

## NON-TOWNSHIP SPONSORED SPECIAL EVENT and AMUSEMENT DEVICE APPLICATION (03/09/22)

### INSTRUCTIONS

Complete this checklist and application in full and submit to the municipal clerk at least **60 days prior to the event**. Failure to submit your completed checklist and application at least 60 days prior to the event will result in a **\$100 late fee** in addition to the application fee.

***- Incomplete applications will not be processed – Attach all documents at time of submission -  
Approval of the application shall be confirmed  
only upon passage of a resolution by the Township Committee***

Township support staff may be required during your event. The applicant is responsible to reimburse the township the cost of this support staff. Prior to issuance of the permit, the applicant shall be provided with a cost estimate. The applicant must confirm in writing their acceptance of these costs and any special requirements before approval of your special event permit by the Township Committee.

### CHECKLIST

- ☐ Completed **Checklist**
- ☐ Completed, signed, **Special Event/Amusement Device Application**
- ☐ **Application Fee:** Non-Profit Organizations \$50/day; For-Profit Organizations \$500/day.
- ☐ **Site Plan** of event
- ☐ **Budget** for event
- ☐ Copy of **Approved Additional Permits** required as part of this application
- ☐ **Certificate of Insurance or Surety Bond Information.** *(Bond amount to be determined by the township insurance risk manager. In lieu of bond, applicant may submit minimum commercial general liability insurance coverage in a combined single limit of at least \$1,000,000, \$3,000,000 limit if alcoholic beverages are served, naming Bernards Township as the added insured.)* ☐ **Check here if a current annual Certificate of Insurance is already on file with the Township.**
- ☐ Completed, signed, **Hold Harmless Agreement** in favor of Bernards Township. ☐ **Check here if a current annual Hold Harmless Agreement is already on file with the Township.**
- ☐ **Statement of Fees** to be charged for admission, or copy of **Admission Ticket**
- ☐ **Statement of Special or Unusual Requirements** that may be created by virtue of the event
- ☐ **Tax Exempt Certificate**, if applicable
- ☐ **List of Vendors or Volunteer Groups** participating in the event, if applicable. *(Include addresses, & phone numbers)*
- ☐ **Proposed Route, Map and Narrative of Event**, if applicable
- ☐ **Somerset County Authorization** for events taking place on County Road, if applicable
- ☐ **Statement of Number and Names of Bands** or other musical units and the nature of any equipment to produce sound or noise, if applicable
- ☐ If applicable, copy of **Notice of Street Closing** with an indication of when applicant will supply notice. Such notice shall be mailed at least 10 days prior to, or hand delivered at least 7 days prior to the closing. Applicant shall be personally responsible to deliver a written notice of closing to each residence located along the portion of the street(s) to be closed. Such notice shall state the *date and hours* when the street is to be closed, *identify the portion of the street* which is to be closed, and *include* the following language: *"During the hours of the street closing, no motor vehicles may be operated on the street, except for an emergency. You may wish to park your vehicle outside the closed area before the closing takes effect"*

## Bernards Township

Municipal Clerk's Office

1 Collyer Lane, Basking Ridge, NJ 07920

(Phone: 908-766-2510; Fax: 908-204-3015; E-mail: ckieffer@bernards.org)

☐ **Special Event**    ☐ **Amusement Device License Application**

*Instructions: Complete all questions, indicating N/A where non-applicable. Return to the Municipal Clerk at the above address at least 60 days prior to the event.*

Are you representing an organization sponsoring the event? <input type="checkbox"/> No <input type="checkbox"/> Yes, (list information below)		Is the organization non-profit? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Organization's Name:			
Organization's Address:			
Organization's Phone:		(Fax)	(E-mail)
Purpose of Event:		Type of Event:	

Event Organizer's Name:			
Event Organizer's Address:			
Event Organizer's Phone:		(home)	(work)    (E-mail)

Name of Event:		Type of Event:	
Location of Event:		Date of Event:	Raindate:
Time of Event:	Start:	Finish:	
Time on Site:	Start:	Finish: <i>(include set-up and clean-up time)</i>	
Total Number of Anticipated Attendees: <i>(include event organizers, staff, volunteers and spectators)</i>  _____	Township Support Staff Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Police:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Number:
	Roads:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Number:
	Other: (Specify)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Number:

Are street(s) to be closed?  <input type="checkbox"/> No <input type="checkbox"/> Yes, if so list  <i>(If less than entire length, indicate by street number where to begin and end)</i>	Entire length? <input type="checkbox"/> Yes <input type="checkbox"/> No Check here if County Road <input type="checkbox"/> <i>(attach approval from Somerset County)</i>	1.
	Entire length? <input type="checkbox"/> Yes <input type="checkbox"/> No Check here if County Road <input type="checkbox"/> <i>(attach approval from Somerset County)</i>	2.
	Entire length? <input type="checkbox"/> Yes <input type="checkbox"/> No Check here if County Road <input type="checkbox"/> <i>(attach approval from Somerset County)</i>	3.

