stored: Fireworks arrive/depart with Young Explosives Crew
- (H) For outdoor displays not before a proximate audience, attach a diagram of the area where the display will take place, showing location where the fireworks will be discharged from, the location of, and distance to: all the buildings, highways, lines of communications, location of the audience, trees, overhead obstructions or other structures or devices that could be affected by the display or fallout from it.
- (I) Proof of Insurance or Bond (Minimum One Million Dollars). *The policy must provide coverage for damages to any people or property resulting from the fireworks display, as well cover the Town of Clayton, its officers, and employees from any liability related to this fireworks display. Please attach a copy of the policy certificate or other proof of insurance or Bond.*
- (J) I attest that the information contained in this permit application is accurate, true and complete to the best of my knowledge, and I understand that false statements made in this permit application are subject to the applicable versions of the NYS Penal Law.

[Signature]  
Signature of Event Sponsor/Organization

[Signature]  
Signature of Fireworks Operator/Contractor

12/17/2024  
Date

12/16/2024  
Date

**Required Documents Attached:**

- Event Sponsor/Organization:** Proof of Insurance (\$1 MIL Liability Minimum) & Copy of Contract Between Sponsor and Contractor
- Fireworks Contractor/Operator:** Proof of Insurance (\$1 MIL Liability Minimum), Proof of NYS DOL Explosives License & Site Plan for display.

**ALL FIREWORKS PERMITS MUST BE REVIEWED BY THE LOCAL FIRE DEPARTMENT WITH JURISDICTION AND THE TOWN OF CLAYTON CODE ENFORCEMENT OFFICER PRIOR TO APPROVAL BY THE TOWN BOARD.**

**FOR TOWN USE ONLY:**

This application is approved with a favorable recommendation to the Town Board:

<p>_____</p> <p>Code Enforcement Officer</p>	<p>_____</p> <p>Fire Department Chief</p>
<p>TOWN BOARD APPROVED ON: _____</p>	<p>APPLICANT NOTIFIED ON: _____</p>



# FIREWORKS DISPLAY HOLD HARMLESS AGREEMENT

Town of Clayton

Ref: NY State Penal Law, Article 405.00

Between the Town of Clayton and Young Explosives Corporation  
(Print name of Fireworks Contractor)

Witnessed:

1. Young Explosives Corporation (Contractor) agrees to release, indemnify, and hold harmless the Town of Clayton, its officers and employees, from and against any loss, damage of liability, including attorney's fees and expenses, incurred by the latter and their respective employees, agents, or other representatives arising out of or in any manner relating to the manufacture, installation, firing and disassembly of any pyrotechnic equipment or device and / or the supervision and presentation thereof:
2. The applicant (Contractor) has furnished the Certificate of Insurance with limits of liability described below:

- a. Workers Compensation / Employers Liability COI attached
- b. Automobile Liability: COI attached
- c. General Liability: COI attached
- d. Umbrella Liability: COI attached

A true copy of the Certificate of Insurance is attached indicating the Municipality and applicable associations, recreations, or committees formed by the Municipality to organize the "event" named as additional insured on all liability policies.

Event Name: 1000 Islands Harbor Hotel's annual display Date: 2/6, 2/7, 2/8 2025 Time: 9:00 pm

Rain Date if Applicable: N/A Time: \_\_\_\_\_

Name of Applicant (Fireworks Contractor / Operator) (print): James Young, President - Young Explosives Corp.

Signature of Applicant (Fireworks Contractor / Operator): [Signature] Dated: 12/16/24

Signature of Witness: [Signature: Emily Dean] Emily Dean, Senior Office Manager Dated: 12/16/24

Name of Applicant (Event Sponsor/Organization) (print): Ann Marie Angus

Signature of Applicant (Event Sponsor/Organization): [Signature] Dated: 12/17/2024

Signature of Witness: [Signature] Dated: 12/17/2024

### Required Documents Attached:

Event Sponsor/Organization: Proof of Insurance (\$1 MIL Liability Minimum) & Copy of Contract Between Sponsor and Contractor

Fireworks Contractor/Operator: Proof of Insurance (\$1 MIL Liability Minimum), Proof of Alcohol, Tobacco & Firearms (ATF) License & Site Plan for display.

