



CITY OF SARATOGA SPRINGS
PROCEDURES FOR EQUINE-DRAWN CARRIAGE OWNER LICENSE

1. Applicant must complete owner's application and receive a copy of the ordinance.
2. The applicant must supply the following information:
 - A. If a partnership, or operating under an assumed name, the applicant must file a certified copy of the certificate of partnership or assumed name.
 - B. If a corporation, the applicant must file names and addresses of all corporate officers and stockholders.
 - C. Carriage list-including photos
 - D. Equine list: Must show proof of annual inspection for each equine used, together with proof from veterinarian of health of horses including proof of coggins test and rabies vaccination.
 - E. City of Saratoga Springs Hold harmless agreement.
 - F. Certificate of insurance as shown in the attached requirements.
 - G. Proof of NYS Statutory Workers Compensation and NYS Disability-see attached.
 - H. NYS Sales Tax Certificate
 - I. Proof of valid NYS Driver License.
 - J. Affidavit that the owner has inspected the carriage(s) and that they are in safe operating condition and that the owner is qualified to determine this information.
3. Applicant must sign the application before a Notary Public or Commissioner of Deeds.
4. Fees:
 - A. License fee: **\$250.00 plus \$50.00 for each carriage owned or controlled by the licensee, cash or check only-payable to City Clerk.**
 - B. For the cost of fingerprinting:

\$100.00 MONEY ORDER ONLY-Payable to Commissioner of Finance
(Please note: If renewal and current license expired within the last ninety (90) days, fingerprinting will not be required).
5. Bring your completed application back to the City Clerk's office. We will give you two copies to take with you to the City Police Department along with the above noted fees for fingerprinting.
6. Make an appointment for the fingerprinting with the City Police Department. It will take about one week to get an appointment. The number is: **584-1800**



CITY OF SARATOGA SPRINGS
APPLICATION FOR EQUINE – DRAWN CARRIAGE OWNER LICENSE

1. Company Name _____
2. Address _____
3. Business phone # _____ Manager _____
4. Please check the appropriate box:
 - PARTNERSHIP
 - OPERATING UNDER AN ASSUMED NAME
 - CORPORATION
 - INDIVIDUAL

If a partnership, or operating under an assumed name, you must file a certified copy of the certificate of partnership or assumed name.

If a corporation, you must file names and addresses of all corporate officers and stockholders.

5. Applicant's full name _____
6. Home address _____
7. Home phone # _____ Social Security # _____
8. DMV License # _____ Class _____ Exp. Date _____
9. Age _____ Height _____ Weight _____
10. Color of eyes _____ Color of hair _____
11. Place of Birth _____ Date of Birth _____
12. Is the application currently licensed as an equine-drawn carriage owner? YES NO
13. If yes, in what jurisdictions? _____
14. Has the applicant previously been licensed as an equine-drawn carriage owner? YES NO
15. If yes, in what jurisdictions? _____
16. Does the applicant currently hold an equine-drawn carriage owner's license which has been revoked or suspended? YES NO
17. If yes, give particulars _____
18. Is the applicant a former holder of an equine-drawn carriage owner's license which has been revoked or suspended? YES NO
19. If yes, give particulars _____

20. List below information regarding each driver who will be employed to drive carriages for this licensee including licensee if applicable: (Must also submit copies of each driver's New York State Driver's license):

NAME ADDRESS PHONE DATE OF BIRTH EXP. DATE

I do solemnly swear (or affirm) that the answers I have given are true to the best of my knowledge.

Signature of owner

Subscribed and sworn to on this _____ day of _____ 20 _____

Notary Public or Commissioner of Deeds

NOTE:THE SARATOGA SPRINGS POLICE DEPARTMENT WILL CONDUCT AN INVESTIGATION OF YOUR BACKGROUND, INCLUDING A FINGERPRINT SEARCH THROUGH THE DIVISION OF CRIMINAL JUSTICE SERVICES. IF IT IS DETERMINED THAT YOU HAVE GIVEN FALSE OR MISLEADING INFORMATION ON THIS APPLICATION, ANY LICENSE ISSUED TO YOU WILL BE SUBJECT TO IMMEDIATE REVOCATION.

IF THIS APPLICATION IS FOR RENEWAL OF YOUR EQUINE DRAWN CARRIAGE OWNER'S LICENSE, PLEASE BE ADVISED THAT FINGERPRINTING WILL NOT BE REQUIRED. IF YOUR LICENSE HAS EXPIRED FOR A PERIOD OF 90 DAYS OR MORE, A NEW SET OF FINGERPRINTS WILL BE REQUIRED.

PLEASE BE SURE TO FILL OUT THE ATTACHED CARRIAGE AND EQUINE LISTS.



