Public Event Application

Date __/__/____                          Application # ______-2023

DEMONSTRATION                          SPECIAL EVENT            BLOCK PARTY
(Circle one)

Applications must be submitted to the Office of the Business Administrator at least twenty-one (21) days before the Special Event.

Responsible Applicant Information

_____________________________________________________________________________________
First Name     Last Name
_____________________________________________________________________________________
Street Address

City     State  Zip

Phone # ________________     Cell Phone #________________     Email___________________________

Organization Information

_____________________________________________________________________________________
Organization Name       Tax Exemption #
_____________________________________________________________________________________
Street Address

City     State  Zip

Phone # ________________     Cell Phone #________________     Email___________________________
Event Information

What is the nature of the event?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Where would the event be held (specific location(s))?  
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Specify the intended Date and Time for the Event. (Note that Events are **not** permitted to start before 8:00 A.M. or end after 10:00 P.M. Please also specify an alternative date in case of inclement weather. 

<table>
<thead>
<tr>
<th>Start Date &amp; Time</th>
<th>End Date &amp; Time</th>
<th>Rain Date &amp; Time</th>
</tr>
</thead>
</table>

Please answer the following questions:

# of people attending (approx.) ____

Special Event Permit Application Fee $__ (A $100 fee only applies with attendance of 100+)

Is there an intention to charge for admittance to the event? ____yes/no__ If Yes, please provide description

Will there be anyone selling or offering anything to the public? ____yes/no__ If Yes, please provide description

Will there be fund raising activity at the event? _____________ ____yes/no__ If Yes, please provide description

Will the event be serving any alcoholic beverages? ________________ ____yes/no__ If Yes, please provide description

If so, please provide any license or authority to serve such beverages.

If so, will there be a charge for such alcoholic beverages? _______yes/no_

Please provide the following information (Attach separate sheets if necessary):

Will the event require the closure of street(s)? __yes/no__ If yes, please specify which street(s)
Will food, beverage or merchandise be provided or sold at the event?  _yes/no_

If "Yes", please specify type(s) of food, beverage or merchandise?

_____________________________________________________________________________________  
_____________________________________________________________________________________  

Some event activities, such as provision of food, beverages, use of pyrotechnics, just to name a few, will generate additional license/permit requirements that will be conditional requirements on any approved Public Event Permit. For example, the provision of food & beverages will require the completion the appropriate West Orange Health Department, Itinerant Food Vendor Application or Itinerant Mobile Food Establishment – Food Truck Application and the payment of any requires fees for such in order to validate any Conditionally Approved Public Event Permit. Another example would be if pyrotechnics are anticipated, any approval would be contingent on obtaining additional approvals from the West Orange Fire Department and compliance with any subsequent requirements.

Check off other township resources are you requesting?  (may incur additional costs)

   ___ Public Address System   ___Podium   ___Indoor Bathrooms   ___Outdoor Bathrooms
   ___Table/Chairs   ___Stage   ___Electricity (w/o extension cords)   ___Gas Powered Generators
   ___Police   ___Crossing Guards   ___Road Closures   ___Barricades   ___Road Closures

Provide a detailed explanation of the security plans for the event.

_____________________________________________________________________________________  

Provide a list of individuals names, addresses, Identification and accessible cell phones for the dates/times of the event who are(is) responsible for the operation, programming and security at the event.

_____________________________________________________________________________________  

Provide a detailed map/sketch showing area of the event including entrances and exits, location of event activities, sales areas, food, alcoholic beverages and the placement of all equipment, generators, tents, canopies, inflatables, food trucks or pyrotechnics required for the event.

_____________________________________________________________________________________  

_____________________________________________________________________________________  

_____________________________________________________________________________________  

Provide the detailed parking requirements for the event?

Additionally, the Township may require posting of the deposit of funds in escrow to cover any of its expenses related to the Public Event Permit and to any and all damages to public property incurred. All Public Event Permit Applications must be presented with payment of the required application fee. However, properly registered 501c-3 organizations may request that the Public Event Permit Fee be applied to against any required escrows.

Approved Public Event Permits may be cancelled at any time for failing to meet any conditions placed in consideration of approval of the permit, any material omission on the permit application, any material misrepresentation made on the permit application as well as any other circumstance that causes the event to create an unplanned life hazard use or pose a threat to the health, welfare and/or safety to any participants, Township staff or bystanders beyond the capabilities of the Township to effectively manage.

A Certificate of Insurance, along with necessary endorsements, must be filed with the Office of the Business Administrator no less than five (5) days before the date of the Event for review by the Township’s Risk Manager.

- General Liability Coverage $100,000. Each Occurrence
- Damage to Permitted premises $100,000. Each Occurrence
- Personal Liability combined single limit $1,000,000
- Automobile Liability $1,000,000

Questions?

Contact the Office of the Business Administrator @ 973-325-4050 or admin@westorange.org

By signing below, the applicant, who is at least eighteen (18) years of age, affirms that you are responsible for this event and that the information provided in this application is true, correct, accurate and known to the applicant to be so. If approved by the Township, the applicant agrees on behalf of the sponsoring organization to comply with all of the Special Event Permit conditions and requirements as provided in the Township’s approval.

Applicant Signature __________________________ Date ____________
The Township of West Orange
Insurance Requirements for use of Township Premises

All documentation (Certificate of Insurance and Hold Harmless Agreement) must be provided to the Town Recreation Department PRIOR to the use of any Town fields and/or facilities.

