



Snow Plow Contractor/Sub-Contractor
Application Packet 2014

ALL RATES ARE PER HOUR UNLESS OTHERWISE STIPULATED

2014 RATES FOR PICKUPS, VANS, PANELS, SUVs, ETC.
GAS & DIESEL

Up to 7,000 lbs -----	69.72
7,001 to 8,800 lbs -----	72.00
8,801 and up -----	75.00

TRUCKS – DIESEL – Rear Wheel Drive

Up to 22,499 lbs. -----	74.38
22,500 to 27,499 lbs. -----	75.81
27,500 to 32,499 lbs. -----	81.19
32,500 to 37,499 lbs. -----	88.83
37,500 to 42,499 lbs. -----	93.82
42,500 to 47,499 lbs. -----	99.51
47,500 to 52,499 lbs. -----	106.08
52,500 to 57,499 lbs. -----	110.52
57,500 to 62,499 lbs. -----	116.41
62,500 and over -----	121.73

TRUCKS – DIESEL – All Wheel Drive

Up to 22,499 lbs. -----	77.55
22,500 to 27,499 lbs. -----	83.07
27,500 to 32,499 lbs. -----	90.10
32,500 to 37,499 lbs. -----	98.74
37,500 to 42,499 lbs. -----	100.32
42,500 to 47,499 lbs. -----	104.89
47,500 to 52,499 lbs. -----	111.65
52,500 to 57,499 lbs. -----	116.73
57,500 to 62,499 lbs. -----	121.76
62,500 and over -----	137.14

TRUCKS – GASOLINE – Rear Wheel Drive

Up to 22,499 lbs. -----	71.60
22,500 to 27,499 lbs. -----	73.76
27,500 to 32,499 lbs. -----	78.93
32,500 to 37,499 lbs. -----	82.08
37,500 to 42,499 lbs. -----	84.78
42,500 to 47,499 lbs. -----	86.71
47,500 to 52,499 lbs. -----	89.03
52,500 to 57,499 lbs. -----	90.99
57,500 to 62,499 lbs. -----	94.27
62,500 and over -----	100.08

TRUCKS – GASOLINE – All Wheel Drive

Up to 22,499 lbs. -----	75.47
22,500 to 27,499 lbs. -----	79.08
27,500 to 32,499 lbs. -----	86.28
32,500 to 37,499 lbs. -----	90.27
37,500 to 42,499 lbs. -----	92.85
42,500 to 47,499 lbs. -----	95.16
47,500 to 52,499 lbs. -----	98.88
52,500 to 57,499 lbs. -----	104.26
57,500 to 62,499 lbs. -----	109.60
62,500 and over -----	115.40

PLOWS

One way, add -----	4.69
Reversible, add -----	5.12
V-Plow, add -----	5.40
Underbody, add -----	4.81
Side wing plow, add -----	3.12

SPREADERS

Dump body slide-in up to 10 CY, add -----	3.14
Dump body slide-in over 10 CY, add -----	5.07
Truck bed conveyor type, up to 10 CY -----	4.22
Truck bed conveyor type, over 10 CY -----	6.04
Tailgate -----	2.00
Pickup -----	2.05
Truck equipped w/ zero velocity controller -----	4.96

2014 RATES CONTINUED

GRADERS

Up to 10,000 lbs.	-----	65.09
10,001 to 15,000 lbs.	-----	74.80
15,001 to 22,000 lbs.	-----	79.85
22,001 and over	-----	250.00

GRADER PLOWS

One-way plow, add	-----	7.40
Hydraulic		
Snow Wing, add	-----	10.06
V-Plow, add	-----	9.72

LOADERS & BACKHOES – Wheel Mounted

Up to 18,000 lbs.	-----	110.00
18,001 and over	-----	250.00

SKID-STEERS – w/ Transportation

Up to 600 lbs. operating capacity		51.37
601 to 1,000 lbs.	-----	51.22
1,001 to 1,500 lbs.	-----	55.53
1,501 and over	-----	90.00

