

PROPOSED TOWN BOARD AGENDA (SUBJECT TO CHANGE)
JUNE 8, 2016 at 6:00 P.M.
Butler Memorial Hall

I. MINUTES

- A. May 11, 2016

II. PRESENTATIONS/COMMENTS – 3 minute limit

III. REPORTS OF TOWN OFFICIALS BY STANDING COMMITTEE
CHAIRPERSON

- A. Parks & Recreation Committee – Councilman Reynolds
 - 1. Seasonal Parks employees (attached)
- B. Town Clerk Committee – Councilman Woodland
 - 1. Fireworks Display Application/Yahnundasis Golf Club (attached)
- C. Public Works & Sewer Committee – Councilman Miscione
 - 1. Road Striping Agreement with Oneida County (attached)

IV. MATTERS SUBMITTED BY COUNCILMEN / ATTORNEY /
DEPUTY SUPERVISOR

- A. Councilman Reynolds / Councilman Messa
 - 1. Zoning Board of Appeals appointments (attachment)

V. MATTERS SUBMITTED BY TOWN SUPERVISOR

- A. Financial and other routine reports
 - 1. Audit of vouchers
 - 2. Financial Report (attached)
- B. Miscellaneous communications
- C. Unfinished Business
 - 1. Executive Session – union negotiations
- D. New Business
 - 1. Disabled child/school bus pickup; Corner Clinton Road/Helen Ave
 - 2. Insurance renewal

NOTE: Next Town Board meeting is Wednesday, July 13, 2016.

Young, Gail

From: Jeffery, Mike
Sent: Friday, June 03, 2016 2:31 PM
To: Young, Gail
Subject: Seasonal Appointment list
Attachments: Town Clerks June 2016 Bd report.doc

Gail,

Attached is seasonal appointment list for June 8th Town Board agenda.

Thanks and have a great day!

Mike

Seasonal / Park Appointments

TOWN of NEW HARTFORD
ONEIDA COUNTY
DEPARTMENT of PARKS and RECREATION
48 GENESEE STREET, NEW HARTFORD, NEW YORK 13413-2850
Telephone: 315-724-0654
Fax: 732-8679

DIRECTOR
Michael W. Jeffery

TOWN SUPERVISOR
Patrick M. Tyksinski

Board Meeting
June 8, 2016

Seasonal Appointments

Park Laborer A7110.14
Start Date 6/9/16- 8/26/16

<i>First</i>	<i>Last</i>	<i>Position</i>	<i>Rate of Pay</i>
Peter	Cougan	Park laborer I	\$9.00 per hour.

Playgrounds A7140.14
Start Date 6/27/16- 8/12/16

Samantha	Decker	Rec Attendant I	\$9.00 per hour.
Dana	Del Genio	Rec Attendant I	\$9.00 per hour.
Danielle	Maha	Rec Attendant I	\$9.00 per hour.
Carvon	Brazier	Basketball Director	\$15.00 per hour.
Tony	Malta	Basketball Director	\$15.00 per hour.
Jack	Angelucci	Basketball Attendant	\$9.00 per hour

Swim A7230.1
Start Date 7/5/16 – 8/12/16

Brianna	Fuccillo	Lifeguard	\$9:50 per hour.
Suzanne	D'Amore	Sub- Lifeguard	\$9.25 per hour.
Natalie	D'Amore	Sub- Lifeguard	\$9.25 per hour.

Seasonal Park Appointments

5/26/16

Gave 2 checks

Met entered one
+ left Kevin a
message that
they were not
requesting 2 Cates

OF NEW HARTFORD
TOWN CLERK

REQUEST FOR FIREWORKS DISPLAY PERMIT

Town, Village or City of New Hartford

Ref. NY State Penal Law, Article 405.00

Application Date: 5/18/2016

(A) Sponsor of the show

Name: Yahnondasis Golf Club

Address: 8639 Seneca Trpk, New Hartford

Phone: 315-732-6123 Contact Person: Andrew Habib

Display Company

Company Name: American fireworks Display, LLC

As a condition of granting the permit, the town must require an adequate bond or indemnity insurance policy, of which coverage may not be less than \$1 million for the payment of damages to any people or property resulting from the fireworks display. The town should ensure that the terms of the bond or indemnity insurance policy covers it and its officers and employees from any liability.

Address: PO Box 980, Oxford, NY 13830

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Phone: 607-647-9703 Contact Person: Stephanie Hughes

NYS Dept. of Labor Explosives License# D-5171 Expires: 4/30/2017

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

Name	Certificate#	Expires
<u>Kevin Fritschler</u>	<u>DR-95</u>	<u>10/2018</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>See attached list</u>		

Continue on a separate sheet, if necessary)

(B) Display Date/Time: 7/4/16 approx 9:30pm Expected Duration: 20-30 mins

(C) Display Location: Yahnundasis Golf Club Property

(D) Display Content: UN0335 1.3G display fireworks
ranging from 1" to 8" in diameter. Approx
600 aerial shells total.

(E) How will fireworks be stored prior to display: No onsite storage

(F) Rain Date for display: None

Fireworks Application

Fireworks Application

(G) If rained out how will fireworks be stored: returned to Company Storage Facility

(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). Please attach a copy of the policy certificate or other proof of insurance or Bond.

