

TOWN OF WARWICK

DEPARTMENT OF POLICE

132 Kings Highway
Warwick N.Y. 10990
(845) 986-5000

Thomas F. McGovern, Jr. N.A.
Chief of Police

11th February 2015

MEMO

To: Supervisor Michael Sweeton, Town Board
From: Chief Thomas F. McGovern, Jr. 
Re: Budget Line Transfer

Please acknowledge and accept the attached check from Greater Hudson Bank, in the amount of \$1,000.00 and transfer funds into the firearms and ammo line number 420 for the purchase of additional TASER for the department.

If you have any other questions, do not hesitate to contact me.

Thank you.

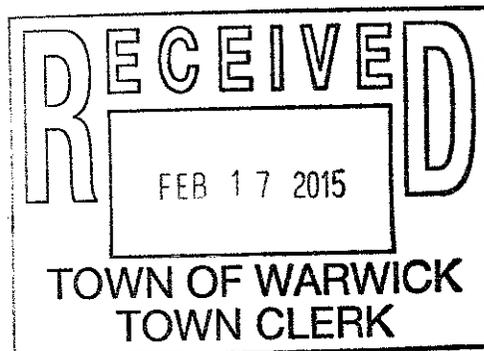
cc: Joanne Wilcox & Meg Quackenbush

ORANGE COUNTY LAND TRUST



February 12, 2015

Mr. Michael Sweeton
Town of Warwick
132 King's Highway
Warwick, NY 10990



RE: Extension of Land Stewardship Agreement

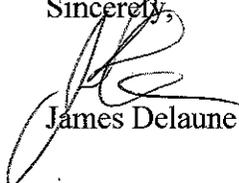
Dear Mr. Sweeton,

The Orange County Land Trust recently completed and submitted to the Town of Warwick the last invoice for services in conjunction with the monitoring of twenty-five (25) conservation easements held by the Town. We hope that you have been satisfied with our work, and would be interested in renewing the "Land Stewardship Agreement between the Town of Warwick and Orange County Land Trust" signed on November 15, 2012 (the "Agreement").

With this letter, the Orange County Land Trust acknowledges its willingness to continue to provide stewardship services under the same terms as outlined in the Agreement. By signing and returning a copy of this letter to us, we agree to an extension of the Agreement for one year which would include all work performed by the Orange County Land Trust in the calendar year 2015 and any work performed in 2016 to complete monitoring reports from field visits which took place in 2015.

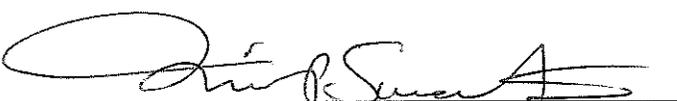
If the Town of Warwick agrees to this extension of the Land Stewardship Agreement please sign below and return a copy of this letter to the offices of the Orange County Land Trust. It has been a pleasure to work with you and we look forward to a continued relationship!

Sincerely,



James Delaune

Acknowledged By:



Michael Sweeton, Town Supervisor

2/27/15
Date:

Enc: Land Stewardship Agreement between the Town of Warwick and Orange County Land Trust, signed November 15, 2012

ADMINISTRATION
William J. Hecht
District Superintendent/CEO
Deborah McBride Heppes
Assistant Superintendent for Finance
Pamela T. Rourke
Assistant Superintendent for Human Resources
Theresa A. Reynolds
Assistant Superintendent for Instruction
Karen L. McGuckin
Clerk of the Board



cc-Meg
Chief
BOARD MEMBERS
Dorothy A. Slattery, President
Eugenia S. Pavsek, Vice-President
Michael Bello
Lawrence E. Berger
Martha Bogart
William M. Boss
Virginia L. Esposito

Career & Technical Education Center
Jodie L. Yankanin, Director

February 10, 2015

Mr. Michael Sweeton
Town of Warwick Police Department
132 Kings Highway
Warwick, New York 10990

Dear Mr. Sweeton:

It is hard to believe that it is time to renew our contract already. Thank you for your continued support of preparing students to be career and college ready.

Enclosed please find two original contracts between your facility and Orange-Ulster BOCES, Appendix A and Parent's Bill of Rights. Your interest in participating in our clinical rotation is greatly appreciated. Please sign the contracts and Appendix A and return them in the enclosed envelope. After the contracts are signed by your facility they will be signed by an administrator at Orange-Ulster BOCES and an executed copy and an insurance certificate will be sent to you for your file.

If you have any questions or concerns, please do not hesitate to contact me at 291-0300 ext. 10310.

Thank You!