Checklist of Items Required

***NOTE: Due to new requirements, ALL contractors (new and returning) must submit ALL required documentation**

Vendor Name: _____ Phone: _____

- Workers Compensation or Exemption form CE-200
- NYS Disability or Exemption form CE-200
- Commercial General Liability – See insurance requirements page for required coverage and additional insured
- Automobile Insurance – See insurance requirements page for required coverage and additional insured
- Copy of current DMV Vehicle Registration
- Copy of current DMV Vehicle Driver's License for each driver
- Completed Vehicle Information Form
- Indemnification/Hold Harmless Agreement – **Notarized**
- Corporate or Individual Affidavit of Ownership, whichever applies – **Notarized**
- Employer Affidavit of Compliance Form – **Notarized**
- W-9 Form – Vendor name must match registration name
- Background Check Permission Form – If vendor is a company, each owner, partner, and employee/driver must complete a separate form

Please note, we will NOT be photocopying any paper work. If you need copies of your paper work, please make sure to do so BEFORE submitting your packet. Thank you.

All packets should be submitted to:
Village of Mastic Beach
369 Neighborhood Road
Mastic Beach, NY 11951

Inc. Village of Mastic Beach
Insurance Requirements For Snow Plow Contractors/Sub-Contractors
Page One of Three

The independent contractor shall maintain at a minimum the following insurance giving evidence of same to Inc. Village of Mastic Beach on **the form of Certificates of Insurance, copies of the General Liability Declaration Page and copy of the Additional Insured Endorsement, providing 30 days notice of cancellation, non-renewal or material change.** New York State licensed carrier is preferred; any non-licensed carriers will be accepted at the Municipalities discretion. The insurance carrier must have an A.M. Best Rating of at least A- IX. All subcontractors must adhere to the same insurance requirements.

I. Workers Compensation and NYS Disability

Coverage	Statutory
Extensions	Voluntary Compensation; All States Coverage Employers Liability – Unlimited

NOTE: If you do not maintain Workers Compensation and NYS Disability due to a valid exemption, the following must be submitted to the Inc. Village of Mastic Beach:

CE-200 – Certificate of Attestation of Exemption from NYS Workers Compensation and/or Disability Benefits Insurance Coverage.

New York State Workers Compensation CE-200 **EXEMPTION FORM** is available at www.wcb.ny.gov

FOR AN ON-LINE APPLICATION:

CE-200 (12/08) is an on-line application that allows an immediate print of the exemption form.

- Click on **On-Line Services** – on the right side of the screen.
- Then click on **Request for WC/DB Exemption** and follow the directions.

OR

FOR AN APPLICATION BY MAIL:

CE-200 (2/09) is an application which must be printed and mailed/faxed to Albany. The exemption certificate is then mailed to the applicant.

- Click on **Forms** – at the top center of the page.
- Click on **List of ALL Common Workers Compensation Board Forms.**

The forms are in ALPHABETICAL ORDER. Scroll down to CE-200 (2/09) – which is half way down the page

Applicants eligible for exemptions must file a new CE-200 **for each and every new or renewed permit, license or contract** issued by a government agency. Each CE-200 will specifically list the issuing government agency and the specific type of permit, license or contract requested by the applicant.

Applicants are strongly encouraged to use the Board's electronic web program. They can receive their Form CE-200 immediately, whereas manual paper filing may take up to four weeks to process.

Inc. Village of Mastic Beach

Insurance Requirements For Snow Plow Contractors/Sub-Contractors

Page Two of Three

II. Commercial General Liability

(REQUIRED by ALL contractors)

Coverage and Limits \$1,000,000 Combined Single Limit with explosion, collapse and underground hazard.

Additional Insured Inc. Village of Mastic Beach, all elected and appointed officials, employees and volunteers.

III. Automobile Insurance

(REQUIRED by ALL contractors)

Limit \$1,000,000 Combined Single Limit

Additional Insured Inc. Village of Mastic Beach, all elected and appointed officials, employees and volunteers.