(J) For Indoor displays, in addition to the information provided above, include a written plan for how you intend to use the pyrotechnics as required by the New York State Penal Law 405.10. That plan shall be submitted at least five days prior to the performance and include:

- In addition to the State Licenses and Certificates already included in this application, proof of Federal ATF Licenses if required,
- Proof of experience of the pyrotechnician in charge,
- Proof of experience with the types of devices being used and a description of duties of any authorized assistants,
- Point of assembly of the pyrotechnic devices,
- Manner and place of storage of the pyrotechnic materials and devices,
- Material Safety Data Sheets (MSDS) for the pyrotechnic materials to be used,
- Certification that set, scenery, and rigging materials are inherently flame-retardant or have been treated to achieve flame retardancy,
- Certification that all materials worn by performers in the fallout area during the use of pyrotechnic effects are inherently flame-retardant or have been treated to achieve flame retardancy,
- For indoor displays 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 the audience, the location of sprinklers and the fallout radius for each pyrotechnic device used,
- A copy of the approved permit and plan shall be kept on site and available for review,
- Any significant changes to the plan shall be approved prior to the performance.

(K) 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.

Wesley A. Fitch
Signature of Applicant

5/17/2016
Date

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/17/2016

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 Allied Specialty Insurance, Inc. 10451 Gulf Blvd Treasure Island, FL 33706-4814	CONTACT NAME: Glenn Harris	
	PHONE (A/C, No, Ext): 727-547-3093 FAX (A/C, No):	
INSURED American Fireworks Display, LLC P O Box 980 Oxford, NY 13830	E-MAIL ADDRESS: gharris@alliedspecialty.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: T.H.E. Insurance Company	NAIC # 12866
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP0105319-00	03/17/2016	03/17/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$ 2,000,000 Protection & Indemnity \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CPP0105319-00	03/17/2016	03/17/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE RETENTION \$			ELP0012117-00 (GL)	03/17/2016	03/17/2017	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY EMPLOYER/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A Describe under DESCRIPTION OF OPERATIONS below			WCP0005259-001	03/22/2016	03/22/2017	<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
A	Excess VL			ELP0012118-00 (VL)	03/17/2016	03/17/2017	Each Occurrence 4,000,000 Aggregate 4,000,000

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

Display Date: 7/4/2016

Rain Date:

Location: Yahnundasis Golf Club property

RE: General Liability, the following are named as additional insured in respects to the operation of the named insured only:

Yahnundasis Golf Club and Town of New Hartford, NY

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TOWN CLERK

CERTIFICATE HOLDER

CANCELLATION

Yahnundasis Golf Club
8639 Seneca Tpke.
New Hartford, NY 13413

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

AUTHORIZED REPRESENTATIVE

Carol A. Serra

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name and Address of Insured (Use street address only)
AMERICAN FIREWORKS DISPLAY LLC
PO BOX 980
OXFORD, NY 13830

1b. Business Telephone Number of Insured
(607) 316-3011
1c. NYS Unemployment Insurance Employer Registration
Number of Insured
1d. Federal Employer Identification Number of Insured or
Social Security Number
274-58-8097

2. Name and Address of the Entity Requesting Proof of
Coverage (Entity Being Listed as the Certificate Holder)
Town of New Hartford
48 Genesee St
New Hartford, NY 13413

3a. Name of Insurance Carrier
NEW YORK STATE INSURANCE FUND

3b. Policy Number of entity listed in box "1a":

DBL 6733 28 - 2

3c. Policy effective period:

03/31/2016 to 03/31/2017

4. Policy covers:

- a. ☒ All of the employer's employees eligible under the New York Disability Benefits Law
b. ☐ Only the following class or classes of the employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits insurance coverage as described above.

Date Signed 05/18/2016

By *Joseph J. Masi*

Joseph J. Masi

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

Telephone Number (866) 697-4332

Title Director of Disability Benefits Insurance

IMPORTANT: If box "1a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If box "1b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 20 Park Street, Albany, New York 12207.

PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)

State Of New York
Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.

Date Signed

By

(Signature of NYS Workers' Compensation Board Employee)

Telephone Number

Title

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

Fireworks Application

Fireworks Application

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability benefits under the New York State Disability Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2". *This Certificate is valid for the earlier of one year after this form is approved by the insurance carrier or its licensed agent, or the policy expiration date listed in box "3c".*

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

DISABILITY BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.

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Fireworks Application



Workers'
Compensation
Board

CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (use street address only) American Fireworks Display, LLC P O Box 980 Oxford, NY 13830 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1b. Business Telephone Number of Insured (607) 316-3011 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 274588097
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Town of New Hartford 48 Genesee Street New Hartford, NY 13413	3a. Name of Insurance Carrier T.H.E. Insurance Company 3b. Policy Number of Entity Listed in Box "1a" WCP0005259-001 3c. Policy effective period 03/22/2016 to 03/22/2017 3d. The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included. (Only check box if all partners/officers included) <input checked="" type="checkbox"/> all excluded or certain partners/officers excluded.

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

Will the carrier notify the certificate holder within 10 days of a policy being cancelled for non-payment of premium or within 30 days if cancelled for any other reason or if the insured is otherwise eliminated from the coverage indicated on this certificate prior to the end of the policy effective period? ☒ YES ☐ NO

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

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

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

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

Approved by: Carol A. Serra 5/18/2016
(Signature) (Date)

Title: Vice President, Allied Specialty Insurance, Inc.

