

Phillipsburg Recreation

SPECIAL EVENT PERMIT APPLICATION

A Special Event that occurs, wholly or partially, upon Town of Phillipsburg property requires successful execution the provision and coordination of Town of Phillipsburg services. A special event is defined pursuant to Chapter 422-13.1B

To apply to hold a Special Event, please complete and submit this Special Event Permit application to **the Superintendent of Recreation** at least ninety (90) days prior to the event start date. Application not submitted within this timeframe will not be processed. The application must contain all the required information and documents to be accepted for processing. Providing there are no issues or concerns related to the processing of your application, the special event permit will be issued within 30 workdays of the receipt of your application.

Applications require a **\$25 application fee**, paid in the form of a money order, cashier's check or certified check made out to the Town of Phillipsburg when application is submitted. **If you have any questions about the special events application process, call (908) 454-5500 ext. 390**

SPECIAL EVENT PERMIT FEES*

**Be advised that depending on the date and duration, the event may incur additional costs for support.*

Alcohol fee: \$500 (if approved by town council)

Application fee: \$25

DPW Labor fees: \$60 per hour per employee

Event fees: \$100-\$250 based on number of participants listed on application

Equipment fees: Per current town ordinance

Garbage removal deposit: \$600 – refundable less a \$200 per pickup truck load of garbage removed fee.

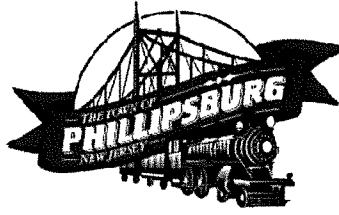
Garbage removal fee: \$200 per pickup truck load

Police Labor fees: Current contracted rate

Portable toilets: Billed at cost plus a \$10 per unit scheduling fee

Park restroom cleanup fee: \$250 per structure (restrooms are not guaranteed for special events)

Vehicle Fees: \$2-\$4 per vehicle, calculated on number of participants and 4 people per vehicle.



Phillipsburg Recreation

SPECIAL EVENT PERMIT APPLICATION CHECKLIST

Please review this list and include all documentation

Is application fully completed with all names, contact info and signatures?

Has an appropriate site plan been included?

If alcohol is included at your event, do you have your sale/consumption zone designated?

Has an appropriate plan for security been included?

Have the appropriate certificates of insurance from all vendors been included?

Have appropriate applications for offsite food service been made to the state?

Have you included health department permits for all vendors?

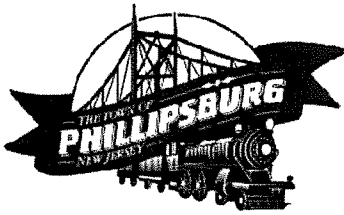
Have you secured proper restroom facilities?

Have you secured appropriate garbage removal?

Have you included your fee waiver request letter? *

(*Non-profit and Veterans groups only. Labor, garbage, and alcohol fees can not be discounted or waived.)

Have you included a list of all vendors, performers, acts, etc.?



Phillipsburg Recreation

For Office Use Only	
Pre-application meeting complete?	
Y or N	Date: ____ Initials ____
Application #: _____	
Date Received: _____	

EVENT INFORMATION

Date of Event _____ Date of Application _____

Applicant Name _____

Organization/Business Name (if applicable) _____

Address _____ City _____ State _____ Zip _____

Home

Home

Business

Business

Cell

Cell

Telephone Number _____ Alternate Number _____

Fax Number _____ Email _____

Main Contact Person during event and Telephone Number (if different from Applicant, for emergency purposes only): _____

Name of Event: _____

Event Description _____ If you wish to upload an event description at the end, please say so in the fields below.

Time Event Begins _____ Ends _____ Rain Date _____

Set-up Begins _____ Clean-Up Ends _____

Start Location (if applicable) _____

Finish Location (if applicable) _____

*** For a race, run, walk, procession, or parade, please attach a **detailed route** with the application. If any County Roads are in the route, you must obtain appropriate approval from the County. If any event is held on County or Federal property, it is the responsibility of the applicant to obtain appropriate approval. ***

Street Closing Location (if applicable): _____

Between: _____ & _____

Name of Park (if applicable) _____

Number of Participants (or Attendees) _____ Number of Spectators _____

Will participants or spectators be charged? Yes No If so, how much? \$ _____

SITE PLAN: Please attach a diagram of the location, routes, and set-up of any tables, booths, stages, etc.

