Board Meeting Village of Ballston Spa September 8, 2025

Zoom Log in ID: 88902961300 Password: 380778

1) Call to Order		
2) Pledge to the Flag		
3) Minutes		
a) Motion made by Trustee minutes of the 8/25/25 meeting b		that the
4) Presentations		
5) Public Comment on Agenda Items Only	(3 Minutes per Speaker)	
6) Consent Agenda Items for Consideratio	n	
a) Motion made by Trustee the following Consent Agenda:	, seconded by Trustee	to approve the items on
i) Motion authorizing the Events T closing Front Street from Bath Str		
ii) Motion approving The Speckled 9:00pm and to close Washinton Si Liabilty Insurance has been provid	treet between Milton Avenue ar	
7) Motions/Resolutions for Consideration	/Vote	
a) Motion made by Trustee authorized to expend the amount of \$4,7		, that the DPW be
b) Motion made by Trusteeauthorized to solicit door to door from 9/	, seconded by Trustee 9/25 through 10/31/25 from 3:0	, that Slic Fiber be JOpm to 8:00pm.
c) Motion made by Trustee	k for a 2007 Ford Ranger be decl	ared as surplus equipment.
sale via Auctions International.		

We hereby certify that the vouchers listed on this abstract for this period consisting of these attached pages were audited and allowed in the amounts shown. Authorization is hereby given and direction is made to pay each of the claimants the amount opposite his or her name.

September 8, 2025 Mayor Trustee Trustee Trustee Trustee

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Village of Ballston Spa A/P Distribution Summary by Fund from 8/26/2025 to 9/08/2025

Run: 9/05/2025 at 8:22 AM

<u>Amount</u>	159,234.78 159,234.78	225.20 225.20	1,653.20 1,653.20	611.93 611.93 161,725.11
Fund District	AA - General 000 <u>AA Fund Total</u>	GG - Sewer 000 GG Fund Total	LL - Library 000 <u>LL Fund Total</u>	TA - Trust & Agency 000 TA Fund Total Grand Total

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	9/08/2025
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of Ballston	chers from
VIIIage	udited Vouc
	Abstract of Audited Vouchers from 8/26/2025 to 9/08/2025

Invoice Date Invoice	roice 2509206378 376515W910 376515W910 376515W910 376515W910 104a 1294910 vce Total 250905	Voucher # Description 11585 Oct coverage 11583 11583 11581 Library Copier 11551 Add. suppl. Ins DPW I ease Silverado 2025	Distribution Acct AA.9089.800.000 AA.7180.400.000 AA.3411.400.000 AA.3412.400.000 TA.0020.000.000	9,278.91 9,278.91 9,278.91 33.00 66.00 66.00 407.00 147.00 11.895.41	Chk # 1224403 1224404 1224404 1224404 1224404 1224405	Chk Date 9/04/2025 9/04/2025 9/04/2025 9/04/2025 9/04/2025 9/04/2025
Gm Financial Total Mvp Health Plan, Inc. 8/10/2025 2173612 Mvp Health Plan, Inc. Total National Grid #00302-11100 9/05/2025 2025090 National Grid #04680-43012 National Grid #04680-43012 National Grid #04680-43012 National Grid #05150-26007 9/05/2025 2025090 National Grid #05150-26007 9/05/2025 2025090 National Grid #06786-00005 National Grid #06786-00005 Total National Grid #07102-11117 9/05/2025 2025090	DVANCE 1736124 1736124 2 Total 2 Total 2 Total 5 Total 5 Total 7 Total	11550 11560 11567 11553	AA.5182.400.000 AA.5182.400.000 AA.5182.400.000	12,895.41 6,682.57 6,682.57 63.46 63.46 17.72 17.72 17.72 51.66 51.66 51.66 54.22	1224407 1224407 1224409 1224410	9/04/2025 9/04/2025 9/04/2025 9/04/2025

Chk Date	2 9/04/2025	3 9/04/2025	4 9/04/2025	5 9/04/2025	6 9/04/2025	7 9/04/2025	8 9/04/2025	9 9/04/2025	20 9/04/2025	21 9/04/2025	22 9/04/2025	23 9/04/2025
Chk#	1224412	1224413	1224414	1224415	1224416	1224417	1224418	1224419	1224420	1224421	1224422	1224423
A/P_Owed	27.38 27.38	40.64	37.38	21.02	24.88	802.50	2,350.99	24.01	586.13	1,437.94	126.84	21,43
Distribution Acct	AA.7110.400.000	AA.7110.400.000	AA.7110.400.000	AA.8340.400.000	AA.5110.400.000	AA.3412.400.000	AA.8340.400.000	AA.8340.400.000	AA.8340.400.000	AA.7180.400.000	AA.8340.400.000	AA.5110.400.000
Voucher# Description	11562	11558	11566	11582	11565	11577	11570	11564	11568	11572	11557	11556
Claimant Invoice Date Invoice	National Grid #07902-11102 9/05/2025 20250905 <u>National Grid #07902-11102 Total</u>	National Grid #19782-62011 9/05/2025 20250905 <u>National Grid #19782-62011 Total</u>	National Grid #22302-11106 9/05/2025 20250905 <u>National Grid #22302-11106 Total</u>	National Grid #23352-17119 9/05/2025 20250905 <u>National Grid #23352-17119_Total</u>	National Grid #23730-27002 9/05/2025 20250905 <u>National Grid #23730-27002 Total</u>	National Grid #26440-07109 9/05/2025 20250905 <u>National Grid #26440-07109 Total</u>	National Grid #27040-07109 9/05/2025 <u>National Grid #27040-07109 Total</u>	National Grid #33952-17109 9/05/2025 <u>National Grid #33952-17109 Total</u>	National Grid #36300-04011 9/05/2025 <u>National Grid #36300-04011 Total</u>	National Grid #39652-22103 9/05/2025 <u>National Grid #39652-22103 Total</u>	National Grid #43186-94007 9/05/2025 <u>National Grid #43186-94007 Total</u>	National Grid #58830-37004 9/05/2025 20250905 <u>National Grid #58830-37004 Total</u>

Claimant Invoice Date Invoice	Voucher # Description	Distribution Acct	A/P Owed	Chk#	Chk Date
National Grid # 70081-15023 9/05/2025 20250905 <u>National Grid #70081-15023 Total</u>	11578	AA.8340.400.000	945.10 945.10	1224424	9/04/2025
National Grid #70838-00110 9/05/2025 20250905 <u>National Grid #70838-00110 Total</u>	11575	AA.3120.400.000	1,450.64	1224425	9/04/2025
National Grid #77952-17101 9/05/2025 20250905 <u>National Grid #77952-17101 Total</u>	11571	AA,3411,400.000	973.7 <u>4</u> 973.7 <u>4</u>	1224426	9/04/2025
National Grid #80502-10107 9/05/2025 20250905 National Grid #80502-10107 Total	11563	AA.1620.400.000	332.89	1224427	9/04/2025
National Grid #82302-10105 9/05/2025 20250905 <u>National Grid #82302-10105 Total</u>	11552	AA.7110.400.000	44.48	1224428	9/04/2025
National Grid #86140-11100 9/05/2025 20250905 <u>National Grid #86140-11100 Total</u>	11569	LL.7410.400.000	756.21 756.21	1224429	9/04/2025
National Grid #86540-11102 9/05/2025 20250905 <u>National Grid #86540-11102 Total</u>	11561	AA.1640.400.000	445.01	1224430	9/04/2025
National Grid #87340-11108 9/05/2025 20250905 <u>National Grid #87340-11108 Total</u>	11573	AA.1621.400.000	195.65 195.65	1224431	9/04/2025
National Grid #94502-10106 9/05/2025 20250905 <u>National Grid #94502-10106 Total</u>	11555	AA.1621.400.000	85.29 85.29	1224432	9/04/2025
National Grid #99114-24102 9/05/2025 20250905 <u>National Grid #99114-24102 Total</u>	11579	AA.8340,400.000	2,801.06	1224433	9/04/2025
National Grid #99314-24108 9/05/2025 20250905 <u>National Grid #99314-24108 Total</u>	11580	AA.8340.400.000	3,217.28	1224434	9/04/2025
T-Mobile 9/05/2025 20250905 9/05/2025 20250905 9/05/2025 20250905 <u>T-Mobile Total</u>	11576 Credited for prior lines charged but had not Credited for prior lines charged but had not Credited for prior lines charged but had not	AA.3120.400.000 AA.3413.400.000 AA.7180.400.000	11.76 11.76 11.7 <u>6</u> 35.28	1224435 1224435 1224435	9/04/2025 9/04/2025 9/04/2025