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

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

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Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

Fireworks Application

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At least two of the following people will be on the display site as pyrotechnicians.
One as lead operator (with NYS Pyro Certificate of Competence) and
one person as an Authorized Assistant (with or without a certificate of competence).

Certified Pyrotechnicians

Name	Driver's Lic#	Years Experience	NYS Pyro Cert #
Fritschler, Kevin	NY633715082	30+	PR-95 exp 10/2018
Banks, Jennifer	NY933267221		6 PR-594 exp 7/2018
Banks, John	NY173171537		6 PR-307 exp 4/2016
Blasetti, Louis	NY208450857		4 PR-624 exp 7/2016
Broughton, Benjamin	NY544899413		10 PR-457 exp 6/2016
Bue, Cima	NY180909735		4 PR-629 exp 7/2016
Chiavelli, Richard	NY942966115		12 PR-410 exp 4/2016
Ebersol, Shawn	NY100110988		5 PR-401 exp 4/2016
Fazio, Thomas	NY266838352		14 PR-341 exp 4/2016
Frank, David	NY541337976		10 PR-456 exp 5/2016
Fritschler, Brian	NY164029290		10 PR-370 exp 4/2016
Hugick, Robert	NY760395138	10+	PR-49 exp 9/2018
McGrath, Thomas	NY549876681		6 PR-549 exp 8/2016
Menard, Ronald	NY480126907		7 PR-468 exp 6/2016
Newton, Timothy	NY409531821		8 PR-346 exp 4/2016
Russo, Burke	CO053220829		17 PR-459 exp 5/2016
Sadowski, James	NY156607483		5 PR-604 exp 7/2015
Sarpriacone, Brian	NY219205362		10 PR-343 exp _____
Smith, Raub	NY648792590		5 _____
Smith, Raub Jr.	NY648792590		5 PR-593 exp 7/2018
Stein, Thomas	NY974413276	30+	PR-253 exp 3/2016
Thomas, Harvey	NY801631891	11+	PR-531 exp 7/2016
Treleaven, Stephen	NY843899683		14 PR-377 exp 4/2016
Wakefield, Jeremy	NY473957634		9 PR-606 exp 7/2018

Authorized Assistants

Name	Driver's License	DOB
Avery, Andrew	607-621-5179	[REDACTED]
Camarano, Kimberly	NY442801274	[REDACTED]
Corn, Gerald	607-244-5161	[REDACTED]
Coyle, Michael	NY141135360	[REDACTED]
Ebersol, Tyler	NY122836855	[REDACTED]
Fazio, Morgan	NY982372330	[REDACTED]
Fritschler, Karl	NY263669573	[REDACTED]
Garard, Gerald	NY310062259	[REDACTED]
Gillette, David		[REDACTED]
Harrad, Matthew	NY248789664	[REDACTED]
Hollister, Charles	NY149935754	[REDACTED]
Huggins, Thomas	NY686542436	[REDACTED]
Hughes, Stephanie	NY976366049	[REDACTED]
Kilgallen, Michael	518-843-8316	[REDACTED]
Lott, Jamie M.	NY210479056	[REDACTED]
Manheim, Timothy	NY200728/301	[REDACTED]
Morley, Vernon R. Jr.	NY529042387	[REDACTED]
Papron, Cody	NY478948982	[REDACTED]

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Fireworks Application

Fireworks Application

Fireworks Application

Authorized Assistants Cont'd

Rabe, Scott	315-796-0440	
Riley, Rich	NY156607483	
Roane, William	607-201-4048	
Russell, Joseph	NY581-617-689	
Sadlek, Maria	85 Genesee St, New Hartford, NY	
Sanders, John	NY186289682	
Swift, Jeremy	NY411696458	
Ules, Michael	NY397939931	

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STATE OF NEW YORK
DEPARTMENT OF LABOR



DIVISION OF
SAFETY AND HEALTH

LICENSE TO DEAL IN OR MANUFACTURE EXPLOSIVES

Expires: 4/30/2017

American Fireworks Display
PO Box 980
Oxford, NY 13830

THIS LICENSE MUST BE
POSTED IN YOUR PLACE
OF BUSINESS

Kevin Jon Fritschler

License No D-5171

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

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

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

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

SH-862 (5-98)

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	6-NY-017-51-7G-00982
Chief, Federal Explosives Licensing Center (FELC) <i>Christopher R. Keers</i>		Expiration Date	July 1, 2017
Name AMERICAN FIREWORKS DISPLAY LLC			

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

105 COUNTY ROUTE 7
MCDONOUGH, NY 13801-

Type of License or Permit

51-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 operations specified above under "Type of License or Permit."

