

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 ____ **(provide a copy of license)**
3. Applicant information:
 - a. Applicant Name: _____
 - b. Address: _____ City: _____ State: _____ Zip: _____
 - c. Phone number: _____
 - d. Email: _____
4. Contact person (if different than applicant info): on the day of the event (MUST be on-site)
 - a. Name: _____
 - b. Cell number: _____

Please submit changes in the above information 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 ☐ Other _____

EVENT LOCATION, DATES, TIMES CONTINUED:

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 - if you need more space, please add on a separate sheet

5. Set up/tear down dates: Occurring outside of your event's dates? N ____ Y ____
a. If yes, dates: _____ from _____ am/pm to _____ am/pm
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

EVENT DETAILS CONTINUED:

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. Digital Flyer: Providing a digital flyer for the Borough's social media? N ____ Y ____

- a. Send digital flyer to Clerk's office: mbunce@beachhaven-nj.gov*

18. Street closures: Are street closures requested? N ____ Y ____

- a. What streets? _____
- b. Reason? _____
- c. Map/rendering of the event layout/closure provided for review? N ____ Y ____

EVENT DETAILS CONTINUED:

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, to determine the additional charge. Hand check in at the Clerk's office.
- c. 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.

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 & quantity: 6yd _____ 3yd _____ 2yd _____
- b. Can size & quantity: 95gal _____ 65 _____
- c. See fee schedule, on page 4, for the additional charge. Hand check in at Clerk's office.

EVENT DETAILS CONTINUED:

3. Borough recycling receptacles: Need recycling receptacles? N ____ Y ____ (free, if renting Borough garbage receptacles)

a. Type _____ # requested _____

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, understand, and 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 _____ Date _____
Chief of Police

_____ Approved _____ Denied _____ Date _____
Borough Manager



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:

Chris Carson 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.