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Claimant Invoice Date Invo	Vou Invoice	ucher# Description	Distribution Acct	A/P Owed	Chk#	Chk Dafe	
Teamsters Health & Hospital Fund 11 9/03/2025 20250903 9/03/2025 20250903 Teamsters Health & Hospital Fund NYS Total	11 NYS Tota	1549 Oct 2025 Health Insurance Oct 2025 Health Insurance	AA.,9060,800,000 AA.,9060,800,000	8,769.95 19,557.49 28,327.44	1224436 1224436	9/04/2025 9/04/2025	
The Paul Revere Life Ins. Co. 8/27/2025 The Paul Revere Life Ins. Co.	Co. 11581 3757580-0806429 Co. Total	581	AA.,9060.800.000	125.24	1224437	9/04/2025	
Verizon Wireless 612 8/24/2025 612 9/05/2025 4840 Verizon Wireless Total Total for Voucher Type: Prepaid	118 6121890248 4840370751 id	1584	AA.3410.400.000 AA.3120.400.000	289.66 145.16 434.82 75,903.19	1224438 1224438	9/04/2025 9/04/2025	
Voucher Type: PriorYear							
BP Excavation, LLC 5/21/2025 202/ <u>BP Excavation, LLC Total</u>	20250521-1 !	11631 Payment #3 Wiswall	AA.7110.400.000	11,970.00			
Malta Farm and Garden 5/19/2025 263/ Malta Farm and Garden Total Total for Voucher Type: PriorYear	635/5	redarden soil Park and Tree Garden soil Park and Tree	AA.7110.400.000	359.70 359.70 12,329.70	1224401	8/26/2025	
Voucher Type: Regular							
336-338 Milton Ave LLC 9/08/2025 336-338 Milton Ave LLC Total	50908	11630 Overpaid tax #2203.72-3-24	AA.1001.000.000	23.44			
Access Plus 9/03/2025 IN3	IN325420 IN325420 IN325420 IN325420 IN325420 IN325420 IN325420 IN325420 IN325420 IN325420	14632 Phone bill	AA.1110.402.000 AA.1620.402.000 AA.3120.402.000 AA.3420.402.000 AA.3411.402.000 AA.3412.402.000 AA.3412.402.000 AA.8340.402.000 AA.8340.402.000 AA.8340.402.000	377.76 281.52 385.78 44.00 179.78 179.78 626.54 82.89 249.99 2,552.70			
Airgas Usa, LLC 6/30/2025 55/ 8/31/2025 55 Airgas Usa, LLC Total	11 5517226641 5518626013	11587	AA.1640.400.000 AA.1640.400.000	287.70 294.14 581.84			

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Village of Ballston Spa
Abstract of Audited Vouchers from 8/26/2025 to 9/08/2025

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Abstr	Audited Vouchers	from 8/26/2025	8/26/2025 to 9/08/2025	2	
<u>Claimant</u> <u>Invoice Date</u> <u>Invoice</u>	Voucher # Description	Distribution Acct	A/P Owed	Chk#	Chk Date
Donnelly Construction Inc. 8/30/2025 83431 <u>Donnelly Construction Inc. Total</u>	11633 Flaggers for paving (CHIPS)	AA.5110.400.000	9,579.00		
F.W. Webb Company 8/22/2025 F.W. Webb Company Total	11594 Manhole pick	GG.8120.400.000	90.00		
Ferguson Waterworks 8/19/2025 <u>Ferguson Waterworks Total</u>	11588 12 slide rite hite adp	AA,8340.400.000	251.54 251.54		
FISHER ASSOCIATES P.E. 8/24/2025 230693.01-3 FISHER ASSOCIATES P.E. Total	11624 zoning finalization	AA.8010,400.000	740.00		·
George Long 8/27/2025 20250827 Ge <u>orge Long Total</u>	11615 Tax reimb. for payment in error via Allpaid	AA.1001.000.000	623.11		
Gregory Sealcoating 8/31/2025 250831Comp <u>Gregory Sealcoating Total</u>	11600 Re-seal and fix pavement @ Union Fire	AA.3412.400.000	2,600.00		
JC Smith, Inc. 8/22/2025 1841268 <u>JC Smith, Inc. Total</u>	11597 Alum. Blank 10 & 2	AA.5110.400.000	616.14		
Katherine Sutton 9/08/2025 20250903 <u>Katherine Sutton Total</u>	11599 Overpaid UTL closing	AA.2148.000.000	20.69		
Labella Associates, Dpc 7/31/2025 0272525 7/31/2025 0273449 7/31/2025 0274235 Labella Associates, Dpc Total	11612 Project 2251053 BOA plan Services- 2233155.16	AA.1440.400.000 AA.1440.400.000 AA.1440.400.000	2,050.00 4,750.00 3,757.50 10,557.50		
Laberge Engineering & Consulting 11611 8/26/2025 202203300015 Wate <u>Laberge Engineering & Consulting Group Ltd Total</u>	11611 Water study 8/26/25 <u>p Ltd Total</u>	AA.1440.400.000	9,317.88		
LGSS - Local government support 8/01/2025 1643 LGSS - Local government support Total	11625 Bookkeeping June July & Aug 2025	AA.1325.400.000	5,565.00		
Lori O'Connor 8/06/2025 20250806 <u>Lori O'Connor Total</u>	11602 FFD Walmart school supplies	AA.7550.400.000	324.36		

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Chk # Chk Date					1224400 8/26/2025							
A/P Owed	338.13	75.00	60.00	213.83 10.82 224.65	2,750.00	388.00	198.00	536.00	1,950.00	1,311.50	299.50	5.632.94
Distribution Acct	AA.3410.400.000	AA.7550.400.000	AA.1110.400.000	AA.3411.400.000 AA.1640.400.000	AA.7510.400.000	AA.8340.400.000	AA.8140.400.000	AA.1640.400.000	AA.1210.400.000	AA.3411.400.000	AA.5110.400.000	AA 8340 400 000
Voucher # Description	11619 Tahoe '22 repair	11609 FFD Vouchers	11623 NY Crim Law 2026 LL update	11622 Starter core dep. Toggle LED red	11543	11593 Water testing	11590 Riser	11608 Ergocan 60 gal	11628 Labor relations Aug Retainer	11 621 Testing @ EML	11598 STFS 226	11637
Claimant Invoice Date Invoice	Mangino Chevrolet, Inc 8/25/2025 122196 <u>Mangino Chevrolet, Inc Total</u>	Marozzi, Gina 9/01/2025 20250901 <u>Marozzi, Gina Total</u>	Matthew Bender & Co., Inc. 8/12/2025 46364714 <u>Matthew Bender & Co., Inc. Total</u>	NAPA *Saratoga Auto Supply 6/26/2025 132844 9/03/2025 150095 NAPA *Saratoga Auto Supply Total	National Bottle Museum 8/25/2025 <u>National Bottle Museum Total</u>	Pace Analytical Service, LLC 8/28/2025 2570116631 Pace <u>Analytical Service, LLC Total</u>	Pallette Stone Corporation 8/19/2025 542296 Pallette Stone Corporation Total	Recycle Away Systems&Solutions 8/27/2025 54730 Recycle Away Systems&Solutions Total	Roemer Wallens & Gold Mineaux 8/01/2025 20250801 Roemer Wallens & Gold Mineaux Total	Sherman Air Services 8/21/2025 25-355 Sherman Air Services Total	Sherwin Williams Co. 8/18/2025 1791-1 <u>Sherwin Williams Co. Total</u>	Slack Chemical Company