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

AMERICAN FIREWORKS DISPLAY LLC
PO BOX 980
OXFORD, NY 13830-

Licensee/Permittee Responsible Person Signature

Position Title

Printed Name

Date

Previous Edition is Obsolete AMERICAN FIREWORKS DISPLAY LLC 105 COUNTY ROUTE 7 13801 E NY 017 51 7G 00982 July 1 2017 51-IMPORTER OF EXPLOSIVES

ATF Form 5400.14-5400.15 Part 1
Revised October 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

ATF Homepage: www.atf.gov

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

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

Cut Here

(Continued on reverse side)

Federal Explosives License/Permit (FEL) Information Card

License/Permit Name: AMERICAN FIREWORKS DISPLAY LLC

Business Name:

License/Permit Number: 6-NY-017-51-7G-00982

License/Permit Type: 51-IMPORTER OF EXPLOSIVES

Expiration: July 1, 2017

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

Fireworks Application

Fireworks Launch Area

100'

50'

Fireworks Application

© 2013 Google

Seneca Turnpike

1997

MSDS

Material Safety Data Sheet

RECEIVED

MAY 26 2016 9:10 AM

TOWN OF NEW HARTFORD
TOWN CLERK

From: AMERICAN FIREWORKS/FRANKFORT
224 JONES RD
FRANKFORT, NY 13340
607-316-3011/KEVIN

Emergency : CHEM•TEL INC – 1-800-255-3924

FIREWORKS 1.3G un 0335

Section II – Hazardous Ingredients / Identity Information

Contains Pyrotechnic Compositions that are mixtures of solid oxidizers and fuels that contained in paper and cardboard containers. No Hazard exist during normal handling and storage.

OSHA PEL – N/A

ACGIH TLV – N/A

OTHER LIMITS – N/A

Section III – Physical / Chemical Characteristics

Boiling Point: - N/A

Specific Gravity: - N/A

Vapor Pressure: - N/A

Melting Point : - N/A

Vapor Density: - N/A

Evaporation Rate: - N/A

Solubility in Water: - N/A

Appearance and Odor: - Pyrotechnic Composition is contained in paper or cardboard casings that may be shaped as cylinders, balls or tubes. Odor is not apparent.

Section IV – Fire and Explosion Hazard Data

Flash Point: - N/A

Flammable Limits: - N/A

LEL: - N/A

UEL: - N/A

Extinguishing Media: Deluge with large quantities of water as quickly as possible by FIRE HOSE from a PROTECTED location. Materials are self-oxidizing.

Special Fire Fighting Procedures: Do not attempt to fight a fire in the immediate area of 1.3G Fireworks- EVACUATE THE AREA

Fireworks Application

Fireworks Application

RECEIVED

MAY 26 2016 9:10 AM

TOWN OF NEW HARTFORD
TOWN CLERK

2

Section IV – Fire and Explosion Hazard Data- Continued

Unusual Fire and Explosion Hazards: Fireworks 1.3G MAY MASS EXPLODE IN A FIRE. DO NOT ALLOW FIREWORKS TO GET WET- Hazardous Decomposition May Result in a FIRE or EXPLOSION. EXPLOSION MAY OCCUR IF EXPOSED TO SPARKS OR FLAME.

Section V – Reactivity Data

Stability: - Stable

Conditions to Avoid: - Open Flames, Sparks, High Temperatures, Friction or Impact.

Incompatibility (*Materials to Avoid*): - Do Not Allow Fireworks to Get Wet.

Hazardous Decomposition or Byproducts: - Decomposition does not occur under normal circumstances. Smoke Generated by Fireworks may contain gasses that are irritating to the eyes or mucous membranes. Prolonged Exposure and Inhalation of smoke may cause shortness of breath or more serious problems when a chronic respiratory condition exist.

Hazardous Polymerization: Will Not Occur

Conditions to Avoid: - Storage in High Temperatures, Moist or Wet Conditions, Keep away From Open Flame or Sparks.

Section VI – Health Hazard Data

Route(s) of Entry: - N/A Inhalation: -N/A Skin: - N/A Ingestion: - N/A

Health Hazards (Acute and Chronic) : - N/A

Carcinogenicity: N/A NTP?: - N/A IARC Monographs?: -N/A OSHA Regulated: - NO

Signs and Symptoms of Exposure: - Prolonged Exposure to Smoke that is Generated during Normal use of Fireworks may cause Irritation to Eyes and to Mucous Membranes.

Medical Conditions Generally Aggravated by Exposure: - Eye Sensitivity, Respiratory Conditions.

Emergency and First Aid Procedure: - EYES Should be flushed with Water. Move to Fresh Air and avoid additional Inhalation of Smoke.

Fireworks Application

Fireworks Application

Section VII – Precautions for Safe Handling and Use

Steps to Be Taken in Case Material is Released or Spilled: - If Fireworks are spilled, carefully pick up the material and place in a Cardboard Carton. Keep OPEN FLAMES and Sparks AWAY and NO SMOKING.

Waste Disposal Method: - Fireworks that fail to go off should be soaked in a bucket of water and returned to the source where it was obtained. Dry components or powder should be carefully swept up and placed in a cardboard container then soaked with water.
Burning of Fireworks Waste must be performed in compliance with local and state laws.

Precautions in Handling and Storing: - Keep from OPEN FLAMES, NO SMOKING, AVOID IMPACT of MATERIALS and CONTAINERS of MATERIALS, STORE FIREWORKS IN A COOL AND DRY ENVIRONMENT. FIREWORKS 1.3G MUST BE STORED AND TRANSPORTED IN COMPLIANCE WITH FEDERAL, STATE AND LOCAL LAWS.

