

BELMAR SPECIAL EVENT APPLICATION

DATE APPLICATION RECEIVED: _____

SPECIAL EVENT SUMMARY

Application fee \$100 (not for profit \$35.00)

Fill out the application and attach the required supplemental documentation. Add more Lines/pages if necessary. Applications shall be received by the Borough of Belmar Special Events Coordinator ninety (90) days prior to your event. Application fees are non-refundable. For any reason that you need to cancel or reschedule the date of your event, you must do so in writing no less than 48 hours in advance of setup time for your event. Violation of any terms of this agreement may be grounds for **immediate termination** of your event and will preclude your event from being held within the Borough of Belmar for any future events. **Certificate of Insurance naming the City as an additional insured on a Primary and Noncontributory Basis in the amount of \$1,000,000.00 is required upon approval of the application and must be submitted at the time funds are made payable.**

IF INFORMATION REQUESTED DOES NOT PERTAIN TO YOUR EVENT SIMPLY WRITE N/A.

Any questions please email: jwalsh@belmar.com

EVENT TITLE _____

EVENT DATE: _____ # OF PARTICIPANTS: _____

EVENT TIME: DAY 1: _____ DAY 2: _____

Set-up time: _____ Break-down time: _____ Set-up time: _____ Break-down time: _____

*Set-up cannot be before 7 AM; Break-down needs to be done by 9 PM

EVENT STAFF CONTACT INFORMATION

Y N

Document attached authorizing the Applicant/Agent of the Applicant to sign application

APPLICANT NAME

(The Applicant is the party or entity legally responsible for the event)

Mailing address _____

Telephone (day) _____ (cell) _____ (fax) _____

E-mail and website addresses _____

Entities without an IRS 501(c)(3) valid tax exemption status are considered to be commercial in nature.

CO-APPLICANT NAME

(The Co-Applicant is the party providing insurance for the event if by an entity other than the Applicant.)

Mailing address _____

Telephone (day) _____ (cell) _____ (fax) _____

E-mail and website addresses _____

Y N

Will any part of the event be held in a Borough park? **(CIRCLE ONE)**

Pyanoe Plaza, 9th & Main Street

Silver lake Park, 5th & Ocean Avenue

Schroder Park, 2nd & Ocean Avenue

McClearie Park, Hwy 35

Memorial Field, 12th-13th Ave & Main Street

Fuggerio Park, 8th & D Street

Y N

Will any part of the event be held in a Borough Public Space? **(CIRCLE ONE)**

Belmar Beach

Belmar Marina

Huisman Gazebo

Other.....

Will any part of the event be held in a Borough parking lot? _____

Will any part of the event be held on a Borough beach? _____

Letters of consent attached from property owners for use of private properties not owned by the Applicant

LOCATION(S) Indicate involved location(s) including all addresses to include street numbers:

AFFECTED PARTY MEETING- to be determined during application review by committee

Y N

Affected Party meeting required? Copy of meeting notice attached. **Date notice is to be sent**

List of recipients and their addresses attached.

Addresses for involved private property locations to include street numbers:

Y N

Is this your first time organizing such an event? If no, what other events have you organized and been responsible for? _____

Have you held this event or a similar event in past years?

If yes, when and where: _____

How does this event benefit the Borough of Belmar? (explain)

FEES

To be assigned following Special Event Meeting

Are patron admission, entry, or participant fees required?: Fee amount _____

DATES(S) AND TIMES Add more lines/page if necessary. If in a public park or space, set up time will not begin before 7AM and dismantle and cleanup will be finished for the day by 9PM

CATEGORY (CIRCLE ALL THAT APPLY)

Run

Marathon/Half-marathon

Expo

Street Fair

Walk

Triathlon

Festival/Celebration

Cold Water Plunge

Cycling

Fundraiser

Fireworks/pyrotechnics

Other: _____

5K

Concert

Parade

ACTIVITIES (CIRCLE ALL THAT APPLY)

Do your event plans include any of the following

activities: Bingo Games

Casino

Games

Drawing

Live Music

Lottery

Patron Dancing

AMPLIFIED SOUND OR MUSIC

No amplified sound before 8:00AM. No amplified sound after 9PM.

Speakers MUST be pointed away from residential housing.

Y N

Are there any musical entertainment features related to your event? If yes, complete the following information:

Name of band(s): _____

Number of stages: _____

List of all bands/performers, their schedule, and locations attached.

Type of Music:

Instrumental Hard rock Jazz Folk Popular National Other

Y N

Will sound checks be conducted prior to the event? **If yes, indicate start and finish time:** _____

Will sound amplification be used? **If yes, indicate start and finish time:** _____

Do you plan to have a patron dance component to either live or recorded music at your event and will there be a designated dance floor or area? **If yes, describe and indicate on site plan:**

DESCRIPTION OF EVENT

Describe the nature of the event in detail for advertising purposes: _____

Expected number of spectators per day: _____

Expected number of participants per day: _____

Y N

Copies attached of pamphlets, schedule of events or activities, flyers, promotional materials, event advertising, maps, etc., which are provided to the public or participants.