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



**JAMES R YOUNG**

CLASS: A  
ANY DISPLAY

THIS CARD MUST BE CARRIED  
WHEN USING PYROT

CERTIFICATE  
EXPIRES 02/21

NYC & NYS CERTIFICATIONS REQUIRED IN NYC

PHOTOGRAPH BY THE NYS DMV (L & H)



01213 007197070 18

DMV# 230388215  
EYES BRO  
HAIR BRO  
HGT 6' 1 "

IF FOUND, RETURN TO:  
NYS DOL - L&C UNIT  
ROOM 161 BUILDING 12  
STATE OFFICE CAMPUS  
ALBANY NY 12240



DEPARTMENT OF JUSTICE

Bureau of Alcohol, Tobacco,  
Firearms and Explosives

*Martinsburg, WV 25405*

September 30, 2024

YOUNG EXPLOSIVES CORP

PO BOX 18653  
ROCHESTER, NY 146180000

901090: MH/SMC

5400

File Number: 6-NY-00338

Premises Address: 2165 NEW MICHIGAN ROAD CANANDAIGUA, NY 144240000

Dear Sir/Madam:

This letter acknowledges receipt of your timely application to renew your Federal explosives license/permit.

The Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) is not able to process your application prior to the expiration date of your license/permit. However, Federal law allows you to continue operations under your current license/permit until such time as ATF completes processing your application. See 5 U.S.C. § 558. This letter, or as explained below, a follow-up letter, will serve as your license/permit until we complete action on your renewal. It is referred to as a Letter of Authorization (LOA).

Since we have not completed processing your application, you may supply a copy of this letter to other licensees/permittees, e.g., your distributors, for the next six months (or until we complete action on your renewal, if that occurs in less than six months) as evidence of your licensed/permitted status. If we have not completed processing your application for renewal within six months of the date of this letter, we will send you another letter, which will also be valid for six months (or until we complete action on your renewal, if that occurs in less than six months). This is of course contingent upon your remaining entitled to continue operations under your current license/permit.

Please direct questions or concerns regarding this letter to Susan Clark, 304-616-4404.

Sincerely,

Marna Howard

Chief, Federal Explosives Licensing Center

ATF web address: [www.atf.gov](http://www.atf.gov)

**Federal Explosives License/Permit  
(18 U.S.C. Chapter 40)**

U.S. DEPARTMENT OF JUSTICE BUREAU OF ALCOHOL, TOBACCO, FIREARMS AND EXPLOSIVES

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

Direct ATF Correspondence To ATF - Chief, FELC 244 Needy Road Martinsburg, WV 25405-9431	License/Permit Number <b>6-NY-069-21-4K-00338</b>
Chief, Federal Explosives Licensing Center (FELC) <i>Mama Howard</i>	Expiration Date <b>October 1, 2024</b>

Name  
**YOUNG EXPLOSIVES CORP**

Premises Address (Changes? Notify the FELC at least 10 days before the move.)  
**2165 NEW MICHIGAN ROAD  
CANANDAIGUA, NY 14424-0000**

Type of License or Permit  
**21-MANUFACTURER OF EXPLOSIVES**

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

Mailing Address (Changes? Notify the FELC of any changes.)  
**YOUNG EXPLOSIVES CORP  
PO BOX 18653  
ROCHESTER, NY 14618-0000**

*James R. Young*  
\_\_\_\_\_  
Licensee/Permittee Responsible Person Signature  
**James R. Young**  
Printed Name

**President**  
\_\_\_\_\_  
Position/Title  
**11/4/2021**  
\_\_\_\_\_  
Date

ATF Form 5400.14/5400.15 Part I  
Revised September 2011

Previous Edition is Obsolete YOUNG EXPLOSIVES CORP 2165 NEW MICHIGAN ROAD CANANDAIGUA NY 14424-0000 FELC 21-4K-00338 27 CFR 555.53

**Federal Explosives License (FEL) Customer Service Information**

Federal Explosives Licensing Center (FELC) 244 Needy Road Martinsburg, WV 25405-9431	Toll-free Telephone Number: (877) 283-3352 Fax Number: (304) 616-4401 E-mail: FELC@atf.gov	ATF Homepage: <a href="http://www.atf.gov">www.atf.gov</a>
--	--	--

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

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

(Continued on reverse side)

Cut Here ✂

**Federal Explosives License/Permit (FEL) Information Card**

License/Permit Name: **YOUNG EXPLOSIVES CORP**

Business Name:

License/Permit Number: **6-NY-069-21-4K-00338**

License/Permit Type: **21-MANUFACTURER OF EXPLOSIVES**

Expiration: **October 1, 2024**

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



**Federal Explosives License/Permit**  
**(18 U.S.C. Chapter 40)**

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

Direct ATF Correspondence To	ATF - Chief, FELC 244 Needy Road Martinsburg, WV 25405-9431	License/Permit Number	<b>6-NY-069-24-4K-00339</b>
Chief, Federal Explosives Licensing Center (FELC)	<i>M. M. Howard</i>	Expiration Date	<b>October 1, 2024</b>

Name  
**YOUNG EXPLOSIVES CORP**

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

**2165 NEW MICHIGAN ROAD  
CANANDAIGUA, NY 14424-0000**

Type of License or Permit

**24-IMPORTER OF EXPLOSIVES**

**Purchasing Certification Statement**

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

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

**YOUNG EXPLOSIVES CORP  
PO BOX 10553  
ROCHESTER, NY 14618-0000**

Licensee/Permittee Responsible Person Signature  
*James R. Young*  
**James R. Young**  
Printed Name

President  
Position/Title  
**11/4/2021**  
Date

Previous Edition is Obsolete YOUNG EXPLOSIVES CORP 2165 NEW MICHIGAN ROAD 14424-NY 069-24-4K-00339 October 1, 2024

ATF Form 5400.14/5400.15 Part I  
Revised September 2011

**Federal Explosives License (FEL) Customer Service Information**

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

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

ATF Homepage: [www.atf.gov](http://www.atf.gov)

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

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

(Continued on reverse side)

Cut Here ✂

Federal Explosives License/Permit (FEL) Information Card	
License/Permit Name:	<b>YOUNG EXPLOSIVES CORP</b>
Business Name:	
License/Permit Number:	<b>6-NY-069-24-4K-00339</b>
License/Permit Type:	<b>24-IMPORTER OF EXPLOSIVES</b>
Expiration:	<b>October 1, 2024</b>
Please Note: Not Valid for the Sale or Other Disposition of Explosives.	



## CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

### PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)  
YOUNG EXPLOSIVES CORP.  
2185 NEW MICHIGAN ROAD  
CANANDAIGUA, NY 14424

1b. Business Telephone Number of Insured  
(585) 394-1783

Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)

1c. Federal Employer Identification Number of Insured or Social Security Number  
160900107

2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)  
YOUNG EXPLOSIVES CORPORATION  
P.O. BOX 18653  
ROCHESTER, NY 14618

3a. Name of Insurance Carrier  
**New York State Insurance Fund (NYSIF)**  
3b. Policy Number of Entity Listed in Box "1a"  
DBL 6163 63 - 9  
3c. Policy effective period  
04/01/2023 to 04/01/2025

4. Policy provides the following benefits:

- A. Both disability and paid family leave benefits
- B. Disability benefits only
- C. Paid family leave benefits only

5. Policy covers:

- A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law
- B. Only the following class or classes of 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 and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 3/4/2024

By *Kristin Markwica*

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (866) 697-4332

Name and Title Kristin Markwica, Head of Disability Insurance Unit

**IMPORTANT:** If Box 4A and 5A are 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, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200

### PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B 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 and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed \_\_\_\_\_

By \_\_\_\_\_

(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number \_\_\_\_\_

Name and Title \_\_\_\_\_

*Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.*



SH-862 (3/22)  
DIVISION OF SAFETY HEALTH  
LICENSE AND CERTIFICATE UNIT  
STATE OFFICE CAMPUS, BLDG. 1  
ALBANY, NY 12226

WE ARE YOUR DOL



Expires: 3/31/2025  
THIS LICENSE MUST BE  
POSTED IN YOUR PLACE OF  
BUSINESS

License No. D-2316

## LICENSE TO DEAL IN OR MANUFACTURE EXPLOSIVES

Young Explosives Corporation  
PO Box 18653  
Rochester, NY 14618  
James R. Young

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.

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 and quantity is 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.

A handwritten signature in cursive script, appearing to read "Amy Phillips".