Other Precautions: - Fireworks 1.3G un 0335 can cause SERIOUS INJURY or DEATH. They Should only be Handled by Properly Trained and Qualified Personnel. When Shooting these Fireworks; PERSONNEL SHOULD WEAR PROPER EYE PROTECTION, HEAD PROTECTION AND NON-SYNTHETIC CLOTHING.

Section VIII – Control Measures

Respiratory Protection : N/A

Ventilation: - N/A Local Exhaust: - N/A Special: - N/A

Mechanical: -N/A Other: - N/A

Protective Gloves:- N/A Eye Protection: - When Shooting Fireworks 1.3G

Other Protective Clothing or Equipment: - Protective Head Gear and Non-Synthetic Clothing when Shooting Fireworks 1.3G.

Work / Hygienic Practices: - Store Fireworks in a Cool Dry and Well Ventilated area. Protect Against Physical Damage and Moisture. Fireworks should be Isolated from all Heat Sources, Sparks and Open Flame. No Smoking.

RECEIVED

MAY 26 2016

TOWN OF NEW HARTFORD
TOWN CLERK

Young, Gail

From: Young, Gail
Sent: Thursday, May 26, 2016 10:53 AM
To: Inserra, Michael S.; Booth, Joe; Cully, Herb; 'car100@nhfd.com'
Cc: Woodland, Richard; Tyksinski, Patrick M.
Subject: Emailing: Firework Permit Application-July 4, 2016- Yahnundasis Golf Club.pdf
Attachments: Firework Permit Application-July 4, 2016- Yahnundasis Golf Club.pdf

Gentlemen:

The attached application requires your review and written comments no later than Friday, June 3, 2016. This matter will be on the Town Board Agenda for June 8, 2016.

Melody K. Fancett
Deputy

Your message is ready to be sent with the following file or link attachments:

Firework Permit Application-July 4, 2016- Yahnundasis Golf Club.pdf

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

Fireworks Application

Fireworks Application

Young, Gail

From: Thomas Bolanowski <car100@nhfd.com>
Sent: Thursday, May 26, 2016 12:31 PM
To: Young, Gail
Subject: [SPAM] Re: Emailing: Firework Permit Application-July 4, 2016- Yahnundasis Golf Club.pdf

Importance: Low

Mel,

The fire dept has no concerns with this application at this time.

Tom

> On May 26, 2016, at 10:53 AM, Young, Gail <gyoung@town.new-hartford.ny.us> wrote:

> Gentlemen:

The attached application requires your review and written comments no later than Friday, June 3, 2016. This matter will be on the Town Board Agenda for June 8, 2016.

Melody K. Fancett
Deputy

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<Firework Permit Application-July 4, 2016- Yahnundasis Golf Club.pdf>

Young, Gail

From: Michael S. Inserra <msi108@newhartfordpd.com>
Sent: Thursday, May 26, 2016 12:01 PM
To: Young, Gail; Booth, Joe; Cully, Herb; car100@nhfd.com
Cc: Woodland, Richard; Tyksinski, Patrick M.
Subject: RE: Emailing: Firework Permit Application-July 4, 2016- Yahnundasis Golf Club.pdf

Gail,

I do not have any concerns with this application at this time.

MSI

-----Original Message-----

From: Young, Gail [mailto:gyoung@town.new-hartford.ny.us]
Sent: Thursday, May 26, 2016 10:53 AM
To: Michael S. Inserra; Joe Booth; Herb Cully; car100@nhfd.com
Cc: Richard Woodland; Patrick M. Tyksinski
Subject: Emailing: Firework Permit Application-July 4, 2016- Yahnundasis Golf Club.pdf

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Young, Gail

From: Booth, Joe
Sent: Friday, May 27, 2016 10:57 AM
To: Young, Gail
Subject: RE: Emailing: Firework Permit Application-July 4, 2016- Yahnundasis Golf Club.pdf

Gail

Looks the same as always I do not have any issue Joe

-----Original Message-----

From: Young, Gail
Sent: Thursday, May 26, 2016 10:53 AM
To: Inserra, Michael S.; Booth, Joe; Cully, Herb; car100@nhfd.com
Cc: Woodland, Richard; Tyksinski, Patrick M.
Subject: Emailing: Firework Permit Application-July 4, 2016- Yahnundasis Golf Club.pdf

Gentlemen:

The attached application requires your review and written comments no later than Friday, June 3, 2016. This matter will be on the Town Board Agenda for June 8, 2016.

Melody K. Fancett
Deputy

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Young, Gail

From: Scala, Brian <bscala@ocgov.net>
Sent: Thursday, June 02, 2016 2:01 PM
To: Young, Gail
Cc: New Hartford Supervisor; Sherman, Richard C.
Subject: FW: 2016 Pavement Marking Agreement
Attachments: New Hartford 2016.pdf

Gail,

The Town Highway Superintendent submitted roads to be striped (centerline and edge lines) and they are included with the attached Agreement as Exhibit A.

Please print off three (3) of the 2016 Pavement Marking Agreement that is attached to this e-mail and present it to the Town Board for approval. Once approved the Town Supervisor and Highway Superintendent must sign all three (3) Agreements. Please mail all three Agreements to me at the address below. Once the County Executive signs the Agreement, an executed copy will be sent to you for your records.