Do you expect any celebrities or highly public individuals to attend or participate in your event?

If yes, list individuals by name and classification. Examples include: entertainer, political figure, business person, religious person, civil rights, foreign dignitary, etc. _____

DATE(S)/TIMES/LOCATION(S)

Indicate the dates, times, and locations the **Applicant or On-site contact** will be staffing the event:

Date(s) _____ from _____ to _____ hours

Location(s) _____

ON-SITE CONTACT NAME ON DAY OF EVENT/TITLE _____

Organization _____

Telephone (day) _____ (cell) _____ (fax) _____

E-mail and website addresses _____

PROFESSIONAL EVENT ORGANIZER NAME/TITLE _____

Organization _____

Mailing address _____

Telephone (day) _____ (cell) _____ (fax) _____

E-mail and website addresses _____

STAFF MEMBER TO WORK WITH THE SPECIAL EVENTS COORDINATOR

(if other than the Applicant or Agent)

Organization _____

Telephone (day) _____ (cell) _____ (fax) _____

E-mail and website addresses _____

Y N

Will event staff be recognizable in uniforms on the day of the event?

Describe uniforms: _____

Will event staff be in contact with city staff via cell phone or two-way radios?

Event staff roster attached to include: names, titles, shifts, phone numbers, locations, duties.

Location of event staff accepting lost property and persons: _____

Missing child policy attached.

Volunteer check-in location: _____

INSURANCE REQUIREMENTS AND VERIFICATION OF COMPLIANCE

Y N

Copy of general Certificate of Insurance for Applicant attached. ***Cert. Of Insurance, \$1 Million, see first page.***

Copy(ies) of certificate(s) of insurance for special aspect(s) attached.

(alcohol/inflatables/fireworks/pyrotechnics/climbing wall/security/traffic control)

Is insurance for the event provided from any entity other than the Applicant?

Copy of blank waiver and release of liability form(s) for athletic participants attached.

(Release of the Borough of Belmar from liability must be included on the form)

SITE PLAN

Y N

Site plan attached.

Detailed narrative and time-line attached including description of activities during the event.

Will inflatables be provided?

SHUTTLE SERVICE

Y N

Will event be providing shuttle services from off-venue parking areas?

If yes, what address(es) to include street numbers? _____

Shuttle plan attached. *(Details of shuttle service, a map of the routes, site plan of the off-site public parking)*

SHUTTLE PROVIDER

Contact name _____

Telephone (day) _____ (cell) _____ (fax) _____

E-mail and website addresses _____

DATES(S) AND TIMES

Indicate the dates, times, and locations the shuttle will be in operation.

Date(s) _____ from _____ to _____ hours

Location(s) _____

PORTABLE RESTROOMS

Y N

Do you plan to provide portable restroom facilities? If yes, secondary containment trays are required.

If no, explain: _____

Number of portable restrooms _____ Number of hand washing stations _____

Number of ADA accessible portable restrooms _____

All portable restroom and hand washing stations are indicated on the site plan.

Estimate for minimum number of units per people: 500 people or less-4; 1000 people-8; 2500 people-15

RESTROOM PROVIDER

Contact name _____

Telephone (day) _____ (cell) _____ (fax) _____

E-mail address _____

DATE(S)/TIMES FOR PORTABLE RESTROOM DELIVERY AND PICK-UP

Restroom set-up: Date _____ Time _____

Restroom pick-up: Date _____ Time _____

Please note that if you need to reschedule your event for whatever reason, you must fill out a new application. Rain Dates cannot be given as other events may be scheduled on that date.

The placing of lawn signs on private and public property or signs on street poles to advertise an event is prohibited; 40-7.24

The application fee is due upon submission of the application. It will be reviewed and if approved a detailed cost statement will be provided. If the funds are not provided, you will lose your date for the event and have to resubmit the application. Certificate of Insurance naming the Borough as an additional insured in the amount of \$1,000,000.00 is required upon approval of the application and must be submitted at the time funds are made payable.

On Behalf of the applicant, I have reviewed the route and/or premises that are being rented and/or utilized and that route and/or premises appears to have no apparent hazards which would endanger the participants or prohibit the activities on the City property being utilized. On behalf of the applicant, I have also advised that I will execute an Indemnification and Hold Harmless Agreement by all applicants and participants who participate in the Special Event that the organization has requested to hold.

