



# SPECIAL EVENTS APPLICATION

## for Publicly Owned Property

Egg Harbor Township  
3515 Bargaintown Road  
Egg Harbor Township, NJ 08234

### CHECKLIST

Required information for initial submittal, applications  
**will not** be accepted without the applicable information.

- 1. The attached Special Events Application must be completed and submitted to the Office of Township Clerk at least FOUR (4) weeks prior to the scheduled event. However, if you will be having fireworks at your event, all requirements must be submitted SIX (6) weeks prior to the scheduled event.
- 2. A scaled drawing of area noting square footage of space being utilized, all temporary structures, vendors or tables, vehicle parking and pedestrian walk ways, etc.
- 3. An Insurance Certificate (\$1.0 Million General Liability and \$5.0 Million Umbrella) to be endorsed on the Certificate and must read - “Additional Insured – The Township of Egg Harbor, its elected officials, officers, agents, servants and employees”. **Needed from the applicant and each commercial vendor.**
- 4. If permission is being sought to close a municipal street in Egg Harbor Township, an Application for Special Event/Street Closing Permit (form attached) must be completed and returned to the Office of the Township Clerk.
- 5. If permission is being sought to close a county road in Egg Harbor Township, an approval by the Atlantic County Board of Chosen Freeholders is required in addition to municipal approval. You must file your application with Atlantic County at least thirty (30) days prior to your scheduled event. Contact the Freeholder’s Office by telephone at 609-645-5928. The Atlantic County approved application must be submitted with this application.
- 6. An Indemnification & Save Harmless Agreement (form attached) must be completed and returned fully executed. (Applicant is responsible to duplicate and obtain, prior to the event). **Needed from the applicant and each commercial vendor**
- 7. Additional forms are required for Fireworks Displays and Carnival and Amusement Rides. These forms are available at the Office of the Township Clerk. (Applications must be submitted SIX (6) weeks prior to the event.)

### ADDITIONAL INFORMATION

If food will be served or sold at the event; you must verify food handling, preparation and distribution complies with the Atlantic County Division of Public Health, 201 S. Shore Road, Northfield New Jersey 08225, (609) 645-5971 ext. 4367. Scheduled inspections may be needed.

The Township reserves the right to impose any other conditions which may be warranted due to the nature of the event.

The organization sponsoring the event will be responsible to see that the areas which were used are cleared of any trash, debris, etc.



# SPECIAL EVENTS REGISTRATION

## APPLICATION

Name of organization or individual \_\_\_\_\_

Federal identification number \_\_\_\_\_

Address of organization or individual \_\_\_\_\_

Person in charge of event \_\_\_\_\_

Address of person in charge of event \_\_\_\_\_

Telephone number ( ) *Unlisted* \_\_\_\_\_

Cellular number ( ) *Unlisted* \_\_\_\_\_

Email address \_\_\_\_\_

Location of event \_\_\_\_\_

Purpose of event \_\_\_\_\_

Describe in detail the activities to be conducted at the event \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there going to be a **fireworks** display? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there going to be **amusement rides**? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there going to be a **rock climbing wall**? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there going to be a **bouncy house**? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there going to be **food served or sold**? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there going to be **alcohol served or sold**? YES \_\_\_\_\_ NO \_\_\_\_\_

Name of property owner \_\_\_\_\_

Address of property owner \_\_\_\_\_

Phone number of property owner ( ) *Unlisted* \_\_\_\_\_

Cellular number of property owner ( ) *Unlisted* \_\_\_\_\_

Signature of Representative → \_\_\_\_\_

Date \_\_\_\_\_

**Notary**  
 Sworn and subscribed to before me this  
 \_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
 Notary Public

[SEAL]

Application is  Approved  Denied *For office use only* Date \_\_\_\_\_

Township Clerk Signature → \_\_\_\_\_

Conditions \_\_\_\_\_



# SPECIAL EVENTS REGISTRATION

## INDEMINIFICATION & SAVE HARMLESS AGREEMENT

**This Agreement** made this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by

\_\_\_\_\_  
Name of Person or Organization (hereinafter "Organization/Individual")

\_\_\_\_\_  
Business Address (City/State/Zip)

