

EVENT NAME \_\_\_\_\_ EVENT DATE \_\_\_ / \_\_\_ / \_\_\_



## Borough of Lavallette Special Event / Facility Use Application and Permit

Borough of Lavallette Contact Information:  
1306 Grand Central Avenue, Lavallette, NJ 08735  
(732) 793-7477 Fax: (732) 830-8248  
www.lavallette.org

NOTE: The first page of this application will be returned to you as your permit. All pages **must** be completed in full in order to be considered. Please read the instructions on page 2.

Application Fee: \$25.00 to be submitted with Special Event Application and Permit  
Check payable to the Borough of Lavallette

Applicant / Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Current Date: \_\_\_\_\_

Address: \_\_\_\_\_

Tele#: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email \_\_\_\_\_

Web site address (If event will be advertised) \_\_\_\_\_

Exact Nature of the use or activity for which the permit is being sought: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Schedule (List all dates and times)

Dates: \_\_\_\_\_ Time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(attach additional sheet if necessary)

Rain or cancellation dates(s) \_\_\_\_\_

Signature by the Municipal Clerk below certifies approval of this event subject to all municipal, state, and federal ordinances, statutes, and regulations. Conditions to the approval, as indicated below are on the back of this form. Proper insurance certificates must be provided along with this application.

Hold Harmless \_\_\_ / \_\_\_ / \_\_\_ Certificate of Insurance \_\_\_ / \_\_\_ / \_\_\_ Conditions: ( ) Yes ( ) No

**DO NOT WRITE IN THIS AREA**

Approval \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Date approved / denied by governing body \_\_\_ / \_\_\_ / \_\_\_

Borough Clerk

**APPLICATION FOR EVENTS AND SPECIAL ACTIVITIES**

**INSTRUCTIONS:** This application must be completed in full and submitted at least 90 days prior to your event. All questions on this application must be fully answered or it will be deemed incomplete and will not be processed. If a question does not apply to your event, write "N/A" in the space provided. If you need more room for an answer, attach a separate piece of paper and reference this addition on the application. TYPE or PRINT YOUR ANSWERS. In order to expedite the processing of this application, attach any diagrams and schedules that you feel would help those reviewing the application. If this event is a walk, run, or race, attach a map showing the route, and start and finish locations and including distances. Note: Neighboring municipalities may need to be notified. Please note that vehicles will not be allowed on the Beach, Boardwalk or Bayfront Beach and no distribution of printed materials are allowed on our Beach, Boardwalk or Bayfront Beach. Signs advertising the event must be requested and will be limited to spaces designated by the governing body. Athletic and other similar events, included but not limited to lessons, classes, marathons, triathlons, walks, bicycle and similar races that require the use of any streets within the Borough west of Route 35 South, shall not be held during the approved "bathing season" and Memorial Day weekend.

**APPLICATIONS WILL NOT BE ACCEPTED UNLESS THERE IS A SCHEDULE OF EVENTS ATTACHED.** It is understood that schedules may change between the time of your application and the actual event. It is your responsibility to inform the governing body of the Borough of Lavallette of any proposed changes to the original schedule submitted and receive approval for the changes.

**FEES FOR USES OF BEACH AND FACILITIES.** A commercial for-profit applicant shall pay the fees for the application as required, including but not limited to any deposit for cleanup and/or damages, and in addition shall pay a permit activity fee of ten percent (10%) of gross revenues collected for the activity(s). Such additional fee shall be paid by the commercial for-profit applicant within ten (10) days of the last date of the event and shall be paid into the General Revenue of the Borough of Lavallette.

**A HOLD HARMLESS AGREEMENT must be completed and RETURNED WITH THIS APPLICATION along with the PROPER CERTIFICATE OF INSURANCE.** Applicant will provide a certificate of insurance in the amount of \$1,000,000 naming the Borough of Lavallette, 1306 Grand Central Avenue, Lavallette, NJ 08735, as both certificate holder and additional insured, and in the description box of the certificate of insurance, the date/dates of event must be listed. This Certificate of Insurance must be delivered to the Borough of Lavallette or the event will not be considered for approval. If this event is a walk, run, swim, race or any combination, a map showing the route, and start and finish locations including distances must be attached.

**Type of Event:** \_\_\_\_\_

Note: Neighboring municipalities may need to be notified.

Rescheduling due to inclement weather will not be accommodated unless requested here.

**Rain or Cancellation Policy:** \_\_\_\_\_

Are you a commercial for-profit organization or individual: \_\_\_ Yes \_\_\_ No  
If Yes, see event fee requirements provided above.