Page: 8	A/P Owed Chk # Chk Date	366.40 4,691.94	10.70 29.98 12.36 51.37 1.06	189.95 189.95 73,492.22	75,903.19 12,329.70 73,492.22
lston Spa rom 8/26/2025	Distribution Acct	AA.8340.400.000	AA.1640.400.000 AA.3120.400.000 AA.1620.400.000 AA.1410.400.000 AA.1210.400.000	AA.3120.400.000	
Village of Ballston Spa Abstract of Audited Vouchers from 8/26/2025 to 9/08/2025	Voucher # Description	Chlorine	Gas pump rolls/ copy paper Mounting putty/ batteries/ soap/ folders Mounting putty/ batteries/ soap/ folders	11 6 34 PD	T otal: Prepaid PriorYear Regular
Abst	Invoice	491666 n <u>y Total</u>	6040007237 6040007237 6040007237 6040235714 6040235714	6121869628 Ilar	
25 at 8:20 AM	Invoice Date	8/19/2025 49166 Slack Chemical Company Total	Staples 8/19/2025 8/19/2025 8/19/2025 8/19/2025 8/22/2025 8/22/2025 Staples Total	Verizon Wireless 9/01/2025 61 <u>Verizon Wireless Total</u> Total for Voucher Type: Regular	
Run: 9/05/2025 at 8:20 AM	Claimant	Sla	Sta Sta	Ver <u>Ver</u> Total for Vc	

VLLAGE OF BALLSTON SPA SPECIAL EVENTS APPLICATION

Date of Notice: (518)42 + 01
EVENT INFORMATION: Since Male Color of State of
Name, Title and contact information for Event:
Purpose of Event: COMMUNITY REMEMBRANCE OF SEPT. 11+4
Name of Event: SEPTEMBER 11th REMEMBRANCE
Location of Event: FRONT ST.
Date of Event: 9 11 Z5
Time of Event: 7:00 PM
Date and Time for Set Up: 9/11/25 6:00 PM
Date and Time for Take Down: 9/11/25 9:00 PM
Event Activities: SPE AKERS, MUSIC
(entertainment, vending, gaming, fireworks, etc. Please attach any additional information. Please be advised that all outside vendors and entertainment shall fill out a vendor permit application) Name of Owner of Facilities or Property:
Facilities Manager and contact information: Number of people expected to ettend expert:
Number of people expected to attend event: Will Alcoholic Beverages be served? Yes/No Sold? Yes/No
Does the Event require Fire/EMT equipment? Yes/No
Does the Event require DPW employees? Yes/No
ADDITIONAL REQUIREMENTS:
Attach Site Map of event, which includes a sketch or map, schedule of events and/or parade routes showing street closures/barricades, booths, beer garden, stage set-up or any other activities relating to the event and event site. Please include street names, boundaries marked on map, placement of any barricades, fencing, tables, tents etc.
Attach other permits (DOH, SLA, etc)
Attach Certificate of Insurance
Attach Hold Harmless 8 29 25
Event Coordinator Signature Date

SPECIAL EQUIPMENT/ SERVICES REQUESTED:

Item	Quantity	Details - locations, types, sizes, etc.
Police:		<u> </u>
Traffic control		
Street Closings		FRONTST BELIEEN BATH St - S
Security (company)		
Streets:		
Barricades	ПЦ	
Stop signs		
Traffic cones		
Water:		·
Water test		
Sewer:	<u> </u>	
Port-a-johns		
Grease barrels		
Electric:		
Power needs		
Additional power		
Fire/ EMS;		
Fire-fighting equipment		
First aid needs		
Codes:		
Tents -(sizes, certified, stakes covered)		
Access - crowd movement		
Parks:		
Trash cans		
Trash removal		
Parking		
NYS DOT: Road Closure		
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ESTIMATE

Adirondack Tree Surgeons, Inc 354 Gurn Springs Rd Gansevoort, NY 12831-2210 adktrees@hotmail.com +1 (518) 792-2225



Bill to

Village of Ballston Spa 66 Front Street Ballston Spa, NY 12020 Ship to Village of Ballston Spa 101 Milton Ave Ballston Spa NY 12020

Estimate details

Estimate no.: 2252

Estimate date: 09/02/2025

#	Product or service	Description	Qty	Rate	Amount
1.	Tax Exempt Removal	Removal of maple tree along the Tedesco Trail, including use of bucket truck and complete cleanup of all debris.	1	\$4,700.00	\$4,700.00

Total \$4,700.00

Note to customer

Acceptance of Proposal-The above prices, specifications and conditions are satisfactory and are hereby accepted. Adirondack Tree Surgeons is authorized to do the work.

Please note that Adirondack Tree Surgeons is not responsible for any lawn or driveway damage due to use of necessary equipment to remove trees. We will take ALL proper precautions to protect and prevent damage to your property to the best of our ability.

Signed:

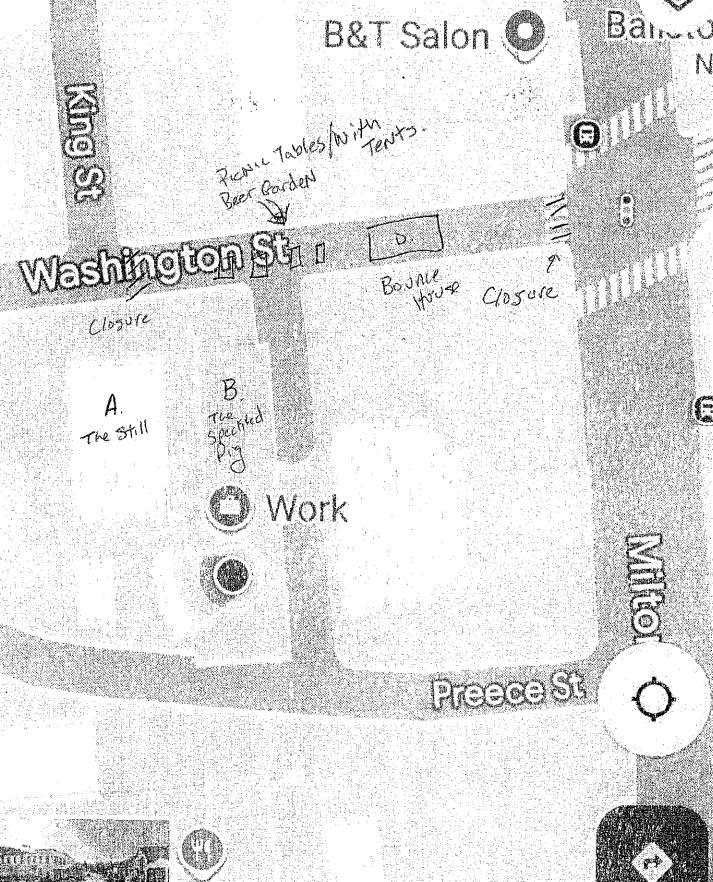
Accepted date

Accepted by

VLLAGE OF BALLSTON SPA SPECIAL EVENTS APPLICATION

Date of Notice:
EVENT INFORMATION:
Name, Title and contact information for Event: Larry Heid, Pather, 518-528-929
Purpose of Event: 3 Year Aniversay / OK to berfest
Name of Event: OKTOBERFEST at Sleckled Pig
Location of Event: Washington Freets Ballston Spa
Date of Event: <u>September</u> 20th, 2025
Time of Byent: NOON - 9:00 PM
Date and Time for Set Up: 9/20 /2025 9:00 AM
Date and Time for Take Down: 9/20 /2025 9:00 PM
Event Activities: BOUNCE House, Beir Farden
(entertainment, vending, gaming, fireworks, etc. Please attach any additional information. Please be advised that all outside vendors and entertainment shall fill out a vendor permit application)
Name of Owner of Facilities or Property: Speckled Rig Brecuing Co.
Facilities Manager and contact information: Lacry Heid 5/8-528-9299
Number of people expected to attend event: 200
Will Alcoholic Beverages be served? Yes/No Sold? Yes/No
Does the Event require Fire/EMT equipment? Yes(No)
Does the Event require DPW employees? Yes(No)
ADDITIONAL REQUIREMENTS:
Attach Site Map of event, which includes a sketch or map, schedule of events and/or parade routes showing street closures/barricades, booths, beer garden, stage set-up or any other activities relating to the event and event site. Please include street names, boundaries marked on map, placement of any barricades, fencing, tables, tents etc.
Attach other permits (DOH, SLA, etc)
Attach Certificate of Insurance
Add to the VI of

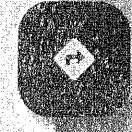
Event Coordinator Signature













CERTIFICATE OF LIABILITY INSURANCE

9/3/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DC2S 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). Arthur J. Gallagher Risk Management Services, LLC PHONE (A/C, No. Ext); 518-793-3131 E-MAIL FAX (A/C, No): 33 Park Street ADDRESS Glens Falls NY 12801 INSURER(\$) AFFORDING COVERAGE NAIC# INSURER A: Tri-State Insurance Company of Minnesota 31003 SPECPIG-01 INSURED INSURER B : Employers Assurance Company 25402 Speckled Pig Brewing Co LLC INSURER C: 11 Washington Street Ballston Spa NY 12020 INSURER D INSURER E **COVERAGES** CERTIFICATE NUMBER: 1568293288 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, ADDL SUBR POLICY EFF (MM/DD/YYYY) POLICY EXP TYPE OF INSURANCE LIMITS COMMERCIAL GENERAL LIABILITY ADV5583305-11 1/29/2025 1/29/2026 EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 2,000,000 POLICY PRODUCTS - COMP/OP AGG \$2,000,000 OTHER: AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) \$ OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED **BODILY INJURY (Per accident)** \$ AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) AUTOS ONLY \$ UMBRELLALIAR OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE 3 DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY EIG546993101 1/29/2025 1/29/2026 PER STATUTE ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT OFFICER/MEMBER (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ 100,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ 500,000 Liquor Liability ADV5583305-11 1/29/2025 1/29/2026 Each Occurence Aggregale 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Subject to all policy terms, limitations and conditions: Certificate Holder is Additional Insured when required by written contract, agreement or permit. **CERTIFICATE HOLDER** 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. The Village of Ballston Spa 66 Front St AUTHORIZED REPRESENTATIVE Ballston Spa NY 12020

maria de la comparción
VEHICLE & EQUIPMENT CONDITION REPORT

PHOTOCOPY THIS REPORT AS NEEDED - WHEN COMPLETE FAX TO: 1-866-718-7577

Name of Seller: VILLAGE OF B, SPA Dept: STUTET FLEET#
Item Location Address: 3\ CHARLTOD ST LOT#
City: BALLSTON SPA State: MY Zipcode: 12020
Contact Name: Scott Kerus Phone: (518) 885-5711 Fax: ()
Approval E-Mail: dpw @ballstowspa.gov Cell: 618)857-6621
Do You Need Board Approval: Yes or No If Yes, what dates:
Year: 2007 Make: FORD Model RAHGER Body Style: CAI3 Box Size:
VIN / Serial: FTYR 4 4 0 7 P A 6 0 9 0 Miles: 5 9 7 9 Hours:
Engine Make/Model: 3,0 └ Cyl: 6 Gas M Diesel ☐ Propane ☐ Electric ☐
Transmission: Hydrostatic Auto Manual Single Axle ☑ Dual Axle □ Trì-Axle □
Tire Type/Size. 125 / Good Fair Poor Drive Train: 2WD 4WD AWD 6x4 N/A□
Does Unit Operate/Drive: Yes ☑ No ☐ Unknown☐ Does Vehicle Start: Yes ☑ No ☐ Unknown☐
OVERALL CONDITION OF ITEM AND ADDITIONAL OWNERSHIPINFORMATION
Body: Good ☐ Fair ☑ Poor ☐ Service Records Available: Yes ☑ No ☐ N/A ☐ Interior: Good ☐ Fair ☑ Poor ☐ Keys Available: Yes ☑ No ☐ N/A ☐
Mechanical: Good ☒ Fair ☐ Poor ☐ Bill of Sale Only (No Title): ☐ Certificate of Origin Only: ☐ Undercarriage: Good ☐ Fair ☒ Poor ☐ Clean Title Available: ☒ Transferable Registration: ☐
Please describe any overhauls or maintenance for your item in the box below. Items that have more complete descriptions receive higher bid prices. You should pressure wash your equipment, broom-clean vehicles, and wash the windows before taking digital photographs of your online auction merchandise Mechanical — Ruhs Goo
Body Dump Size- NO DUMP
Plow Size- χ/ο Ρίοω
Interior - WEAR HOLE ON DRIVERS SEAT

more infor call Marc at 315,794,4660

TREASURER'S REPORT SEPTEMBER 8, 2025

Utility Billing

Total Billed:	August 1, 2025	Total Outstanding September 4, 2025		•
Water	\$1,013,991.11	\$	147,585.61	14.55%
Sewer	\$ 283,280.19	\$	25,625.36	9.05%
	\$1,297,271.30	\$	173,210.97	

Revenues through August 2025

- Total Year-to-date Revenues on the Statement of Revenues and Expenditures in the General Fund are \$2,883,914.91.
- o Major revenues recorded in August were:
 - Real Property Tax of \$1,969,495.33 has been collected as of August 31st.
 - Metered Water Sales collected are \$350,568.84 and Sewer collected is \$118,156.20.
 - Gross Utilities Tax of \$37,911.38 have been received thus far.
 - Pool fees thus far have been received in the amount of \$29,636.18.

Bank Reconciliations

Bank reconciliations are being worked on and will hopefully be emailed to the Board of Trustees before the Monday night meeting.