For Pick-up Trucks and Dump Trucks

- \$100,000 bodily injury each person;
- \$300,000 bodily injury each occurrence;
- \$100,000 property damage each occurrence

IV. Umbrella Liability - Suggested

Coverage Umbrella Form, or Excess Follow Form

Suggested Limit \$2,000,000.

Additional Insured Inc. Village of Mastic Beach, all elected and appointed officials, employees and volunteers.

Vehicle Information Form

NAME: _____

DATE: _____

ADDRESS: _____

PHONE: _____

Please fill in ALL applicable information about your vehicle(s) and provide phone number.
*NOTE: All vehicles are subject to inspection by the Village

TRUCK:	LOADER:	
Make:	Make:	Model:
Year:	Year:	Horse Power:
Body Type:	Crawler/Wheel Drive:	
Wheel Drive (rear or all):	Gas/Diesel:	
Gas/Diesel:	Bucket Size:	
License Plate #	License Plate #	
Gross Vehicle Weight:	Gross Vehicle Weight:	

DOZER/TRACTOR:	SWEeper:	
Make:	Make:	
Year:	Year:	
Crawler/Wheel Drive:	Wheel Drive:	
Gas/Diesel:	Cubic Yards:	
License Plate #	License Plate #	
Gross Vehicle Weight:	Gross Vehicle Weight:	

DUMP TRUCK:	CRANE:	
Make:	Make:	Year:
Year:	Gas/Diesel:	
Capacity:	Bucket Size:	
License Plate #	License Plate #	
Gross Vehicle Weight:	Gross Vehicle Weight:	

PLOW:	GRADER:	
Length:	Make:	
Type (one-way/reversible/v):	Type (one-way/hydraulic/v):	
Manual/Power:	Gas/Diesel:	
	License Plate #	
SPREADER:	Gross Vehicle Weight:	
Cubic Yards:		

Corporate Affidavit of Ownership

STATE OF NEW YORK
COUNTY OF SUFFOLK
VILLAGE OF MASTIC BEACH

_____, being duly sworn deposes and says:

That he/she is an officer of the _____ Corporation, to

wit: it's _____ a domestic corporation with its principal
place of business at _____.

That said corporation is the owner of the following equipment:

Which said equipment is to be rented by the Village of Mastic Beach.

That no officer, elected or appointed, of the Village of Mastic Beach is a stockholder or
an officer, nor will become a stockholder or officer, of the aforesaid corporation during the rental
period.

That this affidavit is made to induce the Village of Mastic Beach to rent such equipment
and said Village relies on the truth of the statements herein made.

Sworn to before me this

___ day of _____, 20__

NOTARY PUBLIC

SIGNATURE

Individual Affidavit of Ownership

STATE OF NEW YORK
COUNTY OF SUFFOLK
VILLAGE OF MASTIC BEACH

This is to certify that I, _____,

am employed by the Village of Mastic Beach as an independent contractor. I use my own tools and equipment and I hire no employees.

_____, being duly sworn deposes and says:

That I am the owner of the following equipment:

That no officer, elected or appointed, of the Village of Mastic Beach is an owner or co-owner of said equipment, nor will become an owner or co-owner of said equipment, during the rental periods.

That this affidavit is made to induce the Village of Mastic Beach to rent such equipment and said Village relies on the truth of the statements herein made.

Sworn to before me this

___ day of _____, 20__

NOTARY PUBLIC

SIGNATURE

Village of Mastic Beach
Employer Affidavit of Compliance
With Respect to the Hiring of Employees in Accordance
With Federal Law