I have copied the Town Supervisor/Highway Superintendent on this e-mail so they have a copy of the Agreement that is going to the Board. This is just and FYI copy, does not get printed to be signed.

The Highway Superintendent knows that when we come in to stripe the roads, other roads can be added or changed, the final voucher for payment will be based on what actually is painted.

Should you have any questions please let me know. Thank you.

Brian
Brian N. Scala
Deputy Commissioner
Highways, Bridges & Structures
6000 Airport Road
Oriskany, New York 13424
(315)793-6214

Road Striping Agreement w/Oneida Co.

ONEIDA COUNTY - TOWN/VILLAGE PAVEMENT MARKING AGREEMENT 2016

THIS AGREEMENT, made this ____ day of _____, 20__ by and between the County of Oneida, a municipal corporation organized and existing pursuant to the laws of the State of New York, hereinafter referred to as "COUNTY" and the Town of New Hartford, a municipal corporation organized and existing pursuant to the laws of the State of New York, hereinafter called "TOWN", collectively, "Parties".

WHEREAS, the COUNTY proposes to perform striping on the improved Town road system located within the geographical boundaries of Town.

NOW, THEREFORE, in consideration of the mutual covenants contained in this Agreement, and other good and valuable consideration, COUNTY and TOWN agree as follows:

1. TERMS:

- 1.1. The term of this Agreement shall be from May 1, 2016, to November 1, 2016.
- 1.2. The COUNTY shall perform work in the form of pavement marking and/or striping of improved TOWN road system (hereinafter referred to as the "Roads"), as outlined in attached Exhibit A. Exhibit A includes the exact Roads to be striped including the mileage, and center line(s) and edge line(s) where the striping is to be performed by the COUNTY.
- 1.3. The COUNTY will furnish machinery, materials and labor to perform striping on the Roads.
- 1.4. The TOWN shall be responsible for identifying the Roads, including but not including but not limited to center lines and edge lines, and determining mileage of TOWN Roads under this Agreement.
- 1.5. In performing under this Agreement, all applicable governmental laws, regulations, orders, ordinances and other rules of duly constituted authority will be followed and complied with in all respects by all Parties.
- 1.6. No provision of this Agreement shall be deemed to have been waived by either Party, unless such waiver shall be set forth in a written instrument executed by such Party. Any waiver by any of the Parties to any of the provisions of this Agreement shall not imply preceding or subsequent waiver of that or any other provision, unless explicitly stated otherwise.

2. PAYMENT:

- 2.1. The TOWN agrees to reimburse the COUNTY for all labor, materials and, equipment used by the COUNTY to perform striping of the Roads.

Road Striping Agreement w/Oneida County

- 2.2. The price for the striping shall be an amount per mile as set forth in Exhibit B.

3. INDEMNIFICATION:

- 3.1. The COUNTY agrees that it shall defend, indemnify and hold harmless the TOWN from and against all liability, damages, expenses, costs, causes of actions, suits, claims or judgments arising from property damage, personal injuries or death to persons arising from or out of the work of the COUNTY and its agents, servants or employees, and from any loss or damage arising from the acts or failure to act or any default or negligence by the COUNTY or failure on the part of the COUNTY to comply with any of the covenants, terms or conditions of this Agreement.
- 3.2. The COUNTY shall NOT be required to defend, indemnify and/or hold harmless the TOWN against claims alleging negligent acts of commission or omission attributable to the TOWN, including claims alleging negligent identification of the Roads by the TOWN including but not limited to information contained in Exhibit A, or claims alleging negligent design and/or signing of the Roads.

4.

5. NON ASSIGNMENT:

- 5.1. No assignment by either of the Parties to this Agreement of any rights, including rights to monies due or to become due under this Agreement or delegation of any duties under this Agreement, shall be binding upon the Parties until their written consent has been obtained.

6. SEVERABILITY CLAUSE:

- 6.1. If any provision of this Agreement or any part thereof is or becomes void or unenforceable by force or operation of law, the parties agree that the Agreement shall be reformed to replace the stricken provision or part thereof with a valid and enforceable provision that comes as close as possible to expressing the intention of the stricken provision. Further, the parties agree that all other provisions shall remain valid and enforceable.

7. CHOICE OF LAW/FORUM:

- 7.1. If either Party elects to commence litigation against the other in connection with any matter relating to or arising out of this Agreement, it shall do so in a New York State Court of competent jurisdiction sitting in Oneida County, New York or in the United States District Court for the Northern District of New York.
- 7.2. This Agreement shall be construed and enforced in accordance with the laws of the State of New York.

Road Striping Agreement w/Oneida County

8. ENTIRE AGREEMENT:

- 8.1. This Agreement contains the binding contract between the Parties and supersedes all other agreements and representations, written or oral, on the subject matter of this Agreement.
- 8.2. All exhibits to which reference is made are deemed incorporated in this Agreement, whether or not actually attached.
- 8.3. Oral statements and understandings are not valid or binding, and neither this Agreement nor any other shall be changed or modified except by a writing signed by all Parties.
- 8.4. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, and all of which together shall be deemed one and the same instrument.

9. TERMINATION:

- 9.1. This Agreement may be terminated by either Party, for any reason, upon thirty (30) day's written notice. In such event, COUNTY shall be entitled to compensation as provided for herein for all services performed up to and including the date of termination.