Is this event a fundraiser: \_\_\_ Yes \_\_\_ No  
If Yes, provide beneficiary: \_\_\_\_\_

Provide list of person(s) in charge and their cell number and on site person(s) and their cell number(s):

Name:	Cell Phone #
_____	_____
_____	_____
_____	_____

Times(s): Start \_\_\_\_\_ am / pm Finish \_\_\_\_\_ am / pm

Setup Time(s) \_\_\_\_\_ am / pm Takedown Time(s) \_\_\_\_\_ am / pm

Description of Event Setup: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach additional sheets as necessary, including plans, maps, etc.

Will tents be utilized for this event: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, how many: \_\_\_\_\_ What size: \_\_\_\_\_

Will a stage be utilized: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, what dimensions: \_\_\_\_\_

Will there be tables and/or chairs used: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, how many: \_\_\_\_\_

Will fencing, barriers, and/or barricades be utilized: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, provide map that outlines placement

Will there be portable toilets: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, supplier's name: \_\_\_\_\_

Will there be inflatable devices, amusements: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, supplier's name: \_\_\_\_\_

Will there be signs placed advertising the event: \_\_\_\_\_ Yes \_\_\_\_\_ No

**If so, provide map of locations where signs will be placed**

**Number and types of vehicles (if any):** \_\_\_\_\_

**Will equipment be on site overnight?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**If Yes, please explain:** \_\_\_\_\_

**If medical / first aid assistance is needed, type of arrangements and name of contact:** \_\_\_\_\_

**If you desire any special assistance or equipment from the Lavallette Department of Public Works, describe what you are requesting (trash receptacles, restrooms, etc.):** \_\_\_\_\_

**County Permit Needed:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**If Yes; explain what type** \_\_\_\_\_

**If you require street closures, describe what streets are required (provide map):** \_\_\_\_\_

**What are your security arrangements? If police assistance is desired for security, escorts, crowd control or traffic control, describe the needs and your request. If you are not requesting Lavallette Police or in addition to Lavallette Police (any armed security must be approved by the Chief of Police:)** \_\_\_\_\_

**If you will have vendors or in any other way will sublet space, give particulars, including any fees that you will charge: \_\_\_\_\_**

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**If there will be live music, entertainment, or the use of amplified sound, provide the details: \_\_\_\_\_**

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**If you will be selling or serving food and/or alcohol, give details: (If there will be any type of cooking, a state fire permit may be required): \_\_\_\_\_**

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**Please list all event sponsors, if sponsors are added after event approval, a revised list must be submitted to the Borough of Lavallette prior to the event (attach list of sponsors): \_\_\_\_\_**

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**How will the event be promoted/advertised? (Be specific, including ad schedules; attach an extra sheet if necessary): \_\_\_\_\_**

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**What is your plan for cleaning and disposing of all refuse from the event: \_\_\_\_\_**

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**Estimate number of participants: \_\_\_\_\_ Estimated number in attendance: \_\_\_\_\_**

**Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Please fill out this entire application**

**HOLD HARMLESS AGREEMENT  
Between the Borough of Lavallette and**

**Organization Name:** \_\_\_\_\_ **Tel #** \_\_\_\_\_

**Street Address (Not P.O. Box):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Organization Type (Individual, Partnership, Non-Profit Organization, Corporation, Public Entity):** \_\_\_\_\_

**In consideration of the use of** \_\_\_\_\_

**on the following date(s):** \_\_\_\_\_

**with a rain date(s) of:** \_\_\_\_\_

**for the purpose of:** \_\_\_\_\_

the undersigned agrees to indemnify, and hold the Borough of Lavallette and its officers, agents and employees harmless from any and all liability, claims, costs and attorney's fees arising out of the use of the property referred to above, including, but not limited to, claims of any kind arising from the negligence of the Borough of Lavallette and/or Borough of Lavallette employees. I understand that this Hold Harmless Agreement also requires that the Borough of Lavallette is indemnified from any losses or damages resulting from the acts or omissions from any guest, participant, visitor or other person attending the event herein referred to. Unless waived in writing by the Borough of Lavallette, I agree to furnish a Certificate of Insurance specifically naming the Borough of Lavallette as Certificate Holder and as additional insured, providing general liability, bodily injury and property damage coverage with minimum limits of liability not less than \$1,000,000.00. In order to induce the Borough of Lavallette to accept this Hold Harmless Agreement, the following information concerning the intended use of the premises is furnished:

- A. Alcoholic Beverages ( ) will ( ) will not be served.**
- B. Total number of persons anticipated is \_\_\_\_\_.**
- C. Live entertainment ( ) will ( ) will not be provided.**
- D. Other \_\_\_\_\_.**

**Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_**  
**as the binding act in deed of**

\_\_\_\_\_  
**Name of Organization**

\_\_\_\_\_  
**Authorized Signature**