STATE OF NEW YORK
COUNTY OF SUFFOLK
VILLAGE OF MASTIC BEACH

Employer Firm: _____

Project Name: _____

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

That I am an ___ Officer, ___ Partner, ___ Owner, ___ or Member of the Firm

By submission of this Affidavit, and each person signing on behalf of any Employer, including but not limited to owner, firm, corporation or entity hereby certifies, under penalties of perjury, that I affirm of my own knowledge that the above named person on behalf of the Employer has complied with the requirements of Title 8 of the United State Code (U.S.C.) Section 1324a and any amendments thereto, and that all employees, including non-citizens, aliens, which includes full-time, part-time, temporary or seasonal employees, are authorized to work in the United States and that said employees, including non-citizens, aliens, have provided the required documents for my review, which appear to be genuine and demonstrate, and that to the best of my knowledge, the employees, including non-citizens, aliens, are authorized to work in the United States; and 2) that during the term of the contract, agreement or period of work performed by the Employer, all employees hired, retained, shall be authorized to work in the United States in compliance with Federal Law and 3) that the Employer will only employ/retain subcontractors/special consultants who hire, retain, employees authorized to work in the United States, and 4) any such subcontractors/special consultants shall be required to submit an Affidavit demonstrating compliance with Federal Law regarding the eligibility of employees to work in the United States, and that the subcontractor's/special consultant's employees have submitted the required documents demonstrating compliance with Federal Law, which said Affidavit shall be submitted to the Village with the Employer's request for subcontractor/special consultant approval and at all times required by the Village Code.

Sworn to before me this

___ day of _____, 20___

NOTARY PUBLIC

SIGNATURE

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number										
			-				-			
Employer identification number										
			-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

BACKGROUND CHECK PERMISSION

In connection with my application to render services to the Village of Mastic Beach, I hereby consent to the following:

1. GENERAL CONSENT TO BACKGROUND INVESTIGATION

As a condition of the Village's consideration of my application to render services, I give permission to the Village to investigate my personal, employment, and criminal history. I understand that this background investigation will include, but not be limited to, verification of all information given by me to the Village.

2. CONSENT TO CONTACT PAST EMPLOYERS AND COMPANIES

I specifically give permission to the Village to contact all of my prior employers and companies I have provided services to for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with the Village, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of the Village. I further waive all rights I may have under law to receive a copy of any written statement provided by any of my former employers or companies I have provided services to the Village. I further agree to indemnify all past employers or companies I have provided services to for any liability they may incur because of their reliance upon this Agreement.

3. CONSENT TO CONTACT GOVERNMENT AGENCIES

I further give permission to the Village to receive a copy of any information obtained in the file of any federal, state, or local court, or governmental agency concerning or relating to me. I further consent to the release of such information and waive any right under law concerning notification of the request for a release of such information. In the event a law does not provide for the Village to have access to information, I hereby delegate the Village as my agent for the receipt of information. I understand that the scope of this investigation will be limited as required by applicable law.

4. COOPERATION WITH INVESTIGATION

I agree to fully cooperate in the Village's background investigation, and to sign any waivers or releases that may be necessary or desirable to obtain access to relevant information. In the event that any former employer or other federal, state, or local governmental agency will not release reference information or criminal history information directly to the Village, I agree to personally request such information to the extent permitted by law.

5. MISCELLANEOUS

This Agreement represents the entire understanding and agreement relating to its subject matter. The Village shall be entitled fully to rely on this Agreement. I understand that I have no guarantee of being hired to provide services to the Village and that the Village may determine not to engage me for any lawful reason.

NAME: _____

SIGNATURE: _____

DATE: _____

Mayor
Bill Biondi

Deputy Mayor
Nicholas Busa

Village Clerk
Susan Alevas, Esq.



Trustees
Maura Spery
Bruce Summa
Gary Stiriz

DATE: January 12, 2015

PROJECT: Special Exception (Use)-Accessory Apartment

PLANNING BOARD #: 0005-2014

PROJECT LOCATION:

Suffolk County Tax Map Parcel #: Dist. 209- Sec 022- Blk 04- Lot 024
Address: 15 Cornelius Road, Mastic Beach, NY 11951

OWNER/APPLICANT: Cosme Villalba

The Accessory Apartment Review Board at the scheduled work session held on Monday, January 12, 2015, has reviewed submitted documents provided by the owner/applicant inclusive of site plan sheets.

When making a determination to recommend an approval by the Village Board for a special exception/use for an accessory apartment, the Planning Board considers, but does not limit itself, to the following criteria:

- Does the house currently comply with all applicable zoning provisions?
- Will there be an increase in traffic and does parking availability comply with zoning code?
- Will there be a significant change to the essential character of the neighborhood?
- Does the number of occupants comply with the building code?
- What modifications to the structure, if any, are required?