1. **Certificate of Insurance Requirements** (See attached Sample Certificate of Insurance):
   a. **Certificate Holder**
      The Township of West Orange (and not specifically the Recreation Department) must be listed in the Certificate Holder box. The following name and address should be used:

      
      The Township of West Orange  
      66 Main Street  
      West Orange, NJ 07052

   b. **Additional Insured**
      Additional insured verbiage must be listed in the Certificate’s Description of Operations box:

      “The Township of West Orange, its officers/officials, agents, employees and consultants are listed as additional insured as respects to Space/Area Being Used, Event Date and Time; Event will/will not have alcohol and/or will/will not have amusement rides or inflatables.”

   c. **General Liability Coverage**
      Coverage limits shall not be less than reflected on the sample Certificate of Insurance.

   d. **Events with Alcohol**
      For events with alcohol (not for sale), it must be noted on the certificate that Host Liquor Liability coverage is included. For events with alcohol for sale, Liquor Liability coverage of at least $1M per occurrence and $1M aggregate must be listed on the certificate.

   e. **Events with Amusement Rides and/or Inflatables (Bounce Houses)**
      The vendor providing the amusement ride and/or inflatables, must provide a Certificate of Insurance for General Liability, Auto Liability & Workers’ Compensation coverages with the Township of West Orange named as an additional insured on General Liability & Auto Liability and the vendor must provide an attendant to monitor the rides and/or inflatables at all times.

   f. **Event Insurance Vendors**
      Event insurance can typically be added to an existing Homeowner’s or Renter’s policy for a minimal policy fee or can also be purchased online, as an example:

      Festivals, Wedding, Special Events Insurance - K&K Insurance Group, Inc. (kandkinsurance.com)

2. **Executed Hold Harmless Agreement in favor of the Township of West Orange** (See next page).
West Orange Township  
Hold Harmless Agreement for Use of Premises

Between the West Orange Township and  
_______________________________________________________________ ("Renter").

WITNESSETH:

1. ________________ ("Renter") agrees to release, indemnify and hold harmless West Orange Township from and against any loss, damage or liability, including attorneys’ fees and expenses incurred by the latter entities and their respective employees, agents, volunteers or other representative arising out of or in any manner relating to the property damage and/or bodily injury as a result of the use of West Orange Township’s premises.

   Name of Event: ________________________________________________

   Space/Area Being Used: ________________________________________

   Date & Time of Use: ___________________________________________

   Will the Event have alcohol? ____________________________________

2. The applicant has furnished the Certificate of Insurance with limits of liability described below:

   General Liability: _____________________________________________

   For events with alcohol, Liquor Liability Coverage must be included on the Certificate.

   Dated: ______________

   Signed: _____________________________________________________

   ("Renter")

   Witness: ____________________________________________________
**CERTIFICATE OF LIABILITY INSURANCE**

**DATE (MM/DD/YYYY):**

**INSURANCE REQUIREMENTS FOR USE OF PREMISES**

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**COVERAGES**

**CANCELLATION**

**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.**

**AUTHORISED REPRESENTATIVE**

Insurance Broker Signature

The Township of West Orange
66 Main Street
West Orange, NJ 07052

**ACORD 25 (2016/03)**

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The ACORD name and logo are registered marks of ACORD.
If your event will have amusement rides or inflatables (bounce houses), the vendor must provide a Certificate of Insurance representing their insurance, per the following:

- **Commercial General Liability**: $2,000,000, $1,000,000 per occurrence
- **General Aggregate Limit Applies Per Occurrence**: $2,000,000
- **Personal & Advertising Injury**: $2,000,000
- **Products - Commodity Aggregate**: $2,000,000
- **Umbrella Liab**: $1,000,000
- **Workers Compensation**: $500,000 each accident, $500,000 each occupation
- **Any Proprietor/Partner/Executive Officer/Member Excluded? (Mandatory in NH)**
  - Yes

**Description of Operations / Locations / Vehicles**: (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Township of West Orange, its officers/officials, agents, employees and consultants are listed as additional insured as respects to: Space/Area Being Used, Event date and time.

**Certificate Holder**: The Township of West Orange
66 Main Street
West Orange, NJ 07052

**Cancellation**: Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

**Authorized Representative**: Insurance Broker Signature
West Orange Public Event Escrow Request-Event # _____-23 Event Date ____/____/____

**Staffing Requirement:**

<table>
<thead>
<tr>
<th>Function</th>
<th>Staff Required</th>
<th>Hours Required</th>
<th>Estimated Rate</th>
<th>Escrow Amount</th>
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</thead>
<tbody>
<tr>
<td>Indoor Facility Access</td>
<td>_______________</td>
<td>_______________</td>
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<tr>
<td>Operation of Equipment</td>
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<tr>
<td>Indoor Facility Access</td>
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<tr>
<td>Other Labor</td>
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**Other Requirements**

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<thead>
<tr>
<th>Equipment Required</th>
<th>Rental Fee</th>
<th>Hours Required</th>
<th>Security Deposit</th>
<th>Escrow Amount</th>
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<tbody>
<tr>
<td>Public Address System</td>
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<td>Podium</td>
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<td>Table/Chairs</td>
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<td>Stage</td>
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<td>Barricades</td>
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<td>Police Cars</td>
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<td>Trucks</td>
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Total Escrow Required __________

Business Administrator Signature ___________________________ Date __________