**Whereas** Organization/Individual has applied for a Special Events Registration as follows:

Date and Time of Event \_\_\_\_\_

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

Purpose of Event \_\_\_\_\_

**Whereas** a condition of said Special Events Registration requires that Organization/Individual provide the Township of Egg Harbor with an Indemnification Agreement by which Organization/Individual is to defend, indemnify, and save harmless the Township of Egg Harbor for any claims, costs or liability which may arise as a result of the scheduled event or to be made by the Organization/Individual as well as operation of any Township vehicle, for whatever purpose, including, but not limited to motor vehicle code enforcement by the police department, plus other such necessary services including employees, officers or agents during said event;

**Now, therefore,** in consideration of the covenants of the terms contained herein, Organization/Individual does hereby agree as follows:

1. The Organization/Individual contemplates the above-referenced event;
2. The Organization/Individual as pertaining to Township use and operations during the event herein set forth expressly agrees to defend, indemnify and save harmless the Township of Egg Harbor from and against any and all claims, losses, damage, injury, demands, causes of action and/or lawsuits and liability however caused, resulting and arising out of or in any way connected or related to scheduled event. The Organization/Individual further agrees to include the Township as a named insured on its liability insurance coverage for the purposes set forth herein, and to provide a Certificate of Insurance or Certified Copy of the insurance declaration sheet within ten (10) days of securing same.
3. In the event of ensuing litigation wherein the Township of Egg Harbor is a named party, including any of the Township's agencies, boards, agents, servants, professionals and employees, or otherwise, Organization/Individual shall further cause to defend, indemnify and save harmless the Township of Egg Harbor including any of the Township's agencies, boards, agents, servants, professionals and employees, or otherwise, from any and all costs of litigation, including attorney's fees or other related costs incident to such litigation.
4. This Agreement shall inure to and be binding upon the heirs, the devisees, legatees, executors, administrators, Successors and assigns of the parties hereto.
5. The preambles of this Agreement are incorporated herein as though set forth herein at length.

● ● ●  
Subscribed and sworn to before me this  
\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Organization/Individual [print]

\_\_\_\_\_  
Organization/Individual Signature

\_\_\_\_\_  
Notary Public



# SPECIAL EVENTS REGISTRATION



## SCALED DRAWING

\*Please use the space at the bottom for key information\*



# SPECIAL EVENTS REGISTRATION

## APPLICATION FOR STREET CLOSING PERMIT

Permission is hereby requested to close the municipal street described herein subject to the requirements of the Code of the Township of Egg Harbor, Chapter 213.

Applicant \_\_\_\_\_

Contact Person \_\_\_\_\_

Applicant/Contact Address \_\_\_\_\_

Emergency Number ( ) Unlisted \_\_\_\_\_

Street Closure Date (s) \_\_\_\_\_

Street Closure Time \_\_\_\_\_ Street Reopen Time \_\_\_\_\_

Street Name \_\_\_\_\_

Closing Between \_\_\_\_\_ and \_\_\_\_\_

Description and purpose of street closing \_\_\_\_\_

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For office use only

Event Name \_\_\_\_\_

Township Clerk's Office		Police Department	
Comments		Comments	
Special Conditions	<input type="checkbox"/> yes <input type="checkbox"/> no	Special Conditions	<input type="checkbox"/> yes <input type="checkbox"/> no
Processed by		Detours	<input type="checkbox"/> yes <input type="checkbox"/> no
Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	Approval	<input type="checkbox"/> yes <input type="checkbox"/> no
Date		Date	
Township Clerk		Chief of Police	
Construction Official		Fire Inspection	
Comments		Comments	
Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	Approval	<input type="checkbox"/> yes <input type="checkbox"/> no
Date		Date	
Construction Official		Fire Official	
Ambulance Director		Fire Chief	
Comments		Comments	
Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	Approval	<input type="checkbox"/> yes <input type="checkbox"/> no
Date		Date	
Ambulance Director		Fire Chief	
Recreation Director			
Comments			
Approval	<input type="checkbox"/> yes <input type="checkbox"/> no		
Date			
Recreation Director			

Revised: September 19, 2016