CITY OF SARATOGA SPRINGS
CARRIAGE LIST
EQUINE- DRAWN CARRIAGE APPLICATION

1. Description _____ Length _____ Width _____

Photographs attached ? YES NO Passenger seating capacity _____

Number of Equine used to pull carriage _____

2. Description _____ Length _____ Width _____

Photographs attached ? YES NO Passenger seating capacity _____

Number of Equine used to pull carriage _____

3. Description _____ Length _____ Width _____

Photographs attached ? YES NO Passenger seating capacity _____

Number of Equine used to pull carriage _____

4. Description _____ Length _____ Width _____

Photographs attached ? YES NO Passenger seating capacity _____

Number of Equine used to pull carriage _____

5. Description _____ Length _____ Width _____

Photographs attached ? YES NO Passenger seating capacity _____

Number of Equine used to pull carriage _____

In addition to the above information, you must also supply the following for each carriage:

1. Notarized affidavit that the carriage is in working condition.



CITY OF SARATOGA SPRINGS
EQUINE LIST

1. Equine name _____ Age _____

Identifying marks _____

Tattoo number if any _____

2. Equine name _____ Age _____

Identifying marks _____

Tattoo number if any _____

3. Equine name _____ Age _____

Identifying marks _____

Tattoo number if any _____

4. Equine name _____ Age _____

Identifying marks _____

Tattoo number if any _____

In addition to the above, you must submit the following:

1. Proof of annual health inspection together with proof of good health from a veterinarian, including proof of a negative coggins test and a rabies vaccination for each equine.
2. Name, address and phone number of veterinarian.



AFFIDAVIT OF OWNER
AS TO DRIVER OF EQUINE-DRAWN CARRIAGE
[CITY CODE SECTION 200-6(7)]

I, _____, being duly sworn, depose and state:

1. I am the owner of one or more equine-drawn carriages. I have read Chapter 200 of the Code of the City of Saratoga Springs and I have made or am about to make application for an owner's license under that chapter.
2. I make this affidavit with respect to the following individuals, all personally know to me and employed by me to drive my carriages:

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

3. To the best of my knowledge and belief, and based upon my observations and experiences, each of the aforementioned individuals is competent to safely drive an equine-drawn carriage, has knowledge and experience in driving such carriages, and has good and sufficient knowledge of proper equine grooming, care, nutrition and equipment.

Signature of Owner

STATE OF NEW YORK)
) ss.:

COUNTY OF SARATOGA)

On the _____ day of _____, 200____, before me, the undersigned, a Notary Public/Commissioner of Deeds in and for said State, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or persons upon behalf of which the individual(s) acted, executed the instrument.

Notary Public/Commissioner of Deeds



AFFIDAVIT OF OWNER
OF EQUINE-DRAWN CARRIAGE
[CITY CODE SECTION 200-5(6)]

I, _____, being duly sworn, depose and state:

1. I am the owner of one or more equine-drawn carriages. I have read Chapter 200 of the Code of the City of Saratoga Springs and I make this affidavit as part of my application for an owner's license under that chapter.
2. I have owned and used equine-drawn carriages for approximately _____ years. I am fully familiar with the parts, operation and maintenance of all such carriages that I now own and for which I now apply for license.
3. I am experienced in my carriage's operation sufficiently to determine whether my carriage or carriages is or are in safe operating condition, and I have determined that it /they is/are in safe operating condition.

Signature of Owner

STATE OF NEW YORK)
) ss.:
COUNTY OF SARATOGA)

On the _____ day of _____, 200____, before me, the undersigned, a Notary Public/Commissioner of Deeds in and for said State, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or persons upon behalf of which the individual(s) acted, executed the instrument.

Notary Public/Commissioner of Deeds



AFFIDAVIT OF VETERINARIAN
[CITY CODE SECTION 200-8(L)]

I, _____, being duly sworn, depose and state:

1. I am a veterinarian, as that term is defined in City Code Section 200-2. I am licensed by the State of New York to practice Veterinary Medicine and I practice equine or large animal veterinary medicine.
2. I have examined the following described equine, identified by me as follows, and I find said equine to be in good health:

SIGNATURE OF VETERINARIAN

NYS LICENSE #



CITY OF SARATOGA SPRINGS HOLD HARMLESS AGREEMENT

The City of Saratoga Springs requires:

A Certificate of Insurance naming the City of Saratoga Springs as an **Additional Insured** evidencing the following coverages:

- Commercial General Liability: \$1,000,000 per occurrence \$2,000,000 aggregate including completed operations and product liability and personal injury liability insurance **specific to equine drawn carriages for hire**
- Statutory Workers Compensation, Disability and Employer's Liability Insurance for all employees (Please note that for this coverage per NYS Law, the City of Saratoga Springs shall not be named as an Additional Insured.)

The Certificate naming the City of Saratoga Springs as **Additional Insured** should be addressed to the attention of:

Department of Accounts
City of Saratoga Springs
474 Broadway
Saratoga Springs, NY 12866
Attention: City Clerk's Office

The **Livery Owner** acknowledges that failure to obtain such insurance on behalf of the municipality constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the City. The **Livery Owner** is to provide the City with a Certificate of Insurance naming the City as **Additional Insured** prior to the commencement of any work or use of City facilities. The failure to object to the contents of the Certificate of Insurance or the absence of same shall not be deemed a waiver of any and all rights held by the municipality.

In the event the **Livery Owner** utilizes a Subcontractor for any portion of the services outlined within the scope of its activities, the Subcontractor shall provide insurance of the same type or types and to the same extent of coverage as that provided by the **Livery Owner**, and shall name the City of Saratoga Springs as an **Additional Insured** for all those activities performed within its contracted activities for the contact as executed.

In all cases, the following hold harmless agreement shall apply:

The **Livery Owner** shall indemnify and save harmless the City, its Agents and Employees (hereinafter referred to as "City"), from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of or resulting from the performance of the work, sustained by any person or persons, provided that any such claim, damage, loss or expense is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the tortious act or negligent act or omission of **Livery Owner** or its employer, agents or subcontractors.

Signature: _____

Date: _____

Livery Owner: _____

Address: _____

Authorized Representative: _____

Title: _____