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 _______________________________________________________________

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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):

<table>
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<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>DATE OF BIRTH</th>
<th>EXP. DATE</th>
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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

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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

___________________________________
N Y S  L I C E N S E  #

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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: ______________________________________________

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