

APPLICANT INFORMATION

- 1) Name of Organization: _____
- 2) Address of Organization: _____
- 3) Contact Person: _____ Phone: _____
- 4) Email: _____
- 5) Is your organization tax exempt? _____ Tax ID # _____
- 6) Is this a non-profit event? _____ NJ Registered Charitable Organization # _____

CERTIFICATE OF INSURANCE

Events are required to provide the Borough of Stone Harbor with a Certificate of Insurance indicating the continuation of insurance coverage and designating the Borough of Stone Harbor as an "Additional Insured." A copy of the Additional Insured Endorsement page(s) must be provided with the certificate. The policy must be current and not expire before or on the dates of the event.

REQUIREMENTS

I. LOW HAZARD *Indoor/outdoor meetings, picnics & social gatherings (no alcohol)*

A. Commercial General Liability \$ 100,000

* If a private and/or non-profit group is sponsoring the event, a \$100,000 policy will suffice or evidence of a homeowners insurance policy.

B. Municipality to be named as "Additional Insured"

II. MODERATE HAZARD *Dances, animal shows, parades, rallies, family concerts*

A. Commercial General Liability \$ 1,000,000

B. Automobile Liability \$ 1,000,000

C. Workers Compensation Statutory

D. Municipality to be named as "Additional Insured"

III. HIGH HAZARD *Team sporting events, circuses and carnivals with rides*

A. Commercial General Liability \$ 1,000,000

B. Automobile Liability \$ 1,000,000

C. Workers Compensation Statutory

D. Municipality to be named as "Additional Insured"

IV. SPECIAL HAZARDS *Rock concerts, professional sports, rodeos, vehicle races, fireworks, crowds over 25,000 and all functions where alcohol is served.*

Due to variable factors such as crowd size, potential hazards, availability and cost of insurance coverage, the Borough of Stone Harbor must consult with our municipal attorney. Please complete the application for consideration.

HOLD HARMLESS

To the fullest extent permitted by law, _____, agrees to defend, pay on behalf of, indemnify, and hold harmless the Borough of Stone Harbor, its elected and appointed officials, its agents, employees and volunteers and others working on behalf of the Borough of Stone Harbor against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the Borough of Stone Harbor, its elected and appointed officials, its agents, employees, volunteers or others working on behalf of the Borough of Stone Harbor, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with the use of or is in any way connected or associated with the use of the Borough of Stone Harbor public lands during the event.

SIGNATURE OF APPLICANT: _____

1K / 5K / ATHLETIC / BIKE RACE / MARATHON

- 1) Name of Race: _____
- 2) Location of Event: _____
- 3) Setup Time: _____ am / pm Start Time: _____ am / pm End Time: _____ am / pm
- 4) Purpose of Event: _____
- 5) Beneficiary: _____
- 6) Race Distance: _____ Number of Participants Expected: _____ Fee Charged: \$ _____
- 7) Do participants complete a registration form (**Please include a registration form with application**): Yes No
- 8) Proposed Route (include turn-by-turn directions): _____

- 9) Location(s) of barricades, street closings or signage (identify on site-plan): _____

- 10) Location(s) of water stations (identify on site-plan): _____

- 11) Location(s) and size/type of tent(s) (eg) first aid, registration, etc - identify on site-plan):
Special Note: Client must provide/rent required tents, tables, chairs, PA system, ice or generators needed to execute the event. All 501c 3 organizations requesting use of Borough amenities requesting any items listed above, must do so in writing on this application. _____

- 12) Location(s) and number of trash receptacles and recycling cans requested (identify on site-plan):
Trash: _____ Recycling: _____
- 13) Location(s) of Borough electrical services (identify on site-plan): *Special Note: If existing Borough electrical outlets are not sufficient for your event, client must provide their own source of power. Use of generators or compressors must be approved by the Fire Official.* _____

- 14) Location(s) of Portable Toilet(s) (identify on site-plan): _____

PLEASE NOTE: Applicant must contract a company to setup and remove restrooms. An appropriate number of these toilets should be **handicap accessible**. Number of restrooms should double if expecting 50% of females.

PLEASE CONTINUE TO PAGE 4 TO COMPLETE APPLICABLE ITEMS BEFORE COMPLETING PUBLIC SAFETY PORTION

FESTIVAL & OTHER SPECIAL EVENTS

- 1) Name of Event: _____
- 2) Address of Event: _____
- 3) Setup Time: _____ am / pm Start Time: _____ am / pm End Time: _____ am / pm
- 4) Purpose of Event: _____
- 5) Beneficiary: _____
- 6) Number of Attendees Expected: _____ Entrance Fee Charged: \$ _____
- 7) Location(s) of barricades, street closings or signage (identify on site-plan): _____

- 8) Number of Non-Food Vendor Spaces: _____ Number of Food Vendor Spaces: _____
*Attach a list of Vendors and Contact Numbers – fully updated list must be turned in two weeks prior to event.
All Vendors must cover storm drains with felt or other approved material. No dumping of any water is permitted in the storm drain.
This is a direct violation of the Department of Environmental Protection.*

Open Flame – Barbeque – Permit Fees

The Uniform Fire Code States: Permits shall be required and obtained from the local enforcing agency for activities pursuant to N.J.A.C. 5:70-2.7(a). Permits are \$42.00. Applications for a permit are on file in the Borough Clerk's Office or online at www.SHNJ.org

Permit #:

Application for a permit required by this code shall be made to the fire official in such form and detail as the fire official shall prescribe. Applications for permits shall be accompanied by plans or drawings as required by the fire official for evaluation of the application.