Sincerely,

Jodie L. Yankanin
Director

Career & Technical Education Center
and Adult Practical Nursing Programs

JY/NS

RECEIVED

FEB 12 2015

TOWN OF WARWICK
SUPERVISOR'S OFFICE

State of New York
Executive Department
Division of Alcoholic Beverage Control
State Liquor Authority

OFFICE USE ONLY
 Original Amended Date _____

MS
TB

Standardized NOTICE FORM for Providing 30-Day Advanced Notice to
Local Municipality or Community Board

(Page 1 of 2 of Form)

1. Date Notice was Sent: (mm/dd/yyyy) 2/10/15

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License
 New Application Renewal Alteration Corporate Change

This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board

3. Name of Municipality or Community Board: Village Clerk, Town of Warwick

Applicant/Licensee Information

4. License Serial Number, if not a New Application: _____ Expiration Date, if not a New Application: _____

5. Applicant or Licensee Name: Cove Castle Hospitality, Inc

6. Trade Name (if any): Cove Castle

7. Street Address of Establishment: 13 Castle Court

8. City, Town or Village: Greenwood Lake, NY Zip Code: 10925

9. Business Telephone Number of Applicant/Licensee: (917) 7505120

10. Business Fax Number of Applicant/Licensee: _____

11. Business E-mail of Applicant/Licensee: _____

For New applicants, provide description below using all information known to date.
For Alteration applicants, attach complete description and diagram of proposed alteration(s).
For Current Licensees, set forth approved Method of Operation only.
Do Not Use This Form to Change Your Method of Operation.

12. Type(s) of Alcohol sold or to be sold: ("X" One) Beer Only Wine & Beer Only Liquor, Wine & Beer

13. Extent of Food Service: ("X" One) Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef) Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; Meets legal minimum food availability requirements)

14. Type of Establishment: ("X" all that apply)
 Recorded Music Live Music Disc Jockey Juke Box Karaoke Bar Stage Shows
 Patron Dancing (small scale) Cabaret, Night Club (Large Scale Dance Club) Catering Facility
 Capacity of 600 or more patrons Topless Entertainment Restaurant Hotel
 Recreational Facility (Sports Facility/Vessel) Club (e.g. Golf Club/Fraternal Org.) Bed & Breakfast
 Seasonal Establishment

15. Licensed Outdoor Area: ("X" all that apply)
 None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
 Sidewalk Cafe Other (specify): _____

State of New York
Executive Department
Division of Alcoholic Beverage Control
State Liquor Authority

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

**Standardized NOTICE FORM for Providing 30-Day Advanced Notice to
Local Municipality or Community Board**
(Page 2 of 2 of Form)

16. List the floor(s) of the building that the establishment is located on: 1st

17. List the room number(s) the establishment is located in within the building, if appropriate: _____

18. Is the premises located with 500 feet of three or more on-premises liquor establishments? Yes No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation? Yes No

20. Does the applicant or licensee own the building in which the establishment is located? ("X" One) Yes (If Yes SKIP 21-24) No

Owner of the Building in Which the Licensed Establishment is Located

21. Building Owner's Full Name: COVE Point Marina INC

22. Building Owner's Street Address: 126 Clinton Ave

23. City, Town or Village: MONTCLAIR State: NY Zip Code: 07042

24. Business Telephone Number of Building Owner: (971) 750 5120

Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the Establishment Identified in this Notice

25. Attorney's Full Name: MICHAEL KELLY

26. Attorney's Street Address: 136 WAVERLY RD

27. City, Town or Village: SCARSDALE State: NY Zip Code: 10583

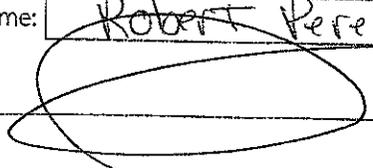
28. Business Telephone Number of Attorney: (914) 740-3580

29. Business Email Address of Attorney: KELLYMLK@AOL.COM

I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

30. Printed Name: Robert Perena Title: President

Signature: X 

DANIEL P. DUTHIE
Attorney and Counselor at Law
P.O. BOX 8
BELLVALE, NY 10912

845-988-0453
Fax 845-988-0455
duthie@attglobal.net

February 8, 15

Hon. Michael Sweeton
Supervisor
Town of Warwick
PO Box 489
Warwick, NY 10990

Re: Proposed 2014 O&R Electric and Gas Rate Increases

Dear Supervisor Sweeton:

I want to thank you for considering my firm to provide legal services to the Town of Warwick in connection with the proposed electric and gas rate increases by Orange & Rockland Utilities, Inc., a wholly owned subsidiary of Consolidated Edison Company of New York.