In this case, the applicant is seeking a special use permit for an accessory apartment in a two story dwelling. It is the intention of the applicant that his son occupies the second floor while he lives on the first, maintaining a single entrance to the premises and separate cooking facilities. The residence is in the R1 Zoning District and has undergone renovations under a Village issued building permit and is in compliance with applicable building codes for single family home construction. Sufficient off street parking has been made available and no significant traffic increase is to be expected.

Therefore, the Accessory Apartment Review Board after due study and deliberation of the subject record, issue a recommendation of "Approval" to the Village Board of Trustees in the matter of the application for "Cosme Villalba" 0001-2015 subject to the following conditions:

- a. The residence shall remain owner occupied. Three proofs of residence shall be required. Additionally, if the owner is receiving tax exemptions on another home he will contact the Tax Assessors office immediately to change his status of residence.

b. The residents of the proposed use shall be members of the immediate family of the residents of the main dwelling. Members of the immediate family shall include: parents, children, siblings, grandparents or grandchildren related by blood, adoption, marriage or foster parent-child relationship.

c. The accessory apartment shall be limited to one bedroom. Modifications to meet this requirement shall be in compliance with all applicable state and village building codes.

d. The proposed use shall be for an initial three year period, renewable every three years by the Building Inspector, who shall inspect the premises to determine if the residents and physical conditions of the premises are the same as approved. Special exception approval shall terminate upon such change, the separate cooking facilities shall be removed and access to the main residence shall be restored.

e. The applicant shall file a declaration of covenant with the Village Clerk, agreeing to comply with all of the special exception requirements.

If special exception is granted by the Village Board of Trustees, a special permit shall be issued by the Village Clerk and the applicant will be allowed six months to contact the Building Department for obtaining any relevant permits to construct or making any additional applications necessary including fees for building related construction or the special permit shall become invalid.

Thomas A. Gross III
Chairman, Village of Mastic Beach Planning Board

Cc: Mayor William Biondi
Christopher Bianco, Esq., Village Attorney
Susan F. Alevas, Village Clerk
Ernest Hoffstaetter, Village Planning Board
Evan Proios, Village Planning Board
Anthony Zalak, Village Planning Board



Information Systems, Inc.

A Springbrook Software, Inc. Company

Village of Mastic Beach, NY

Financial Software

Frank R. Garguiolo

Senior Business Development Manager

ATTACHMENT #9



Corporate Summary

- 1969 – KVS Founded (Buffalo NY)
- 1986 – Springbrook Founded (Portland OR)
- 2013 – Springbrook acquires KVS
 - National presence
 - 8am-8pm EST Live Phone Support
 - State of the art applications
- 100% Dedicated to Local Government
 - NYCOM
 - GFOA
 - Association of Towns
- OGS Contract #PT63243 (~300 NYS Clients)



Client Services

- Solution Based Company
- Structured Implementation
- Remote Diagnosis
- Web Support
- Web Training
- Live Phone Support 8am-8pm EST
- Long Island User Group



Application Specifics:

- Microsoft Gold Partner
 - Excel Exports
 - Email (Exchange/Outlook) integration
- State and Federal Reporting Adherence
- Real-Time Reporting and Administration Dashboard
- Cloud Offering:
 - Remote access
 - Always up to date with latest version
 - Data always secure
 - Backups inherent



Finance

- Drill-down details
- Purchase Orders
 - Online/Real Time Tracking
 - Encumbrance (& Pre-encumbrance) tracking
 - Email notifications for approvals
 - Online approvals
- Full Audit Trail
- Unlimited History

General Fund-Inc Vil of Mastic Beach

Check Register

For the Period From Jan 1, 2015 to Feb 10, 2015

Filter Criteria includes: 1) Check Numbers from 12606 to . Report order is by Date.