Village of Ballston Spa Saratoga County Seat 66 Front Street Ballston Spa, N.Y. 12020

COMMERCIAL SOLICITATION/PEDDLING PERMIT APPLICATION

(Please print or type) Page 1 of 3 APPLICANT NAME: Alexandar

ATTEMORITY IVENTO,		
NOTE: POST OFFICE BOX N	UMBERS WILL NOT B	E ACCEPTED AS AN ADDRESS
APPLICANT'S HOME ADDRESS: 79-	44 Angel Tree Ct	and the same of th
CITY: Las Vegas	STATE; Nevada	ZIP: 89147
APPLICANT'S HOME PHONE: (702)	<u>-929 - 6381 </u>	
DATE OF BIRTH OF APPLICANT: MC	ONTH 01 DAY 16 Y	EAR <u>1999</u>
POSITION OF APPLICANT WITHIN B	USINESS OR ORGANIZATIO	N; Route Manager
DOES THE APPLICANT HOLD ANY I WHICH THIS PERMIT IS SOUGHT: Y	JICENSE OR PERMIT REQUI ES NO _x IF YES, ATT	RED TO CONDUCT THE BUSINESS FOR FACH COPIES OF SAME.
NAME OF THE BUSINESS FOR WHO	M THE SOLICITATION OR P	EDDLING WILL BE CONDUCTED:
NOTE: POST OFFICE BOX N	UMBERS WILL NOT B	EE ACCEPTED AS AN ADDRESS
BUSINESS ADDRESS: 3330 NY-1	1B	
CITY: Nicholville	STATE: New York	ZIP: 12965
BUSINESS PHONE: (<u>877</u>)- 731 - 768	1	
FEDERAL EMPLOYER IDENTIFICAT	ION NUMBER (FEIN): 141	807447
DATES, HOURS, AND LOCATION FO	R WHICH THE PERMIT IS R	an .
September 9th- October 31st, Villag	e of Ballston Spa	3pm-8pm
()055-06	19 3977 198 66237	2. TATE OF EVENT ATION, 1/16/2022
DRIVERS LICENSE NUMBER: 1604	3608 8 STATE ISSUEL	D: NV DATE OF EXPIRATION: 1/16/2032
		gistration): SH HFK 7H26HU21353
HAVE YOU APPLIED FOR A PEDDLE	RS OR SOLICITORS PERMI	T OR REGISTERED TO CONDUCT
HAVE YOU APPLIED FOR A PEDDLE EITHER OF THOSE ACTIVITIES WITH WHEN: <u>September 9- 19th 2025</u> .	HIN THE VILLAGE OF BALL	STON STAT Ves It 1155, INDICATE
BITHER OF THOSE ACTIVITIES WITH WHEN: <u>September 9- 19th 2025.</u> PLEASE STATE THE PURPOSE OF TH		

(Please print or type) Page 2 of 3

PLEASE DESCRIBE THE NATURE OF ANY GOODS, WARES, DEVICES, ARTICLES, SUBSCRIPTIONS, CONTRIBUTIONS, CONTRACTS, OR SERVICES TO BE OFFERED FOR SALE OR PROVIDED OR FOR WHICH YOU WISH TO SOLICIT WITHIN THE VILLAGE OF BALLSTON SPA: Monthly subscription for fiber optic internet PLEASE DESCRIBE THE METHOD OF DISTRIBUTION: Door to door sales PLEASE LIST THE PLACE OR PLACES WITHIN THE VILLAGE OF BALLSTON SPA WHERE YOU PROPOSE TO ENGAGE IN CANVASSING, SOLICITING AND/OR PEDDLING AND THE LENGTH OF TIME YOU PROPOSE TO DO SO. Village of Ballston Spa, houses which are able to have Slic Fiber installed. September 9th - October 31st PLEASE LIST THE PLACE OR PLACES, WITHIN OR WITHOUT THE VILLAGE OF BALLSTON SPA WHERE YOU, WITHIN TWO (2) YEARS PRECEDING THE DATE OF THIS APPLICATION, DID CONDUCT CANVASSING, SOLICITING AND/OR PEDDLING: PLEASE WRITE A BRIEF STATEMENT OF THE NATURE AND CHARACTER OF ANY PUBLIC ADVERTISING TO BE DONE IN CONJUNCTION WITH THE PROPOSED CANVASSING, SOLICITING AND/OR PEDDLING: PLEASE LIST ALL EMPLOYEES, AGENTS, HELPERS, OR REPRESENTATIVES TO BE ENGAGED BY YOU IN THE PROPOSED CANVASSING, SOLICITING AND/OR PEDDLING: Ryan Sefrioui, Zac Colucci, Isaiah Bradstreet, Eric Ryan HAVE YOU EVER BEEN CONVICTED OF A FELONY OR CRIME OF MORAL TURPITUDE? No.... IF YOUR RESPONSE IS YES, STATE THE CRIME(S) FOR WHICH YOU WERE CONVICTED, DATE(S) OF CONVICTION AND THE LOCATION OF SUCH CONVICTION(S).

(Please print or type) Page 3 of 3

SOLICITING EVER HAD A PEDDLING OR SOLICITING PER BY ANY STATE OR LOCAL GOVERNMENT? No. IF Y AND LOCATION(S) OF SUCH SUSPENSION(S) OR REVOCA	OUR RESPONSE IS YES, STATE THE DATE(5)
WILL THE APPLICANT DEMAND, ACCEPT OR RECEIVE P. OF FINAL DELIVERY? YES NO IF YES, WILL TE \$10,000? YES NO _x_ PRIOR TO THE ISSUANCE OF THE REQUIRED.	TE AUVANCED PAYMENTS BE IN EXCESS OF
PLEASE ATTACH THE FOLLOWING TO THIS APPLICATIO	N:
A CERTIFICATE FROM THE SEALER OF WEIGHTS AND M AND MEASURING DEVISES TO BE USED BY THE APPLICA	EASURES CERTIFYING THAT ALL WEIGHING ANT HAS BEEN EXAMINED AND APPROVED.
A CERTIFICATE OF INSURANCE FROM A COMPANY LICE NEW YORK CERTIFYING THAT THE VILLAGE OF BALLS OF INSURANCE IN THE AMOUNT OF ONE MILLION DOLI OUT OF THE APPLICANTS ACTIONS OR ACTIVITIES PUR	FON SPA IS A NAMED INSURED ON A POLICY .ARS (\$1,000,000) FOR ANY CLAIMS ARISING
I Alexander Paulsen (applied and state that I have read the foregoing application, understand its this application is true and correct. I have reviewed and understant solicitation to be conducted by me. I further authorize the Village furnish information concerning all matters set forth in this application former employment, criminal background, general reputation and Village of Ballston Spa, its officers, agents and employees from a their receipt or use of such information.	of Ballston Spa or its agents to obtain, prepare, use or tion, including but not limited to my current and other relevant information and I hereby release the ny liability of whatever kind and nature arising out of
Date: 8/20/2025 Applicant signature: Applicant signature: Subscribed and sworn to before me this 26 day of August	Alexander Parente Pare
Subscribed and sworn to before me this 26 day of August Challed Marie Makuski Notary Public	ANNE MARIE MIKUCKI Notary Public, State of New York No. 04MI0029669 Qualified in Saratoga County Commission Expires October 8, 20
FOR OFFICE	
Building Inspector APP REJ DATE SEP 0 8 2025	
Police Department APP REJ DATE 9/5/25	
Village Board Trustees	
APPREJ DATE	
Permit Number Issued by Number	ATS Trans

Village of Ballston Spa Saratoga County Seat 66 Front Street Ballston Spa, N.Y. 12020