Signature of Applicant or Co-applicant: _____

SPECIAL ASPECT OF EVENT RELEASE FROM LIABILITY AND INDEMNIFICATION

(Read before signing)

Y N

Is there a special aspect involved in the event? (**alcohol/inflatables/fireworks/pyrotechnics/climbing wall/security/traffic control**) If yes, please have the entity providing the special aspect fill out this section. If not, proceed to the **AFFIDAVIT OF APPLICANT. Additional insurance required.**

I, the undersigned, agree to and represent that I have the actual and legal authority to waive and release the Borough of Belmar, its elected officials, officers, agents, employees and volunteers (collectively "Released Parties") from and against any and all claims, costs, liabilities, expenses or judgments including attorney's fees and court costs arising out of the special activity, service or particular aspect, to wit: that I am providing to this special event or any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless the Released Parties from and against any and all such claims related to the special activity, service or particular aspect provided to this special event, whether caused by negligence or otherwise, except for illness and injury resulting directly from the gross negligence or willful misconduct on the part of the Released Parties. Furthermore, I agree to comply with Borough of Belmar Special Event regulations, including the provision of insurance in compliance with those regulations and the resulting issuance of a special event permit.

I UNDERSTAND AND AGREE THAT BY SIGNING THIS WAIVER I AM RELEASING THE BOROUGH OF BELMAR, ITS ELECTED OFFICIALS, EMPLOYEES, VOLUNTEERS, OFFICERS AND AGENTS FROM ANY LIABILITY RESULTING FROM THIS SPECIAL ACTIVITY, SERVICE OR PARTICULAR ASPECT OF THE SPECIAL EVENT. I UNDERSTAND THAT NO CITY EMPLOYEE, VOLUNTEER, OR AGENT IS AUTHORIZED TO MODIFY THIS WAIVER AND RELEASE. I CERTIFY THAT I HAVE PERSONALLY READ AND UNDERSTOOD THIS WAIVER AND RELEASE.

ENTITY PROVIDING SPECIAL ASPECT FOR CORPORATIONS

Print entity name

Print name/title of person legally authorized to sign on behalf of entity

Signature of authorized person (notarized signature required of corporations) *Date*

FOR NON-CORPORATION

Print entity name

Print name/title of person legally authorized to sign on behalf of entity

Signature of authorized person Date

AFFIDAVIT OF APPLICANT *(Read before signing)*

I certify the information contained in the foregoing application is true and correct to the best of my knowledge and belief; that I have been given a copy, read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the Borough of Belmar Municipal Code; and that I understand this application is made subject to the rules and regulations established by the City Council and/or the City Business Administrator or his designee. I agree to comply with all other requirements of the City, County, State, Federal Government, and any other applicable entity which may pertain to the use of the Event venue and the conduct of the Event.

RELEASE FROM LIABILITY AND INDEMNIFICATION

I agree to waive and release the Borough of Belmar, its elected officials, officers, agents, and employees and volunteers (collectively "Released Parties") from and against any and all claims, costs, liabilities, expenses or judgments including attorney's fees and court costs arising out of the activities of this special event or any illness or injury resulting there from, and hereby agree to indemnify and hold harmless the Released Parties from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from the gross negligence or willful misconduct on the part of the Released Parties.

I UNDERSTAND AND AGREE THAT BY SIGNING THIS WAIVER I AM RELEASING THE BOROUGH OF BELMAR, ITS ELECTED OFFICIALS, EMPLOYEES, VOLUNTEERS, OFFICERS AND AGENTS FROM ANY LIABILITY RESULTING FROM THIS SPECIAL EVENT OR ACTIVITY. I UNDERSTAND THAT NO CITY EMPLOYEE, VOLUNTEER, OR AGENT IS AUTHORIZED TO MODIFY THIS WAIVER AND RELEASE. I CERTIFY THAT I HAVE PERSONALLY READ AND UNDERSTOOD THIS WAIVER AND RELEASE.

APPLICANT SIGNATURE FOR CORPORATIONS

Print Applicant Name

Print name/title of person legally authorized to sign on behalf of Applicant

Signature of authorized person (notarized signature required of corporations) Date

FOR NON-CORPORATION

Print Applicant Name

Print name/title of person legally authorized to sign on behalf of Applicant

Signature of authorized person Date

CO-APPLICANT SIGNATURES

Y N

Is insurance for the event provided from any entity other than the Applicant?

If yes, please have the Co-Applicant fill out this section.

FOR CORPORATIONS

Print Applicant Name

Print name/title of person legally authorized to sign on behalf of Applicant

Signature of authorized person (notarized signature required of corporations) Date

FOR NON-CORPORATION

Print Applicant Name

Print name/title of person legally authorized to sign on behalf of Applicant

Signature of authorized person Date

SUBMISSION OF COMPLETED APPLICATION

The Applicant must complete, sign, date, and add supplemental documentation to this application before submitting an original copy to:

Borough of Belmar,

**Attn: Special Events
PO BOX A, 601 Main Street,
Belmar, NJ 07719**

FOR OFFICE USE ONLY (PLEASE DO NOT PRINT BELOW THIS SPACE)

DATE APPLICATION

RECEIVED.....

APPLICATION FEE PAID.....

USAGE FEE PAID AMOUNT & DATE OF PAYMENT.....

APPROVED..... REJECTED..... DATE.....