Check #	Date	Payee	Cash Account	Amount	Desc.	A9-2015
12606	1/16/15	A-Net Technologies Inc.	A200	2,190.00	Security system	
12607	1/21/15	Court Clerk's Associator	A200	25.00	Court clerk fees	
12608	2/6/15	Affordable Cesspool Sev	A200	9,000.00	Drainage	
12609	2/6/15	All Island Fuel	A200	1,125.77	Fuel oil	
12610	2/6/15	Attorneys Choice Proces	A200	145.00	Process server	
12611	2/6/15	Business Radio Licensin	A200	95.00	License fee	
12612	2/6/15	Cablevision-300	A200	274.75	Cable dpw	
12613	2/6/15	Canon Financial Service	A200	1,707.93	Copier lease	
12614	2/6/15	Cassone Leasing Inc.	A200	118.00	Rental storage container	
12615	2/6/15	EGAN & GOLDEN LLP	A200	8,523.00	Attorneys fees	
12616	2/6/15	NYS Employees' Health	A200	3,425.30	Health insurance	
12617	2/6/15	Flynn Stenography & Tr	A200	475.95	Stenographer	
12618	2/6/15	Gabe's Auto Repair	A200	2,527.50	Auto repairs	
12619	2/6/15	Hinck Electric Contracto	A200	966.00	Traffic signal	
12620	2/6/15	Kelly Electric Constructi	A200	849.00	Repairs to village hall	
12621	2/6/15	Louis J. Marcoccia	A200	9,773.46	Property taxes	
12622	2/6/15	Office Sign Company	A200	29.25	Signs	
12623	2/6/15	Public Employer Risk Mar	A200	53,918.00	Perma insurance	
12624	2/6/15	PSEG Long Island	A200	3,274.49	Combined utilites	
12625	2/6/15	Purchase Power	A200	3,581.61	Postage and supplies	
12626	2/6/15	SatCom Global Inc.	A200	42.22	Satelite phones	
12627	2/6/15	Searles Media, Inc.	A200	435.00	Website and email hosting	
12628	2/6/15	Solstice Benefits, Inc	A200	722.28	Insurance	
12629	2/6/15	South Shore Press	A200	228.25	Legal ads	
12630	2/6/15	Staples Office Supply	A200	132.16	Office supplies	
12631	2/6/15	Tri-Hamlet News	A200	500.00	Ads	
12632	2/6/15	Ultimate Mower Repair &	A200	1,827.36	Parts and supplies	
12633	2/6/15	VEP Computer Systems	A200	2,092.02	Computer services	
12634	2/6/15	VERIZON WIRELESS	A200	401.73	Data plan	
12635	2/6/15	Verizon Wireless	A200	879.53	Village cell phones	
12636	2/6/15	WINTERS BROS HAULIA	A200	145.00	Village dumpster	
Total				<u>109,430.56</u>		

General Fund-Inc Vil of Mastic Beach
Check Register
For the Period From Jan 1, 2015 to Feb 10, 2015

Filter Criteria includes: 1) Check Numbers from 12606 to . Report order is by Date.

Check #	Date	Payee	Cash Account	Amount	Desc.	A9-2015
---------	------	-------	--------------	--------	-------	---------

VOIDS none

Mayor Biondi _____
Deputy Mayor Busa _____
Trustee Sperry _____
Trustee Stiriz _____
Trustee Summa _____

LEGAL NOTICE**Tentative Assessment Roll
Board of Assessment Review
Village of Mastic Beach**

The Tentative Assessment Roll of the Village of Mastic Beach, prepared in accordance with the Real Property Tax Law has been filed with the Village Clerk. It can be examined by any person during business hours (9am to 4:30pm) until February 17, 2015, at Village Hall, 369 Neighborhood Road, Mastic Beach, New York.

PLEASE TAKE NOTICE that on February 17, 2015, from 3pm to 7pm, the Board of Assessment Review will meet to hear complaints, conduct interviews and consider appropriate adjustments to the Tentative Assessment Roll. Review of the tentative assessment will take place at Village Hall, 369 Neighborhood Road, Mastic Beach, New York.

Board of Assessment Review
Village of Mastic Beach