Amy Phillips, Director

FOR THE COMMISSIONER OF LABOR

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

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



SCAN TO VALIDATE  
AND SUBSCRIBE

<b>POLICYHOLDER</b> YOUNG EXPLOSIVES CORP P O BOX 18653 ROCHESTER NY 14618		<b>CERTIFICATE HOLDER</b> YOUNG EXPLOSIVES CORPORATION P.O. BOX 18653 ROCHESTER NY 14618	
<b>POLICY NUMBER</b> R 400 999-9	<b>CERTIFICATE NUMBER</b> 604555	<b>POLICY PERIOD</b> 01/01/2025 TO 01/01/2026	<b>DATE</b> 1/6/2025

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 400 999-9, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

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

THIS POLICY DOES NOT COVER CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

PRESIDENT  
JAMES YOUNG  
1 OF 1 EXECUTIVE OFFICER OF  
YOUNG EXPLOSIVES CORP

THE POLICY INCLUDES A WAIVER OF SUBROGATION ENDORSEMENT UNDER WHICH NYSIF AGREES TO WAIVE ITS RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST THE CERTIFICATE HOLDER TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF AN EMPLOYEE OF OUR INSURED IN THE EVENT THAT, PRIOR TO THE DATE OF THE ACCIDENT, THE CERTIFICATE HOLDER HAS ENTERED INTO A WRITTEN CONTRACT WITH OUR INSURED THAT REQUIRES THAT SUCH RIGHT OF SUBROGATION BE WAIVED.

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

BY CAUSING THIS CERTIFICATE TO BE ISSUED TO THE CERTIFICATE HOLDER, THE POLICYHOLDER UNDERTAKES TO PROVIDE THE CERTIFICATE HOLDER 30 CALENDAR DAYS' NOTICE OF ANY CANCELLATION OF THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 186545097



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/12/2024

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**  
Acrisure Great Lakes Partners Insurance Services  
223 West Grand River Ave #1  
Howell MI 48843

**CONTACT NAME:**  
**PHONE (A/C, No, Ext):** 216-658-7100  
**FAX (A/C, No):** 216-658-7101  
**E-MAIL ADDRESS:**

**INSURED**  
Young Explosives Corporation  
P.O. Box 18653  
Rochester NY 14618

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Everest National Insurance Company	10120
INSURER B : Axis Surplus Insurance Company	26620
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER: 851006800

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y Y	SI8GL00353-241	3/20/2024	3/20/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y Y	SI8CA00054-241	3/20/2024	3/20/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y Y	P-001-000088056-06	3/20/2024	3/20/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ PER STATUTE OTH-ER
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			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)  
Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.

Date: Thursday, February 9, 2025

Location: on the fixed wave attenuator off Riverside Drive

Additional Insured: Hart Hotels Inc. to be primary and non-contributory;

The County of Schuyler and its officers, employees and agents; Clayton Harbor Hotel, LLC.; Village of Clayton, NY; Town of Clayton, NY

**CERTIFICATE HOLDER**

Hart Hotels, Inc.  
200 Riverside Drive  
Clayton NY 13624  
United States

**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

© 1988-2014 ACORD CORPORATION. All rights reserved.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/12/2024

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**  
Acrisure Great Lakes Partners Insurance Services  
223 West Grand River Ave #1  
Howell MI 48843

**CONTACT NAME:**  
**PHONE (A/C, No, Ext):** 216-658-7100  
**FAX (A/C, No):** 216-658-7101  
**E-MAIL ADDRESS:**

**INSURED**  
Young Explosives Corporation  
P.O. Box 18653  
Rochester NY 14618

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Everest National Insurance Company	10120
INSURER B : Axis Surplus Insurance Company	26620
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER: 999722596

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 CERTIFICATION 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, VOID)	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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y Y	SI8GL00353-241	3/20/2024	3/20/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y Y	SI8CA00054-241	3/20/2024	3/20/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y Y	P-001-000088056-06	3/20/2024	3/20/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ PER STATUTE OTH-ER
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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				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)  
Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.

Location: on the fixed wave attenuator off Riverside Drive  
Additional Insured: Hart Hotels Inc. to be primary and non-contributory;  
The County of Schuyler and its officers, employees and agents; Clayton Harbor Hotel, LLC.; Village of Clayton, NY; Town of Clayton, NY

**CERTIFICATE HOLDER**

Hart Hotels, Inc.  
200 Riverside Drive  
Clayton NY 13624  
United States

**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

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/12/2024

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**  
Acrisure Great Lakes Partners Insurance Services  
223 West Grand River Ave #1  
Howell MI 48843

**CONTACT NAME:**  
**PHONE (A/C, No, Ext):** 216-658-7100 **FAX (A/C, No):** 216-658-7101  
**E-MAIL ADDRESS:**

**INSURED**  
Young Explosives Corporation  
P.O. Box 18653  
Rochester NY 14618

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Everest National Insurance Company	10120
INSURER B : Axis Surplus Insurance Company	26620
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER: 202081475

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 INSD 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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y Y	S18GL00353-241	3/20/2024	3/20/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	Y Y	S18CA00054-241	3/20/2024	3/20/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y Y	P-001-000088056-06	3/20/2024	3/20/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.