10. AUTHORITY TO ACT/SIGN:

- 10.1. The TOWN hereby represents and certifies that it has the power and authority to execute and deliver this Agreement and to carry out its obligations hereunder. The execution and delivery by TOWN of this Agreement and the consummation of the transactions contemplated herein have been duly authorized by the TOWN ; no other action on the part of the TOWN or any other person or entity, whether pursuant to its Articles of Incorporation, Articles of Operation, Operating Agreement or Bylaws, as the case may be, or by law or otherwise, are necessary to authorize the TOWN to enter into this Agreement, or to consummate the transactions contemplated herein.

11. ADVICE OF COUNSEL:

- 11.1. Each Party acknowledges that, in executing this Agreement, such Party has had the opportunity to seek the advice of independent legal counsel, and has read and understood all of the terms and provisions of this Agreement.

[THIS SECTION INTENTIONALLY LEFT BLANK]

Road Striping Agreement w/ Nevada County

COUNTY OF ONEIDA

By: _____
Dennis S. Davis, Commissioner
Oneida County DPW

COUNTY OF ONEIDA

By: _____
Anthony J. Picente Jr.
Oneida County Executive

APPROVED

By: _____
Merima Smajic, Assistant Oneida County
Attorney

TOWN OF NEW HARTFORD

By: _____
Town Supervisor

By: _____
Highway Superintendent

Road Striping Agreement w/Oneida County

With the many

ROAD NAME	FROM	TO	Miles	Center Line	Edge Line	
SKRABE HILL	ONEIDA ST.	TRUNK LINE	1.70	X	X	
WALTON RD.	ONEIDA ST.	TRUNK LINE	1.35	X	X	
SEBASTIAN RD.	ONEIDA ST.	HENRY RD.	1.19	X	X	
ONEIDA ST.	UTICA CITY LINE	TRUNK PARALLEL LINE	3.20	X	X	
WILKINSON RD.	SKRABE ST.	RT. 12	0.31	X	X	
SUNSHINE RD.	ONEIDA RD.	TRUNK HILL 1.72	0.34	X	X	
PARVIS RD.	SKRABE ST.	RT. 12	1.37	X	X	
ELM ST.	PROTHUNE	ONEIDA	0.94	X	X	
WILKINSON RD.	RT. 12	RT. 12 B	1.14	X	X	
TILGNER	WILKINSON ST.	HENRY RD.	1.63	X	X	mtg at skrab hill
				14.59	14.59	TOTAL MILES

EXHIBIT B

MATERIAL COST FOR PAINTING 2016

MATERIAL COST FOR PAINT

PER GALLON COST FOR YELLOW PAINT	\$8.80
PER GALLON COST FOR WHITE PAINT	\$8.55
BEAD COST PER POUND	\$0.2982
EQUIPMENT COST PER HOUR	\$115.32
LABOR COST PER HOUR	\$189.41
(2-PERSONNEL IN STRIPPER, 2-PERSONNEL IN CONE TRUCK, 1-PERSON IN FOLLOW TRUCK, 1-PERSON IN MARKOUT TRUCK = \$122.20 + FRINGE = \$67.21 = \$189.41)	

COST PER MILE FOR CENTER

26 GALLONS YELLOW PAINT PER MILE @ \$8.80	=	\$228.80
6 LBS BEADS PER GALLON = 156 LBS @ \$0.2982	=	\$ 46.52
EQUIPMENT COST	=	\$115.32
PERSONNEL COST	=	<u>\$189.41</u>
TOTAL COST PER MILE CENTER LINE	=	\$580.05

COST PER MILE FOR EDGE LINE

22 GALLONS WHITE PAINT PER MILE @ \$8.55	=	\$188.10
6 LBS BEADS PER GALLON = 132 LBS @ \$0.2982	=	\$ 39.36
EQUIPMENT COST	=	\$115.32
PERSONNEL COST	=	<u>\$189.41</u>
TOTAL COST PER MILE EDGE LINE	=	\$532.19

Road Striping Agreement w/ Nevada County

Young, Gail

From: David Reynolds <dmr100@msn.com>
Sent: Tuesday, May 31, 2016 3:27 PM
To: Young, Gail
Subject: Re: AGENDA.Town Board Mtg.June 8.2016

Sent from my iPhone
D. M. Reynolds
dmr100@msn.com

On May 31, 2016, at 2:50 PM, Young, Gail <gyoung@town.new-hartford.ny.us> wrote:

In order to prepare the agenda for the June 8, 2016 Town Board Meeting, it will be necessary that I receive from you any matter(s) which you feel should be discussed at that meeting.

Please check applicable statements:

☐ No matters to be considered

☒ Place the following on the Agenda:

☐ ZBA
vacancys/appointments John Montrose + Lenora C. Murad

This information must be received in my office no later than 4:00 P.M. on Thursday, June 2, 2016. DEPARTMENT HEADS – PLEASE REMEMBER THE NEW PROCEDURE -- TO DISCUSS YOUR MATTERS WITH YOUR STANDING COMMITTEE MEMBERS, THE CHAIRPERSON OF WHICH MUST SEND ME AN E-MAIL TO ADD YOUR ITEMS TO THE AGENDA.