Food Festival Events – Cape May County Department of Health

All food vendors are subject to regulation in Chapter XII N.J.A.C. 8:24-8 and 9 in order to operate.

The filing fee for a Food Festival Event is \$25.00 and must be filed with the County Health Department at least fourteen (14) days before the event involving five (5) or fewer booths and thirty (30) days prior to an event involving more than five (5) booths.

Applications are on file in the Borough Clerk's Office.

- 9) Location(s) and size/type of tent(s) (eg first aid, registration, etc - identify on site-plan):
Special Note: Client must provide/rent required tents, tables, chairs, PA system, ice or generators needed to execute the event. All 501c 3 organizations requesting use of Borough amenities requesting any items listed above, must do so in writing on this application.

- 10) Type of Entertainment /Location of Stages or Performance Areas (identify on site plan)
(Attach copy of program schedule (may submit draft version); final version must be turned in two weeks prior to event)

- 11) Location(s) of Borough electrical services (identify on site-plan): *Special Note: If existing Borough electrical outlets are not sufficient for your event, client must provide their own source of power. Use of generators or compressors must be approved by the Fire Official.* _____

- 12) Location(s) of Portable Toilet(s) (identify on site-plan): _____

PLEASE NOTE: Applicant must contract a company to setup and remove restrooms. An appropriate number of these toilets should be **handicap accessible**. Number of restrooms should double if expecting 50% of females.

PUBLIC SAFETY: FIRE & POLICE

1) Do you anticipate the need for Fire Department / EMS staff to support your event? Yes No

If yes, for what purpose? _____

2) Are you requesting permission to use a generator or compressor during your event? Yes No

If yes, please describe in detail, including dates and times for proper approval: _____

3) Will there be a bonfire, open flame, lighting, extinguishing, or burning of any material? Yes No

If yes, please describe in detail: _____

4) Do you anticipate the need for Police assistance to support your event? Yes No

If yes, for what purpose? _____

5) Will you request road closures? Yes No

If yes, please describe in detail (days, times, and locations): _____

6) Will you request "no parking" signage? Yes No

If yes, please describe in detail (days, times, and locations): _____

7) Will the event require the site to remain in place overnight, or will the site be broken down each night (partially or completely)?

Explain: _____

8) Describe how you plan to provide security for the event? _____

9) Miscellaneous needs Borough Fire or Police need to be aware of? _____

CANCELLATION POLICY

The Special Event is a rain or shine event. If weather, major disaster, or other circumstances beyond the control of the Borough of Stone Harbor cause the cancellation of the event, event fees will not be returned. The Borough of Stone Harbor cannot be held liable by applicants for the failure of the event to take place. Cancellations at least 30 days prior to the event date, must be in writing and submitted by mail or email to the respective Borough coordinator. Refunds will not be awarded for cancellations within 30 days.

**THIS CHECKLIST MUST BE COMPLETED AND SUBMITTED WITH YOUR EXECUTED APPLICATION.
PLEASE INITIAL BELOW, INDICATING THAT THE APPLICATION INCLUDES THE ITEMIZED DOCUMENTS.
AN APPLICATION SUBMITTED WITHOUT THE FOLLOWING DOCUMENTS MAY BE REJECTED.**

Item	Initials
Executed Application	
Proof of Liability Insurance	
Executed Hold Harmless Agreement (provided)	
Site Plan / Timeline / Vendor info	
Non-refundable Application Review Fee	

FOR OFFICIAL USE ONLY

PUBLIC WORKS DIRECTOR

APPLICATION RECEIVED ON: _____

APPROVED: _____

DENIED: _____

Comments: _____

Signature _____

Date _____

Projected Departmental Costs for this event: _____

SAFETY OFFICER

APPLICATION RECEIVED ON: _____

APPROVED: _____

DENIED: _____

Comments: _____

Signature _____

Date _____

CHIEF OF POLICE

APPLICATION RECEIVED ON: _____

APPROVED: _____

DENIED: _____

Comments: _____

Signature _____

Date _____

Projected Departmental Costs for this event: _____

FIRE OFFICIAL

APPLICATION RECEIVED ON: _____

APPROVED: _____

DENIED: _____

Comments: _____

Signature _____

Date _____

Projected Departmental Costs for this event: _____

BOROUGH ADMINISTRATOR REVIEW

SIGNATURE _____

Date _____

BEACH, RECREATION, TOURISM COMMITTEE CHAIR

APPLICATION RECEIVED ON: _____

APPROVED: _____

DENIED: _____

Comments: _____

Signature _____

Date _____