Location: on the fixed wave attenuator off Riverside Drive  
Additional Insured: Hart Hotels Inc. to be primary and non-contributory;  
The County of Schuyler and its officers, employees and agents; Clayton Harbor Hotel, LLC.; Village of Clayton, NY; Town of Clayton, NY

**CERTIFICATE HOLDER**

Hart Hotels, Inc.  
200 Riverside Drive  
Clayton NY 13624  
United States

**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

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Hart Hotels, Clayton, NY  
January 2022



TOWN OF CLAYTON  
SOLID WASTE TRANSFER STATION  
OPERATING SCHEDULE

**Ratified Feb 12, Effective April 1st**

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PHONE: 686-2557

OPEN: Monday, Wednesday, Friday & Saturday 8:00 A.M. – 4:00 P.M.

CLOSED: Tuesday, Thursday, Sunday and ALL LEGAL HOLIDAYS

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ALL TRASH MUST BE IN BAGS PRIOR TO ENTERING THE TRANSFER STATION ---- NO LOOSE TRASH. IMPRINTED TOWN OF CLAYTON BAGS ARE NO LONGER SOLD, IN ADDITION, AS OF 1 SEPT 2020; THERE WILL BE A CHARGE OF \$2.00 FOR TOWN OF CLAYTON LOGO BAGS.

BAGS

\$2 PER BAG

\$3 30 GALLON BAG/CONTRACTOR BAG

\$5 PER CONTRACTOR BAG (LARGER THAN 33 GAL) 40/55 GALLON BAG OR CONTAINER

\$6 PER 60 GAL BAG/ CONTAINER

\$8 PER 96 GAL BAG/ CONTAINER

THE TOWN WILL ACCEPT TIRES WITHOUT RIMS THAT ARE FREE OF WOOD, DEBRIS, WATER, CAKED MUD, ETC.

RIM SIZE

UP TO 18 INCHES: \$6.00

18 TO 24 INCHES: \$10.00

24 TO 33 INCHES: \$50.00

OVER 33 INCHES: \$200.00

COUCHES: \$4.00 PER FOOT

THE TOWN OF CLAYTON NO LONGER ACCEPTS MATTRESSES. MATTRESSES ARE ACCEPTED AT THE JEFFERSON COUNTY RECYCLING CENTER FOR A FEE OF \$10.00 PER MATTRESS.

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RECLINER CHAIRS OR OVERSIZED CHAIRS: \$10.00

MOST OTHER ITEMS ON A PER PIECE CHARGE OF \$4.00 EACH

TRUCK LOADS 6' BED \$30 (HEAPING) \$35

8' BED \$35 (HEAPING) \$40

WILL ACCEPT CONSTRUCTION DEBRIS

Bulk Load Trucks & Trailers

Size	Cost	Cu. Feet
4x6x1.5	\$20.00	36
4x6x3	\$40.00	72
4x8x1.5	\$25.00	48
4x8x3	\$50.00	96
4x8x4	\$70.00	128
5x8x1.5	\$35.00	60
5x8x3	\$65.00	120
5x10x1.5	\$40.00	75
5x10x3	\$85.00	150
5x12x1.5	\$50.00	90
5x12x3	\$100.00	180
8x8x4	\$140.00	256
8x16x2	\$140.00	256

*\$0.55 per cubic foot*

*Price table is changed for bulk loads*

*Loads of shingles multiply by 2.*

*Ex. 4x8x1.5=\$35.00 x 2=\$70.00*

**Please be aware this list is only a guideline for both you and the employees and does not cover all items. The Town reserves the right to refuse to take items that will not be accepted by the Rodman Landfill. Examples are batteries, lead paint, pesticides, asbestos, or any other dangerous or illegal items. Also we cannot accept items containing mercury.**

**Please empty and breakdown all cardboard boxes. We cannot send Styrofoam, plastic, or garbage with our cardboard.**

BRUSH The Transfer site will accept non-commercial brush from Town residents (not contractors). Brush must be 4" or smaller in diameter and branches should be no longer than 6'. We will accept chipped brush from contractors.

Electronics The Transfer site will accept electronics free of charge.