What provisions are being made for traffic and parking? (Be sure to note traffic flow and parking sites on your site plan) Attach additional sheets if necessary.
What provisions are being made for crowd control and security? Attach additional sheets if necessary.
What provisions are being made for First Aid and Fire Emergency? (Be sure to show locations of emergency services on your site plan.)
What provisions are being made for additional restrooms, port-a-john facilities? (Be sure to show locations of restrooms and port-a-john facilities on your site plan.)
What provisions are being made for collection and removal of litter and recycling generated by the event? (Be sure garbage /recycling receptacles or dumpsters are shown on your site plan.)
Will vendors, information tables, or volunteer groups be part of your event? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes complete <u>page 5</u> Be sure to show locations on your site plan.

**SIGNATURE REQUIRED**

By signing this application, applicant acknowledges that the issuance of a special event permit does not obligate or require the Township of Bernards to provide township services, equipment, or personnel in support of the event. The Township will provide a cost estimate prior to issuance of the permit if Township services are required.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Affiliation with Applicant (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

*Do not write below this line - for internal use only*

<i>For Internal Use Only - Do Not Write Below This Line:</i>	<b>DATE</b>	<b>SIGNATURE</b>
Approval by Municipal Clerk:		
Approval by Parks and Recreation:		
Approval by Police Department:		
Approval by Health Officer:		
Approval by Fire Prevention:		
Approval by Emergency Management:		
Township Committee Approval:		

The applicant is responsible for obtaining any additional permits required by the municipality in conjunction with this event. Contact individual departments to obtain applications.  
**APPROVED PERMITS MUST BE INCLUDED WITH THIS APPLICATION FOR SPECIAL EVENTS, OR THE SPECIAL EVENT APPLICATION WILL BE DENIED.**

Check all that apply:

<b>CONSTRUCTION CODE PERMITS</b> <b>908-204-2506</b>	<b>RECREATION PERMITS</b> <b>908-204-3090</b>	<b>HEALTH DEPARTMENT PERMITS</b> <b>908-204-2520</b>
<input type="checkbox"/> Booths  <input type="checkbox"/> Generators  <input type="checkbox"/> Mechanical Equipment  <input type="checkbox"/> Platforms	<input type="checkbox"/> Park Facility Use  <input type="checkbox"/> Alcoholic Beverage	<input type="checkbox"/> Food Concessions/Food Trucks  <input type="checkbox"/> Portable Toilets  <input type="checkbox"/> Animals
<b>MUNICIPAL CLERK PERMITS</b> <b>908-204-3001</b>	<b>ZONING PERMITS</b> <b>908-204-2507</b>	<b>FIRE PREVENTION PERMITS</b> <b>908-204-3019</b>
<input type="checkbox"/> Raffles/Games of Chance  <input type="checkbox"/> Alcoholic Beverage (Catering Permits)  <input type="checkbox"/> Solicitor	<input type="checkbox"/> Temporary Signs	<input type="checkbox"/> Fireworks/Pyrotechnics  <input type="checkbox"/> Grills/Open Burning  <input type="checkbox"/> Food Trucks  <input type="checkbox"/> Inflatables  <input type="checkbox"/> Amusement Rides  <input type="checkbox"/> Tents (900 sq. ft. or greater or anything less with sides requires permit)

**COMPLETE THIS PAGE IF YOUR EVENT WILL INCLUDE VENDORS,  
MANNED INFORMATION TABLES OR VOLUNTEER GROUPS**

[illegible]



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/18/23

1

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**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).

<b>PRODUCER</b> Name of Insurance Agency issuing Certificate Street Address of Agency Agency City, State, ZIP Code  Phone: 908-234-1200 Fax: 908-234-9464		<b>CONTACT</b> NAME: Agent's Name PHONE (A/C, No, Ext): 908-234-1200 FAX (A/C, No): 908-234-9464 E-MAIL ADDRESS: Agent's Email Address	
<b>INSURED</b> Individual, Corporation or Organization Legal Name Their Mailing Address Their City State, ZIP Code		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Their Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 1234	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	Their Policy #	1/1/23	1/1/24	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A			PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Bernards Township is included as an Additional Insured as respects the General Liability coverage with respect to \*\*#1 Use of Facilities\*\* \*\*#2 Participation in a Bernards Township Program/Event\*\*, \*\*#3 Holding of OR Participating in Special Events held on Bernards Township Property\*\*

**\*\* Explanation of Uses:**

#1 includes use of fields, parks, community center, concession stands, etc.