IN ADDITION, DUE TO CHANGES IN STATUTE THAT BECAME EFFECTIVE FEBRUARY 2, 2012, REQUIRING THE POSTING OF THE AGENDA AND SUPPORTING DOCUMENTS ON THE TOWN'S WEBSITE, IT WILL BE NECESSARY FOR YOU TO FURNISH ME WITH BACKGROUND INFORMATION RELATED TO THE SUBJECT(S) YOU ARE PLACING ON THE AGENDA, INCLUDING BUT NOT LIMITED TO PROPOSED LEGISLATION, COMMUNICATIONS, ETC. IF YOU HAVE ANY QUESTIONS IN THIS REGARD, PLEASE CONTACT ME AT YOUR EARLIEST CONVENIENCE. I MUST ASK FOR YOUR COOPERATION IN SUPPLYING ME WITH THE DOCUMENTS BY THE THURSDAY DATE NOTED ABOVE, AS THIS CAN BE A TIME-CONSUMING TASK AND MUST BE ON THE WEBSITE PRIOR TO THE TOWN BOARD MEETING.

Thank you!

GWY:s

Zoning Board Vacancies

Young, Gail

From: James Messa
Sent: Thursday, June 02, 2016 4:33 PM
To: Young, Gail
Subject: FW: AGENDA.Town Board Mtg.June 8.2016

From: Young, Gail
Sent: Tuesday, May 31, 2016 2:50 PM
To: Booth, Joe; Cully, Herb; Darlene Abbatecola; Dreimiller, Dan; Inserra, Michael S.; James Messa; Jeffery, Mike; Lisa Smigle; M. Eileen Spellman; Miscione, Paul; New Hartford Supervisor; Reynolds, David M.; Richard Woodland Jr. (E-mail); Schwenzfeier, Barb; Sherman, Richard C.; Tyksinski, Patrick M.
Subject: AGENDA.Town Board Mtg.June 8.2016

In order to prepare the agenda for the June 8, 2016 Town Board Meeting, it will be necessary that I receive from you any matter(s) which you feel should be discussed at that meeting.

Please check applicable statements:

☐ No matters to be considered

☒ Place the following on the Agenda:

ZBA - 2 positions expired, motion to fill position. *(Montrose + Murad)*

This information must be received in my office no later than 4:00 P.M. on Thursday, June 2, 2016. DEPARTMENT HEADS – PLEASE REMEMBER THE NEW PROCEDURE -- TO DISCUSS YOUR MATTERS WITH YOUR STANDING COMMITTEE MEMBERS, THE CHAIRPERSON OF WHICH MUST SEND ME AN E-MAIL TO ADD YOUR ITEMS TO THE AGENDA.

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Thank you!

GWY:s

Zoning Board vacancies

LIST OF TOWN OFFICIALS AND BOARDS

Page 4

NEW HARTFORD PLANNING BOARD -- Con't

Heather Mowat
111 New Hartford Street
New Hartford, NY 13413
Term Expires: 12/31/19

Margaret Rotton
18 Danberry Road
New Hartford, NY 13413
Term Expires: 12/31/18

Julius V. Fuks Jr.
111 New Hartford Street
New Hartford, NY 13413
Term Expires: 12/31/17

.....
→ NEW HARTFORD ZONING BOARD OF APPEALS

Randy J. Bogar, Chairman
111 New Hartford Street
New Hartford, NY 13413
Term Expires: 6/9/20
Chairmanship Expires: 12/31/15

Teras Tesak
111 New Hartford Street
New Hartford, NY 13413
Term Expires: 6/9/20

John Montrose
111 New Hartford Street
New Hartford, NY 13413
Term Expires: 6/9/16

Karen Stanislaus
111 New Hartford Street
New Hartford, NY 13413
Term Expires: 6/9/19

Lenora C. Murad
111 New Hartford Street
New Hartford, NY 13413
Term Expires: 6/9/16

Frederick C. Kiehm
111 New Hartford Street
New Hartford, NY 13413
Term Expires: 6/9/18

Byron W. Elias
111 New Hartford Street
New Hartford, NY 13413
Term Expires: 6/9/2018

Zoning Board vacancies

Young, Gail

From: Dreimiller, Dan
Sent: Friday, June 03, 2016 10:21 AM
To: Dave, Reynolds; James Messa; Miscione, Paul; Woodland, Richard
Cc: Tyksinski, Patrick M.; Bohn, Matt; Young, Gail; Lisa Smigle
Subject: Monthly Board Reports- June Meeting
Attachments: Bank Account Balances.pdf; Bank Account Balances-Monthly Balances.pdf; Revenues and Expenditures Summary.pdf; Expenditures-Budget to Actual Thru May.pdf

Dear Board,

Attached are the following Finance Reports updated thru the end of May 2016 for your review and comment:

- Bank Account Balances
- Detailed Expenditure Report- Budget to Actual (previously sent via paper copy)
- Revenues and Expenditures (Summary Report)

Let me know if you have any questions prior to or at the upcoming meeting.

Dan

Daniel T. Dreimiller

Daniel T. Dreimiller

Director of Finance

Town of New Hartford

Finance Director Report

AGENDA
TOWN SUPERVISOR
For MEETING
May 8, 2016

1. Financial Report
2. Insurance renewal
3. Executive session re: union negotiations