

SEA #: _____

EVENT NAME: _____

***** office use only above *****

Special Event Application

All data MUST be provided

A. APPLICANT AND SPONSORING ORGANIZATION INFORMATION

1. Organization name (if applicable) _____

2. Non-Profit: Registered with the State of NJ as a non-profit organization? N ____ Y ____

4. Beach Haven Mercantile License Holder? N ____ Y ____

3. Applicant information:

a. Applicant Name: _____

b. Address: _____ City: _____ State: _____ Zip: _____

c. Phone number: _____

d. Email: _____

4. Event day contact person (MUST be on-site):

a. Name: _____

b. Cell number: _____

Please submit any changes to the Clerk's Office immediately

B. EVENT LOCATION, DATES, TIMES

1. Event title: _____

2. Event type:

RUN/WALK

CONCERTS

BLOCK PARTY

FAIR

SPORTS CAMP

BONFIRE

OTHER _____

3. Event location:

Taylor Ave. Park (behind Bay Village)

Taylor Ave. Bay Park

Veterans Park

Tennis Courts (on Pearl St.)

Walsh Field (Ocean & Bay Ave.)

Nelson Ave. Park

Pickleball Courts

Other _____

4. Event date(s): a. _____ from _____ am/pm to _____ am/pm
(days or weeks) b. _____ from _____ am/pm to _____ am/pm
c. _____ from _____ am/pm to _____ am/pm
d. _____ from _____ am/pm to _____ am/pm
e. _____ from _____ am/pm to _____ am/pm

PLEASE INCLUDE ALL DATES FOR YOUR EVENT - if you need more space, please add on a separate sheet

5. Set up/tear down dates/times: if need to add more space, add a note on a separate sheet

a. Dates before or after your event:

1. date/s setting up: ____/____/____ & ____/____/____ from ____ to ____

2. date/s tearing down: ____/____/____ & ____/____/____ from ____ to ____

b. Date of your event:

1. from ____ to ____ before & from ____ to ____ after event

6. Rain date(s): _____

C. EVENT DETAILS:

1. Instructional vendors/camps/training sessions:

a. Estimated number of participants:

1. July 1st – Labor Day: Daily _____ Weekly _____

2. All other dates: Daily _____ Weekly _____

b. Participant registration fee:

1. July 1st – Labor Day: \$ _____ daily, weekly, monthly (circle one)

2. All other dates: \$ _____ daily, weekly, monthly (circle one)

2. Other events:

a. Estimated number in attendance: _____ per day

b. Entrance fee for attendees: \$ _____ or NONE (circle)

c. Vendor fee: \$ _____ per booth Estimated # of vendors: _____

3. Fundraiser: Is this a fundraiser? N ___ Y ___ Beneficiary _____

4. First aid: Supplying your own First Aid station? N ___ Y ___

5. Food: Food concession and/or food preparation area (s)? N ___ Y ___

a. Fuel Source _____ (gas, electric, charcoal, propane, etc.?)

6. Tents: Utilized for this event? N ___ Y ___ Size _____ # of tents _____

a. Name of Tent Company? _____

You must acquire a separate tent permit through the Borough's Licensing Department.

Call 609-492-0111, x224

7. Extras: Will the event have:

a. Scaffolding ___ Bleachers ___ Grandstands ___ Platforms ___ Stage ___

b. Dimensions _____

c. Map/Rendering of event layout provided for review? N ___ Y ___

9. Entertainment: Will there be entertainment? N ___ Y ___ Type _____

10. Trailers/vehicles: Are they being used? N ___ Y ___ # _____ Purpose: _____

11. Tables/chairs: Are they being used? N ___ Y ___ # tables _____ # chairs _____

12. Electricity required: Will your event require electricity? N ___ Y ___

a. Electric source: _____

b. Contractor name & #: _____

c. An electrical permit will be required. Please have the electrician contact the Building Dept. to fill out a permit, 609-492-0111, x225.

