



TOWNSHIP OF WEST ORANGE

66 MAIN STREET, WEST ORANGE, N.J. 07052

OFFICE OF THE CHIEF OF STAFF

SUSAN McCARTNEY

Mayor

JOHN O. GROSS

Chief of Staff and Chief Financial Officer

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Public Event Application

Date ____/____/____

Application # ____-2024

DEMONSTRATION

SPECIAL EVENT

BLOCK PARTY

(Circle one)

**Applications must be submitted to the Office of the Chief of Staff
(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.

Start Date & Time

End Date & Time

Rain Date & Time

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 Fire Apparatus

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 Chief of Staff **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 Chief of Staff's Office @ 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:

<https://www.kandkinsurance.com/sites/Events/Pages/Home.aspx>

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

West Orange Public Event Escrow Request-Event # _____-24 Event Date ____/____/____

Staffing Requirement:

Function	Staff Required	Hours Required	Estimated Rate	Escrow Amount
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Indoor Facility Access				
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Operation of Equipment				
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Indoor Facility Access				
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Other Labor				
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Other Requirements

Equipment Required	Rental Fee	Hours Required	Security Deposit	Escrow Amount
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Public Address System				
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Podium				
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Indoor Bathrooms				
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Outdoor Bathrooms				
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Table/Chairs				
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Stage				
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Electricity (w/o extension cords)				
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Gas Powered Generators				
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Barricades				
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Police Cars				
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Trucks				
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Other				
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Total Escrow Required _____

Chief of Staff or Designee Signature **Date**