Upon your review of the Statement of Client's Rights and the Statement of Client's Responsibilities, enclosed, and your acceptance of this engagement agreement, we will represent you in connection with the matters described below.

SCOPE OF REPRESENTATION

My firm will provide professional services, including expert consultants, dealing with whether the electric and gas rate increases proposed by O&R are supported by the facts, the law and good public policy. A complete description of the proposed services is attached showing the Town's maximum cost or cap.

We will provide such other and related services in connection with the above as you request.

Our services will end upon mutual agreement that we have successfully met your goals or upon your sole determination that our services are no longer required.

MS
TB
Police Chief

Prepared By:
Town Of Warwick
132 Kings Highway
Warwick, NY 10990

Permit #:
Date of Event: 6/15/15
Hours of Event:
From: 7 PM
To: 10 PM

Special Event Permit

To: Town Board
Town of Warwick
Warwick, NY 10990

Application is hereby made for a Special Event Permit for access to road(s) in the Town of Warwick.

A. Applicant: LIONS CLUB OF GREENWOOD LAKE NY INC.

Telephone #: 845 492-7218

Evening #: 845 775-4012

Emergency #: 845 477-2725

B. Address: P.O. BOX 1466, GREENWOOD LAKE NY 10925

C. Name of Road(s) (Attach map of Route):
WINDERMERE AVE

D. Nature and Purpose of Permit:
KELLY MILLER CIRCUS HELD AT WINSTANLEY PARK ON JUNE 15, 2015

If Permit is granted, I hereby agree to conform to all the conditions and restrictions forming a part of this Permit and to conform to all local ordinances, if any, and to conform to the provisions as set forth in the M.U.T.C.D. (Manual of Uniform Traffic Control Devices).

Circus Chair CIRCUS CHAIR 6/15/15
Applicant's Signature Title Date
P.O. BOX 1466 GREENWOOD LAKE NY 10925
Address

I Herewith agree to the "Conditions and Restrictions".

Eric Spetern
Applicant's Signature

1/28/15
Date

Constance Miller
Witness's Signature

2/12/15
Date

Permission is hereby granted to applicant.

A Certificate of General Liability (bodily injury/property damage) Insurance must be on file at the Office of the Town Clerk, Town of Warwick.

Town Clerk (Signature)

Date

Approved by Town Board on _____
Date

*****Note***** As per following the Town Board Resolution. If additional police personal are required for this Special Event, Police Chief will bill you for services provided.

#R96-69 POLICE CHARGE FOR SPECIAL EVENTS

Motion Councilwoman Gamache, seconded Councilman Lust to adopt a resolution charging the sponsor of special events in the Town of Warwick for police services provided by the Town of Warwick Police. The amount of the charge is to be determined by the Town of Warwick Police Chief, and is to be equal to the additional personal services (payroll/labor) cost resulting from the police services provided for the special event. Motion Carried (5 ayes)

Following information to be completed by the Police Chief

Number of additional police personnel required at this event: _____

Amount of Charge as prepared by Police Chief: \$ _____

Date Billed: _____

Date Paid: _____

cc: Fire Department, Ambulance Department

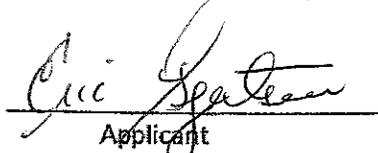
Hold Harmless Agreement

1. In consideration for receiving permission to utilize town property, I hereby release, wave, discharge and covenant not to sue the Town of Warwick, their officers, agents, servants, or employees (here after referred to as releases) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or any of the property belonging to me, whether caused by the negligence of the releases, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.
2. I am fully aware of the risks involved and hazards connected with private activities included in public venues, and hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me or any loss or damage to property owned by me, as a result of being engaged in such an activity, whether caused by the negligence of the releases or otherwise.
3. I further hereby agree to indemnify and hold harmless the releases for any loss, liability, damage or cost, including court costs and attorney fees, that they may incur due to my participation in said activity, whether caused by the negligence of the releases or otherwise.
4. I understand that the Town of Warwick does not maintain any insurance policy covering any circumstance arising from my participation in this event or any activity associated with or facilitating that event. As such, I am aware that I should review my personal insurance portfolio.
5. It is my express intent that this waiver of liability and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above named releases. I hereby further agree that this waiver of liability and hold harmless agreement shall be construed in accordance with the laws of the State of New York.
6. In signing this release, I acknowledge and represent that I have read the foregoing waiver of liability and hold harmless agreement, understand it and sign it voluntarily as my own free act and deed, no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least 18 years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by the same.

In witness thereof, I have hereunto set my hand and seal on this 12th day of February, 2015

Witness




Applicant

CHAIR - 2015 CIRCUS