13. Fencing/barriers/barricades: Are they being used? N ___ Y ___

a. Purpose _____

b. Map/rendering of the event layout/closure provided for review? N ___ Y ___

14. Inflatables: Are inflatable devices or amusements being used? N ___ Y ___

a. List the types _____

b. Supplier Name & #: _____

The use of inflatables, amusements, and fireworks requires additional insurance information! Please contact the Clerk's office at 609-492-0111, x210, for a list of the additional information needed

15. Booths/exhibits/enclosures: Are they being used? N ___ Y ___

a. Number and type _____

16. **Banner:** Do you want to hang a banner on the tennis court fence? N ____ Y ____
 a. May only be displayed during your event.
17. **Borough Events Calendar:** Provide info below to be added to the “Upcoming Events” page
 a. Event/Organization website: _____
 b. Send digital flyer to Clerk’s office: mbunce@beachhaven-nj.gov
18. **Street closures:** Requesting street closures? N ____ Y ____ (provide a layout showing closures)
 a. What streets? _____
 b. Reason? _____
 c. Map/rendering of the event layout/closure provided for review? N ____ Y ____
19. **ALCOHOL: SERVING ALCOHOL AT THE EVENT? N ____ Y ____**
 a. Police consultation required to determine a plan for traffic/crowd control, fill out an additional form, from the Clerk’s office, detailing this plan, and pay an additional fee for this service, directly to the finance office.
 b. Public Works consultation required to discuss how the area will be enclosed, and an additional fee may be required. See fee schedule, on page 4 of the Event Requirements and Conditions paperwork, to determine the additional charge. Bring check to the Clerk’s office and supply a layout for your event.
 c. Liquor Liability will need to be included on your certificate of General Liability Insurance
 d. Map/Rendering of the event layout provide for review? N ____ Y ____

D. RESTROOMS: (Borough restrooms are typically open from Memorial Day weekend thru the first week in October)

1. **Borough restrooms:** Applicants are permitted to utilize the Borough’s restrooms, if available. Permittees shall maintain and restore the bathrooms to their pre-event condition, by removing all trash or debris and restoring the area to a condition equal to or better than its condition.

a. **Bathroom Locations:**

- Taylor Ave.- 4 total (2 men’s & 2 women’s)
- Veterans’ Parks - 4 total (2 men’s & 2 women’s)
- Walsh Field/Tennis Courts – 2 total (1 men’s & 1 women’s)
- Nelson Ave. Park – 2 total (1 men’s & 1 women’s)
- Nelson Ave. Park--2 total/location (1 men’s & 1 women’s)
- Dock Road – 4 total (2 men’s & 2 women’s)

2. Portable toilets: Is your estimated attendance over 500? N ____ Y ____
- a. If yes, you need to supplement with portable toilets. Refer to the SPECIAL EVENT PORTABLE TOILET CALCULATOR (found on pg.12) to determine the correct number that you should order. Reach out to the Clerk’s office, 609-492-0111, x210, with questions. Portable toilets **must** be picked up no later than 48 hours from the conclusion of the event.

E. GARBAGE/RECYCLING REMOVAL

1. Self-service: Removing all refuse on your own? N ____ Y ____
2. Borough garbage receptacles: Need to rent Borough garbage receptacles? N ____ Y ____
- a. Dumpster size **(indicate how many you want)**: 6yd _____ 3yd _____ 2yd _____
- b. Can size **(indicate how many you want)**: 95gal _____ 65gal _____
- c. See fee schedule, on page 4, for the additional charge. Bring check in to Clerk’s office.
3. Borough recycling receptacles: **Free if renting Borough garbage receptacles.**
- a. Indicate how many you want: 95gal _____ 65gal _____
4. Commercial dumpsters: for large events
- a. The Superintendent of Public Works will determine if your event is large enough to deem the use of commercial dumpsters.
- b. Commercial dumpsters **must** be picked up no later than 48 hours from the conclusion of the event. If not, a \$50.00/day fine, will be applied until it has been picked up, at the discretion of the DPW Superintendent.
- c. All commercial dumpsters used must be covered.
5. Special Note: All garbage generated by VENDORS, during your event, **MUST** be disposed of properly in your dumpster, not the street/park cans.

F. REQUIRED ATTACHMENTS

1. Proof of Insurance (Special Events and Bonfire Applicants Only): Evidence of insurance will be required with application. Applicants must provide a certificate of General Liability Insurance naming the Borough as additional insured including Products & Completed Operations Insurance with a minimum combined single limit of liability per occurrence for bodily injury and property damage of one million (\$1,000,000) dollars with a minimum annual aggregate of two million (\$2,000,000) dollars. The Borough may require “Liquor Liability or Host Liquor Liability” coverage be provided by the applicant. For certain uses, “Spectators,” Athletic Participants” and/or “Sports Accident” coverage may be required to be maintained by the user.