Please provide a list of the individuals, organizations or groups (if different from the applicant) assigned to each booth and describe the activity, service, or other function to be provided at the booths.

If items are being sold or given away or dispensed in another manner, please provide a related list with prices.

Municipal Staff/Services Requested (check all that apply):

- | | | | |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> DPW Staff | <input type="checkbox"/> Trash Removal | <input type="checkbox"/> Barriers | <input type="checkbox"/> Fire/EMS |
| <input type="checkbox"/> Police Officers | <input type="checkbox"/> Utility Access | <input type="checkbox"/> Roads Blocked | <input type="checkbox"/> Other |

List other if checked: _____

Additional Information:

Will you need the town to remove garbage? (See fees listed above) Yes No
If no, please provide how you will be disposing of all trash. _____

Will you need the town to supply portable restrooms? (See fees listed above) Yes No
If no, please provide the vendor information and number of toilets you will be supplying. Number of units shall match industry recommendations _____

Have all vendors applied for appropriate permits/inspections? (Alcohol, open flame cooking, etc.) Yes No
If yes, please attach proof. If no, your application will not be accepted until proof has been obtained.

Will you be utilizing sound equipment during the event? Yes No
If yes, you understand that the municipal noise ordinances shall apply. (Chapter 384, Noise)

Will the event be advertised? Yes No
If yes, describe the advertising plan, including dates and media outlet(s). Please ensure you obtain approval for your event before you begin to promote or advertise the event. _____

Will any pamphlets or advertising matter of any kind be distributed at the event? Yes No
If yes, attach a copy to the application upon submission.

Is there any indication that any group/organization may seek to disrupt your event? Yes No
If so, please provide details on your concern and all available information, including the names of those individuals/groups/organizations and their contact information: _____

Are you partnering with any organizations in conjunction with your special event? Yes No
If so, please provide all available information, including the names of those individuals/groups/organizations and their contact information: _____

RELATED SPECIAL EVENTS PERMITS/SUBMISSIONS

Please read the following permit requirements carefully and identify all that may apply to your event:

Alcohol served or sold *(Please note the additional insurance requirement on Page 4)*

The applicant is required to file an application with the Division of ABC in Trenton at least ten (21) working days prior to the event either via mail or the online system. The Division of ABC in Trenton may disapprove, deny, and/or cancel any application without notice, reason, or cause.

Fireworks *(Please note the additional insurance requirement on Page 4)*

Applicant must submit a copy of the firework vendor's (1) Permit to Manufacture Explosives and (2) Permit to Use Explosives, both issued by the New Jersey Department of Labor, Office of Safety Compliance.

Amusement Rides *(Please note the additional insurance requirement on Page 4)*

Applicant must provide proof that the owner/operator of the amusement rides has acquired the necessary permits from the New Jersey Department of Community Affairs, Bureau of Code Services.

Animals *(Please note the additional insurance requirement on Page 4)*

At least one (1) week prior to the event, the applicant must submit a health certificate for each animal to participate, as well as the name of a veterinarian who will provide care for any injured or sick animal, a copy of the handler's licenses required under Federal and/or State law, and verification of access to animal transport. (Applicant must be able to show compliance with **all the above requirements** in order to receive Special Event Permit.)

Vendors *(Please note the additional insurance requirement on Page 4)*

Vendors must obtain and supply the appropriate health Department Licensing. Vendors shall also supply proof that they have submitted the off-site, open flame cooking inspection request through the State of NJ

Temporary Structure(s) – Tents, stages, etc. *(Please note the additional insurance requirement on Page 4)*

If temporary structures are to be utilized during the event, a zoning permit must be obtained, and a copy submitted.

INSURANCE

All Special Events require a Certificate of Insurance naming the Town of Phillipsburg as an additional insured. The Certificate of Insurance should include a hold harmless provision that reads as follows:

The Town of Phillipsburg and its officers and employees are additional insured. The Applicant/organization shall defend, indemnify and hold harmless the Town of Phillipsburg, its agents servants and administrators from and against any and all claims, or actions at law, whether for personal injury, property damage or liability including any costs of defense incurred by the Town of Phillipsburg which arise from any acts, omissions of the insured, its agents, or employees arising out of or related to the permit(s) and use of the Town of Phillipsburg's parks, streets, and/or facilities for _____ Name of event _____.