COMMERCIAL SOLICITATION/PEDDLING PERMIT APPLICATION

(Please print or type) Page 1 of 3

APPLICANT NAME: Daniel Van Dyke
NOTE: POST OFFICE BOX NUMBERS WILL NOT BE ACCEPTED AS AN ADDRESS
APPLICANT'S HOME ADDRESS: 3033 29th Court S
CITY: La Crosse STATE: WI ZIP: 54601
APPLICANT'S HOME PHONE: (608)-406 -5944
DATE OF BIRTH OF APPLICANT: MONTH05 DAY _24 _ YEAR _2001
POSITION OF APPLICANT WITHIN BUSINESS OR ORGANIZATION: Sales Representative
DOES THE APPLICANT HOLD ANY LICENSE OR PERMIT REQUIRED TO CONDUCT THE BUSINESS FOR WHICH THIS PERMIT IS SOUGHT: YES NO _x IF YES, ATTACH COPIES OF SAME.
NAME OF THE BUSINESS FOR WHOM THE SOLICITATION OR PEDDLING WILL BE CONDUCTED: —Slic Fiber
NOTE: POST OFFICE BOX NUMBERS WILL NOT BE ACCEPTED AS AN ADDRESS
BUSINESS ADDRESS: 3330 NY-11B
CITY: Nicholville STATE: NY ZIP: 12965
BUSINESS PHONE: (<u>877</u>)- 731 - 7681
FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 141807447
DATES, HOURS, AND LOCATION FOR WHICH THE PERMIT IS REQUESTED:
September 9th- October 31st. Village of Ballston Spa 3pm - 8pm
DRIVERS LICENSE NUMBER: V5321760118400 STATE ISSUED: WL DATE OF EXPIRATION: 05/24/202
EHICLE IDENTIFICATION NUMBER (Attach copy of the vehicle registration):
IAVE YOU APPLIED FOR A PEDDLERS OR SOLICITORS PERMIT OR REGISTERED TO CONDUCT EITHER OF THOSE ACTIVITIES WITHIN THE VILLAGE OF BALLSTON SPA? _No IF YES, INDICATE WHEN:
LEASE STATE THE PURPOSE OF THE PROPOSED CANVASSING, SOLICITING AND/OR PEDDLING:
To potentially get people switched over to SLIC Fiber

(Please print or type)
Page 2 of 3

PLEASE DESCRIBE THE NATURE OF ANY GOODS, WARES, DEVICES, ARTICLES, SUBSCRIPTIONS, CONTRIBUTIONS, CONTRACTS, OR SERVICES TO BE OFFERED FOR SALE OR PROVIDED OR FOR WHICH YOU WISH TO SOLICIT WITHIN THE VILLAGE OF BALLSTON SPA:
Monthly subscription for fiber Internet
PLEASE DESCRIBE THE METHOD OF DISTRIBUTION:
Technician installation crew will install the fiber internet PLEASE LIST THE PLACE OR PLACES WITHIN THE VILLAGE OF BALLSTON SPA WHERE YOU PROPOSE TO ENGAGE IN CANVASSING, SOLICITING AND/OR PEDDLING AND THE LENGTH OF TIME YOU PROPOSE TO DO SO.
The houses that SLIC fiber has installed their lines next to in Ballston Spa
September 9th- October 31
PLEASE LIST THE PLACE OR PLACES, WITHIN OR WITHOUT THE VILLAGE OF BALLSTON SPA WHERE YOU, WITHIN TWO (2) YEARS PRECEDING THE DATE OF THIS APPLICATION, DID CONDUCT CANVASSING, SOLICITING AND/OR PEDDLING:
All around upstate New York where SLIC fiber installed their fiber lines
PLEASE WRITE A BRIEF STATEMENT OF THE NATURE AND CHARACTER OF ANY PUBLIC ADVERTISING TO BE DONE IN CONJUNCTION WITH THE PROPOSED CANVASSING, SOLICITNG AND/OR PEDDLING: None
PLEASE LIST ALL EMPLOYEES, AGENTS, HELPERS, OR REPRESENTATIVES TO BE ENGAGED BY YOU IN THE PROPOSED CANVASSING, SOLICITING AND/OR PEDDLING:
Isaiah Bradstreet, Alexander Paulsen, Ryan Sefrioui, Zac Colucci, Eric Ryan
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR CRIME OF MORAL TURPITUDE? No IF YOUR RESPONSE IS YES, STATE THE CRIME(S) FOR WHICH YOU WERE CONVICTED, DATE(S) OF CONVICTION AND THE LOCATION OF SUCH CONVICTION(S).

(Please print or type) Page 3 of 3

SOLICITING EVER HAD A PEDDLING OR SOLICITING PERMIT OR LICENSE SUSPENDED OR REVOKED BY ANY STATE OR LOCAL GOVERNMENT? NO IF YOUR RESPONSE IS YES, STATE THE DATE(S) AND LOCATION(S) OF SUCH SUSPENSION(S) OR REVOCATION(S):
WILL THE APPLICANT DEMAND, ACCEPT OR RECEIVE PAYMENT OF DEPOSIT MONEY IN ADVANCE OF FINAL DELIVERY? YES NO X IF YES, WILL THE ADVANCED PAYMENTS BE IN EXCESS OF \$10,000? YES NO PRIOR TO THE ISSUANCE OF THE LICENSE A BOND TO THE VILLAGE WILL BE REQUIRED.
PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:
A CERTIFICATE FROM THE SEALER OF WEIGHTS AND MEASURES CERTIFYING THAT ALL WEIGHING AND MEASURING DEVISES TO BE USED BY THE APPLICANT HAS BEEN EXAMINED AND APPROVED.
A CERTIFICATE OF INSURANCE FROM A COMPANY LICENSED TO DO BUSINESS IN THE STATE OF NEW YORK CERTIFYING THAT THE VILLAGE OF BALLSTON SPA IS A NAMED INSURED ON A POLICY OF INSURANCE IN THE AMOUNT OF ONE MILLION DOLLARS (\$1,000,000) FOR ANY CLAIMS ARISING OUT OF THE APPLICANTS ACTIONS OR ACTIVITIES PURSUANT TO THE LICENSE.
I_Daniel Van Dyke
Date: 7/26/25 Applicant signature:
Subscribed and sworn to before me this 200 day of August 20 25 9/2/2025 Whitchen Mulacott Greenen M. Wescott Notary Public, State of New York No 04WE6108129 Qualified in Saratoga County 28 Commission Expires April 12, 20
FOR OFFICE USE
Building Inspector SEP 0 8 7025 APP REJ DATE
Police Department
APP REJ DATE 9/5/25
Village Board Trustees
APPREJ DATE
Permit Number

SETTLED IN 1771

INCORPORATED IN 1807 C/tttge gattatoø $\underline{S}^{\shortparallel}$ Saratoga County Seat 66 Front Street

Ballstonsp.

12020

COMMERCIAL SOLICITATION/PEDDLING PERMIT APPLICATION

(Please print or type) Page 1 of 3

APPLICANT NAME Othman Ryan Sefriou	i:		
NOTE: POST OFFICE BOX NUMB APPLICANT'S HOME ADDRESS 7997 EV		OT BE ACCEPTED AS AN ADDRESS	
	* ** *********************************	ZIP 85255:	
Scottsdale	STATE:Az	ZIP 85255:	
APPLICANT'S HOME PHONE: 480-799	-2710		
DATE OF BIRTH OF APPLICANT: MONT	`H 4DAY	17YEAR2006	
POSITION OF APPLICANT WITHIN BUS	INESS OR ORGAN	IIZATION Sales Representative:	
DOES THE APPLICANT HOLD ANY LIC WHICH THIS PERMIT IS SOUGHT: YES		FREQUIRED TO CONDUCT THE BUSINESS F ES, ATTACH COPIES OF SAME. NO	OR
NAME OF THE BUSINESS FOR THE S	SOLICITATION OR	PEDDLING WILL BE CONDUCTED: Slic Fiber	r
NOTE: POST OFFICE BOX NUM	BERS WILL NO	T BE ACCEPTED AS AN ADDRESS	
BUSINESS ADDRESS: 3330 NY-11B			
CITY: Nicholville	STATE: NY	ZIP: 12965	
BUSINESS PHONE: 877-731-7681			
FEDERAL EMPLOYER IDENTIFICATION	N NUMBER (FEIN):): 141807447	
DATES, HOURS, AND LOCATION FOR	THE PERMI	IT IS REQUESTED:	
September 9 th - September 19 th , 2025	2	3pm-8pm	
		*	
10.182			

ach copy of the vehicle registration: SHHF	
HE VILLAGE OF BALLSTON SPAY	ED TO CONDUCT IF YES, INDICATE
DPOSED CANVASSING, SOLICITING A	AND/OR PEDDLING: Fibe
LICITATION/PEDDLING P.	ERMIT
APPLICATION	
(Please print or type)	