2. Hold Harmless Indemnification Agreements (All Applicants): An executed Hold Harmless Indemnification Agreement must be submitted with each application.
3. Block Party Hold Harmless Requirements: All residents and affected property owners involved must complete and fill out a Hold Harmless Indemnification Agreement.
4. Additional Paperwork: You may be asked to provide additional paperwork as determined by the review committee or the Borough Clerk, Manager, or departments involved in the event planning/organization.

G. AFFIDAVIT OF APPLICATION

Everything that I have stated on this application is correct to the best of my knowledge. I have read and understand, and I agree to abide by the policies and rules and regulations listed on this form as they pertain to the requested usage. By signing this application, the applicant agrees to follow all rules and regulations of Chapter 140 of the Borough Code. All programs and facilities of the Borough of Beach Haven are open to all citizens regardless of race, sex, color, religion, national origin, or handicap.

Applicant's Name: (print) _____ Date: _____

Applicant's Signature: _____

For Office Use Only			
_____ Approved	_____ Denied	_____ Chief of Police	Date _____
_____ Approved	_____ Denied	_____ Borough Manager	Date _____



Hold Harmless Indemnification Agreement

The **Borough of Beach Haven**, hereinafter referred to as “**Municipality**,” hereby agrees to allow _____ [Name of Person(s) or Organization], hereinafter referred to as “**User**,” to use the facilities listed below:

Name and Location of Facility(ies):

_____ hereinafter referred to as “**Facility(ies)**” for:

Purpose:

_____ on the following date(s): _____

The above User shall inspect the described **Facility(ies)** prior to the use of the **Facility(ies)** and report any defective, hazardous, or dangerous conditions found at the **Facility(ies)** to:

Steve Letts 609-492-2525 at Municipality, and

User shall immediately cease the use of the **Facility(ies)** until such defective, hazardous, or dangerous conditions are remedied. After the use of the **Facility(ies)**, **User** shall immediately report to the Municipality any and all defects, hazards, damages or dangerous conditions upon or adjacent to the **Facility(ies)**.

Indemnification

User shall indemnify, save harmless and defend the **Municipality**, its elected and appointed officials, its employees, agents, volunteers and others working on behalf of the **Municipality**, from and against any and all claims, losses, costs, attorney’s fees, damages, or injury including death and/or property loss, expense claims or demands arising out of **User’s** use of the named **Facility(ies)**, including all suits or actions of every kind or description brought against the Municipality, either individually or jointly with **User** for or on account of any damage or injury to any person or persons or property, caused or occasioned or alleged to have been caused by, or on account of, any of the activities conducted by or caused to be conducted by **User**, or through any negligence or alleged negligence in safeguarding the **Facility(ies)**, participants, or member of the public, or through any act, omission or fault or alleged act, omission or fault of the **User**, its employees, agents, volunteers, subcontractors or others under the direction, control or under any contractual relationship with the **User**.

Print Name: _____ Date: _____

Signature: _____

SPECIAL EVENT PORTABLE TOILET CALCULATOR

For reference for large events and events serving alcohol

	<u>Max Attendance</u>	100	250	500	1,000	2,000	3,000	4,000	5,000	6,000	7,000
<u>Duration of Event</u>											
1 hr.		1	2	2	3	4	10	10	12	17	20
2 hrs.		1	2	3	4	8	12	16	20	27	32
3hrs.		1	2	3	5	10	15	19	24	34	38
4 hrs.		1	2	4	6	11	16	22	27	38	41
5hrs.		2	2	4	6	12	18	24	29	41	42
6 hrs.		2	3	4	7	13	18	25	31	42	46
7 hrs.		2	3	4	7	13	19	25	32	46	46
8hrs.		2	3	4	7	14	20	27	33	46	46

*This chart will give you an estimated number of restrooms you will need for your special event. If alcohol is being served, we recommend increasing the number of restrooms for your event. Please keep in mind that this is an estimate only. You may need more, or less depending on your specific needs.