#2 includes participation in Charter Day and other Twp. sponsored programs or special events

#3 includes special events that are not Twp. sponsored that your organization holds or participates in

**CERTIFICATE HOLDER****CANCELLATION**

Bernards Township  
Attn: Parks & Recreation  
1 Collyer Lane  
Basking Ridge, NJ 07920

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

Must be signed by Authorized Agent of the Insurer

# Township of Bernards

## Organization/Corporation/LLC Hold-Harmless Agreement

1. **“I/WE/OUR”, “ME/MY/US/OUR”** shall mean:

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(Print Name of Organization/Corporation/LLC)

and/or on behalf of other entities and/or groups named on the attached list.

**“YOU/YOUR/Township”** shall mean the **TOWNSHIP OF BERNARDS**, their agents, servants, employees, volunteers, Township Committee members, other public officials and/or contractors.

2. **I/WE** sign this Hold-Harmless as **MY/OUR** voluntary act and by this act agree to hold **YOU** harmless and indemnify **YOU** from any claims, suits or other actions arising from, caused by, or which are the alleged result of any act or omission of **OURS, OUR** guests, invitees, licensees, visitors or other persons present on and/or in property(ies) and/or building(s) and/or street(s) and/or facility(ies) and/or park(s) and/or parking lots owned by the Township of Bernards and/or on locations designated in a Special Event Permit Application, Park Permit or on a Township-sponsored event application in order to participate in, organize, assist, enjoy, supervise or in any other way further any and all activity(ies) on date(s) as described in a written communication—and/or on a Special Event Application and/or on a Park Permit and/or on a Township-sponsored event application—to **YOU**.
3. **I/WE** state that **YOU** will be advised in the written communication or Park Permit or Special Event Application or Township-sponsored event application of any and all activity(ies) that will include the consumption of alcoholic beverages and **I/WE** agree to be bound by the terms of (a), (b), (c) and (d) listed below.

**I/WE** state that **YOU** will be advised in a written communication and/or Park Permit and/or Special Event Application of any and all activity(ies) listed that will **NOT** include the consumption of alcoholic beverages, but should any person described in Paragraph 2 consume alcohol or allow or permit others to consume alcohol then **I/WE** agree to be bound by the following terms:

- a) That **I/WE** am solely responsible for the dispensing and consuming of alcohol, including the prudent and responsible dispensing and consuming of alcohol by all persons involved in any/all of **MY/OUR** activity(ies) including but not limited to those persons described in Paragraph 2 above.
  - b) To acknowledge by the signing of this Hold Harmless that **YOU** have no authority, control, or participation in the dispensation or consuming of alcohol by **ME/US** and that **I/WE** will take no step(s), actions(s), or measure(s) to convey the idea that **YOU** in any way have promoted, assisted, or participated in **MY/OUR** dispensing and consuming of alcoholic beverages on the site(s) and date(s) indicated.
  - c) That **I/WE** will not allow persons under the age of 21 to dispense or consume alcohol at the site during **MY/OUR** activity to be held on **YOUR** property;
  - d) To comply with all municipal Ordinances relating to the consumption of alcoholic beverages, including but not limited to obtaining any necessary permits.
4. **I/WE** shall also provide the **TOWNSHIP OF BERNARDS** with a Certificate of Insurance as proof of insurance for any/all activities. Said liability insurance shall be written with a company maintaining a rating of at least “A-” according to A.M. Best. Said business liability or commercial general liability shall be in an

amount of not less than one million dollars (\$1,000,000) per occurrence or not less than three million dollars (\$3,000,000) per occurrence if activity(ies) include the consumption of alcohol, in which case "Liquor Liability Coverage" shall be included. It is understood that the **TOWNSHIP OF BERNARDS** will be listed as an additional insured on that Liability Policy and Certificate of Insurance. It is also understood that **YOU** will have a renewal Certificate of Insurance automatically sent to **US** prior to the expiration date(s) of the policy(ies) on the Certificate of Insurance. In the event no valid and/or in force certificate is on file with the **TOWNSHIP OF BERNARDS** at least five (5) days in advance of the activity(ies), **I/WE** recognize that **MY/OUR** activity(ies) cannot take place.

5. **(For Corporations, LLC's Only)** **I/WE** also agree that **I /WE** am obligated to reimburse **YOU** for all reasonable attorney's fees incurred by **YOU** to enforce the terms of this Hold-Harmless or to defend **YOU** against the claim, suit, demand for subrogation, or other action which a court of competent jurisdiction later determines should have been defended by **ME/US** at **MY/OUR** sole cost and expense pursuant to this Hold-Harmless Agreement.

**Signature on Behalf of Organization, Corporation or LLC:**

\_\_\_\_\_  
Signature of Authorized Representative of Organization, Corporation or LLC

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Mailing Address of Organization, Corporation or LLC

\_\_\_\_\_  
Print Name and Title of Person Signing

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

**Signature on Behalf of the Township of Bernards:**

\_\_\_\_\_  
Signature of Authorized Representative of the Township of Bernards

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name and Title of Person Signing