CES TO BE OFFERED FOR SALE OR 1	S, SUBSCRIPTIONS, PROVIDED OR FOR
DIDITEION	
KIBUTION:	
,	
IIN THE VILLAGE OF BALLSTON SPA	WHERE YOU PROPOSE
October 5 th Village of Ballet	TH OF TIME YOU
Colober 5 . Village of Dalist	он ора
HIN OR WITHOUT THE VILLAGE OF	BALLSTON SPA
	Page 2 of3 GOODS, WARES, DEVICES, ARTICLE: ICES TO BE OFFERED FOR SALE OR I HE VILLAGE OF BALLSTON SPA:

AND/OR PEDDLING: PLEASE LIST ALL EMPLOYEES, AGENTS, HELPERS, OR REPRESENTATIVES TO BE ENGAGED E IN THE PROPOSED CANVASSING, SOLICITING AND/OR PEDDLING: Alexander Paulsen, Daniel Van Dyke, Zachariah Colucci, Eric Ryan, Isaiah Bradstreet, Is Stewart		· · · · · · · · · · · · · · · · · · ·
PLEASE LIST ALL EMPLOYEES, AGENTS, HELPERS, OR REPRESENTATIVES TO BE ENGAGED E IN THE PROPOSED CANVASSING, SOLICITING AND/OR PEDDLING: Alexander Paulsen, Daniel Van Dyke, Zachariah Colucci, Eric Ryan, Isaiah Bradstreet, Is		
PLEASE LIST ALL EMPLOYEES, AGENTS, HELPERS, OR REPRESENTATIVES TO BE ENGAGED E IN THE PROPOSED CANVASSING, SOLICITING AND/OR PEDDLING:	, au c	Stewart
PLEASE LIST ALL EMPLOYEES, AGENTS, HELPERS, OR REPRESENTATIVES TO BE ENGAGED F	saac	
AND/OR PEDDLING:	3Y YO	
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AND/OR PEDDLING:		· .
AND/OR PEDDLING:	· 	
AND/OR PEDDLING:		
AND/OR PEDDLING:		
		AND/OR PEDDLING:
ADVERTISING TO BE DONE IN CONJUNCTION WITH THE PROPOSED CANVASSING, SOLICITNG		ADVERTISING TO BE DONE IN CONJUNCTION WITH THE PROPOSED CANV
PLEASE WRITE A BRIEF STATEMENT OF THE NATURE AND CHARACTER OF ANY PUBLIC		

OF FINAL DELIVERY? YES- yes NO IF YES, WILL THE ADVANCED PAYMENTS BE IN EXCESS OF \$10,000? YES NO PRIOR TO THE ISSUANCE OF THE LICENSE A BOND TO THE VILLAGE WILL BE REQUIRED. NO

PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:

A CERTIFICATE FROM THE SEALER OF WEIGHTS AND MEASURES CERTIFYING THAT ALL WEIGHING AND MEASURING DEVISES TO BE USED BY THE APPLICANT HAS BEEN EXAMINED AND APPROVED.

A CERTIFICATE OF INSURANCE FROM A CONPANY LICENSED TO DO BUSINESS m THE STATE OF NEW YORK CERTIFYING THAT THE VILLAGE OF BALLSTON SPA IS A NAMED INSURED ON A POLICY OF INSURANCE IN THE AMOO(T OF ONE MILLION DOLLARS (\$1 FOR ANY CLAIMS ARISING OUT OF THE APPLICANTS ACTIONS OR ACTIVITIES PURSUANT TO THE LICENSE.

I Othman Ryan Sefrioui (applicant's printed name) being svvorn upon oath depose and state that I have read the foregoing application, understand its contents and that all of the information provided in this application is true and correct, I have reviewed and understand the appropriate village ordinances relating to the solicitation to be conducted by me. I further authorize the Village of Ballston Spa or its agents to obtain, prepare, use or fumish information concerning all matters set forth in this application, including but not limited to my current and former employment, criminal background, general reputation and other relevant information and I hereby release the Village of Ballston Spa, its officers, agents and employees from any liability of whatever kind and nature arising out of their receipl or use of such information.

Date: 09/2025 09/07/LO Subscribed and sworn to before			sature: RS Sec. 2025	day of
Notary Public	en U	Udisiott	GRETCHEN M. WES Notary Public, State of No 04WE61081 Qualified in Saratoga emmission Expires Apr	20 4
	F	OR OFFICE USE		
Building-Inspector				
(APP) REJ DATE	SEP 0 8 2025			
Police Department				
APP) REJ DATE	9/5/25			
Village Board Trustees				
APP REV DATE				
Permit Number	Issued by	Number of Days	Fee	

Village of Ballston Spa Saratoga County Seat 66 Front Street

Ballston Spa, N.U. 12020

COMMERCIAL SOLICITATION/PEDDLING PERMIT APPLICATION

(Please print or type) Page 1 of 3

Zachariah Colucci APPLICANT NAME: NOTE: POST OFFICE BOX NUMBERS WILL NOT BE ACCEPTED AS AN ADDRESS 425 North Boylan Ave APPLICANT'S HOME ADDRESS 27603 Raleigh STATE: NC CITY: APPLICANT'S HOME PHONE: (651-503-9077 DATE OF BIRTH OF APPLICANT: MONTH 05 DAY 18 YEAR 2001 POSITION OF APPLICANT WITHIN BUSINESS OR ORGANIZATION: Sales Manager DOES THE APPLICANT HOLD ANY LICENSE OR PARMIT REQUIRED TO CONDUCT THE BUSINESS FOR WHICH THIS PERMIT IS SOUGHT: YES _____NO __ IF YES, ATTACH COPIES OF SAME. NAME OF THE BUSINESS FOR WHOM THE SOLICITATION OR PEDDLING WILL BE CONDUCTED: NOTE: POST OFFICE BOX NUMBERS WILL NOT BE ACCEPTED AS AN ADDRESS 3330 NY-11B BUSINESS ADDRESS: STATE: NY CITY; Nicolville ZIP: 12965 BUSINESS PHONE: (877)-731 -7681 FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 141807447 DATES, HOURS, AND LOCATION FOR WHICH THE PERMIT IS REQUESTED: pm - 8 pm September 19th- october 31. Village of Ballston Spa R458-123-173-217 STATE ISSUED:MN_DATE OF EXPIRATION: 05/18/2026 DRIVERS LICENSE NUMBER: VEHICLE IDENTIFICATION NUMBER (Attach copy of the vehicle registration): 1C3CDFBB1ED907458 HAVE YOU APPLIED FOR A PEDDLERS OR SOLICITORS PERMIT OR REGISTERED TO CONDUCT EITHER OF THOSE ACTIVITIES WITHIN THE VILLAGE OF BALLSTON SPA? NO IF YES, INDICATE WHEN: PLEASE STATE THE PURPOSE OF THE PROPOSED CANVASSING, SOLICITING AND/OR PEDDLING: To upgrade their internet speed and increase the reliability of their internet connection

(Please print or type)
Page 2 of 3

PLEASE DESCRIBE THE NATURE OF ANY GOODS, WARES, DEVICES, ARTICLES, SUBSCRIPTIONS, CONTRIBUTIONS, CONTRACTS, OR SERVICES TO BE OFFERED FOR SALE OR PROVIDED OR FOR WHICH YOU WISH TO SOLICIT WITHIN THE VILLAGE OF BALLSTON SPA:

Fiber optic Internet
PLEASE DESCRIBE THE METHOD OF DISTRIBUTION; Installation crews
PLEASE LIST THE PLACE OR PLACES WITHIN THE VILLAGE OF BALLSTON SPA WHERE YOU PROP TO ENGAGE IN CANVASSING, SOLICITING AND/OR PEDDLING AND THE LENGTH OF TIME YOU PROPOSE TO DO SO.
September 9- October 31. The houses that SLIC fiber has installed their fiber optic internet next to
PLEASE LIST THE PLACE OR PLACES, WITHIN OR WITHOUT THE VILLAGE OF BALLSTON SPA WHE
YOU, WITHIN TWO (2) YEARS PRECEDING THE DATE OF THIS APPLICATION, DID CONDUCT CANVASSING, SOLICITING AND/OR PEDDLING:
N/A
PLEASE WRITE A BRIEF STATEMENT OF THE NATURE AND CHARACTER OF ANY PUBLIC ADVERTISING TO BE DONE IN CONJUNCTION WITH THE PROPOSED CANVASSING, SOLICITNG AND/OR PEDDLING:
PLEASE LIST ALL EMPLOYEES, AGENTS, HELPERS, OR REPRESENTATIVES TO BE ENGAGED BY YO IN THE PROPOSED CANVASSING, SOLICITING AND/OR PEDDLING:
isaiah Bradstreet. Ryan Sefrouli, Eric Ryan, Alexander Paulsen, Daniel Van Dyke
No
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR CRIME OF MORAL TURPITUDE? F YOUR RESPONSE IS YES, STATE THE CRIME(S) FOR WHICH YOU WERE CONVICTED, DATE(S) OF CONVICTION AND THE LOCATION OF SUCH CONVICTION(S).

(Please print or type) Page 3 of 3

SOLICITING EVER HAD A PEDDLING OR SOLICITING PERMIT OR LICENSE SUSPENDED OR REVOKED BY ANY STATE OR LOCAL GOVERNMENT? NO IF YOUR RESPONSE IS YES, STATE THE DATE(S) AND LOCATION(S) OF SUCH SUSPENSION(S) OR REVOCATION(S):
WILL THE APPLICANT DEMAND, ACCEPT OR RECEIVE PAYMENT OF DEPOSIT MONEY IN ADVANCE OF FINAL DELIVERY? YES NO PRIOR TO THE ISSUANCE OF THE LICENSE A BOND TO THE VILLAGE WILL BE REQUIRED.
PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:
A CERTIFICATE FROM THE SEALER OF WEIGHTS AND MEASURES CERTIFYING THAT ALL WEIGHING AND MEASURING DEVISES TO BE USED BY THE APPLICANT HAS BEEN EXAMINED AND APPROVED.
A CERTIFICATE OF INSURANCE FROM A COMPANY LICENSED TO DO BUSINESS IN THE STATE OF NEW YORK CERTIFYING THAT THE VILLAGE OF BALLSTON SPA IS A NAMED INSURED ON A POLICY OF INSURANCE IN THE AMOUNT OF ONE MILLION DOLLARS (\$1,000,000) FOR ANY CLAIMS ARISING OUT OF THE APPLICANTS ACTIONS OR ACTIVITIES PURSUANT TO THE LICENSE.
Zachariah Colucci (applicant's printed name) being sworn upon oath depose and state that I have read the foregoing application, understand its contents and that all of the information provided in this application is true and correct. I have reviewed and understand the appropriate village ordinances relating to the solicitation to be conducted by me. I further authorize the Village of Ballston Spa or its agents to obtain, prepare, use or furnish information concerning all matters set forth in this application, including but not limited to my current and former employment, criminal background, general reputation and other relevant information and I hereby release the Village of Ballston Spa, its officers, agents and employees from any liability of whatever kind and nature arising out of their receipt or use of such information.
Date: 9/01/2025 Applicant signature: but White
Subscribed and sworn to before me this day of SCOCMOV, 2005 KELLY SCHUBERT NOTARY PUBLIC-STATE OF NEW YORK No. 018C6315934 Qualified in Saratoga County My Commission Engines December 08, 2026
The Haling Topy patry
APP_REJ_DATEDATE
Police Department APP REJ DATE 9/5/25 Reading Photo I.D. Village Board Trustees
APPREJ DATE
Permit Number Issued by Number of Days Fee

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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 ar	ADDITIONAL	. INSURED	, the policy(ies) must have	ADDITIONAL	INSURED pro	o enoisivo	r be endorsed.
If SUBROGAT	ION IS	WAIVED,	subject to	the terms an	d conditior	is of the policy	, certain pol	licies may req	uire an endor	sement. <i>I</i>	statement on
this certificate	does n	ot confer r	ights to the	certificate hol	der in lieu (of such endors	ement(s).				

PRODUCER	CONTACT NAME:					
R.J. Carignan & Company PO Box 5046	PHONE (A/C, No, Ext): (518) 235-4303 FAX (A/C, No): (518) 3	246-4642				
Clifton Park, NY 12065	EMAIL ADDRESS; info@rjcinsurance.com					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: The Phoenix Insurance Co	25623				
INSURED	INSURER B: Travelers Ind Co of America	25666				
Atlas Connectivity LLC, Slic Network Solutions Inc.	INSURER C: Travelers Indemnity Co	25658				
PO Box 122 3330 State Highway 11B	INSURER D:					
Nicholville, NY 12965	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.

-	(CLUSIONS AND CONDITIONS OF SUCH						
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,00
	CLAIMS-MADE X OCCUR	х		630-6P922156	6/1/2025	6/1/2026	DAMAGE TO RENTED \$300,00 PREMISES (Ea occurrence) \$
		^	ĺ				MED EXP (Any one person) \$ 10,00
							4 000 00
	<u></u>						2 000 00
	GEN'L AGGREGATE LIMIT APPLIES PER:		ŀ				GENERAL AGGREGATE \$
	POLICY ISS LOC						PRODUCTS - COMP/OP AGG \$ 2,000,00
<u> </u>	OTHER:		ļ		ļ		COMBINED SINGLE LIMIT 1 000 00
В	AUTOMOBILE LIABILITY		}				COMBINED SINGLE LIMIT \$ 1,000,00
	X ANY AUTO	X	}	BA-1S437574	6/1/2025	6/1/2026	BODILY INJURY (Per person) \$
	OWNED SCHEDULED AUTOS	ĺ					BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	A0100 GIVE! 18700 GIVE!						\$
C	X UMBRELLA LIAB X OCCUR		***************************************				EACH OCCURRENCE \$ 10,000,00
	EXCESS LIAB CLAIMS-MADE			CUP-6P962596	6/1/2025	6/1/2026	AGGREGATE \$ 10,000,00
	DED X RETENTIONS 10,000	!					\$
Α	WORKERS COMPENSATION				 		X PER OTH-
^	AND EMPLOYERS' LIABILITY			UB-6P960093	6/1/2025	6/1/2026	1 000 00
	ANY PROPRIETOR PARTNER EXECUTIVE NOFFICER (MEMBER EXCLUDED? (Mandatory in NH)	N/A		OD-01 900030	0.11.02.0	07172020	1 000 00
	(Mandatory In NH) If yes, describe under					}	EL DISEASE - EA ENFLOTEI S
	DESCRIPTION OF OPERATIONS below	*************	*******			***************************************	E.L. DISEASE-POLICY LIMIT \$ 1,000,00
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Village of Ballston Spa is listed as additional insured on general and automobile liability as required per written contract.

CERTIFICATE HOLDER	CANCELLATION
Village of Ballston Spa 66 Front St Attn: Circal Colon NO1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Ballston Spa, NY 12020	AUTHORIZED REPRESENTATIVE M. + S. 2

ACORD 25 (2016/03)