A certificate of insurance evidencing general liability insurance (an occurrence policy) of at least **\$1,000,000.00 (one million dollars)** and property damage coverage of at least **\$100,000 (one hundred thousand)** and naming the Town of Phillipsburg as an additional insured must be submitted for the application to be accepted for processing. The Town reserves the right to request additional liability insurance depending on the scale and duration of the event, including but not limited to the following:

Will your event include vehicles, aircraft, or other equipment, devices, or activities that are excluded from coverage in your general liability insurance policy? Yes No

*If so, separate additional liability insurance for the applicable exclusion with coverage of at least **the coverage minimums listed above** must be provided by vendor naming Town of Phillipsburg as an additional insured.*

Will alcoholic beverages be served or sold at your event? Yes No

*If so, separate additional liquor liability insurance with coverage of at least **the coverage minimums listed above** must be provided by the alcohol vendor naming Town of Phillipsburg as an additional insured.*

Will contracted emergency medical Services or first aid stations provided at your event? Yes No

*If so, separate additional medical liability insurance with coverage of at least **the coverage minimums listed above** must be provided by vendor naming Town of Phillipsburg as an additional insured.*

Will fireworks or other special effects be displayed at your event? Yes No

*If so, separate additional general liability insurance with coverage of at least **\$2,000,000 liability and \$500,000 property damage** and naming the Town of Phillipsburg as an additional insured must be provided by the pyrotechnics company.*

Will contracted security guards or officers be used at your event? Yes No

*If so, separate additional medical liability insurance with coverage of at least **the coverage minimums listed above** must be provided by vendor naming Town of Phillipsburg as an additional insured.*

Will amusement rides be used at your event (including inflatables)? Yes No

*If so, separate additional medical liability insurance with coverage of at least **the coverage minimums listed above** must be provided by vendor naming Town of Phillipsburg as an additional insured.*

Will animals be utilized/on display at your event? Yes No

*If so, separate additional medical liability insurance with coverage of at least **the coverage minimums listed above** must be provided by vendor naming Town of Phillipsburg as an additional insured.*

APPLICANT ACKNOWLEDGMENT/AUTHORIZATION/INDEMNIFICATION

As the applicant, I hereby certify the information I have provided in this application and any attachments is complete and accurate, and that no false or misleading information or false statements have been given. I understand that failure to do so and to abide by the rules and regulations promulgated by the Town of Phillipsburg for holding Special Events may lead to the denial of the application, cancellation of the event, the denial of future Special Event applications, or other legal action.

In addition, as the applicant, I hereby agree to defend and hold harmless the Town of Phillipsburg, its agents, servants, and administrators from and against any and all claims, or actions at law, whether for personal injury, property damage, or liability including and cost of defense incurred by the Town of Phillipsburg which may arise from any acts omissions of the insured, its agents, or employees arising out of or related to the permit(s) and use of the Town of Phillipsburg's parks, streets, properties, and/or facilities which are deemed not to be the sole responsibility of the Town of Phillipsburg.

I acknowledge that the Town of Phillipsburg reserves the right to deny a permit to any event that interferes with the health, safety, order, and well-being of the general public.

As the applicant/owner, I further certify that I am authorized to sign this application and execute the Hold Harmless & Indemnification Agreement contained therein on behalf of (Name of Organization):

_____ for the Special Event beginning on ____/____/____
ORGANIZATION

SIGNATURE

PRINT (NAME)

TITLE

DATE

Note: Please recheck your application to ensure that it is complete with all the requested information. This will enable your application to be processed without delay. Providing there are no concerns or issues related to the processing of your application, the special event permit will be available within 30 workdays of the receipt of your application.

For office use only:

Chief of Police

Public Works

Fire Chief

Municipal Clerk

Superintendent of Recreation

Business Administrator

It is / is not recommended to approve this application.

Mayor

Date:

Approved: _____

Denied: _____

Date: _____

Council Approval Signature

Date:

Reason for Denial: A letter of denial will be attached with reasons and appeal information.