



New Jersey's Largest Municipality

Township of Hamilton Department of Public Works

6101 Thirteenth Street
Mays Landing, NJ 08330
Phone: 609-625-6311
Fax: 609-909-1157

Thank you for your interest in holding a special event or utilizing a Township owned field and/or facility. Attached are the materials needed to obtain approval for your upcoming event. Please follow the application directions very carefully.

Requirements and Conditions:

- 1) Any person wishing to sponsor a special event shall file an application with the Township of Hamilton to the community recreation office **no less than 45 days prior to the date of the event** and accompanied by a \$25.00 non-refundable application fee and a minimum \$500.00 refundable deposit to cover any damage to Township property or cleaning required due to the special event. **Two separate checks should be made payable to the Township of Hamilton.** (Application fee is not required for seasonal athletic events) **Application must be completed in its entirety.**
- 2) The special events application will be reviewed by the appropriate departments including Public Works, Police, Fire, Township Clerk or any other entities as determined by the applicable department.
- 3) The applicant shall comply with all the applicable Township ordinances, code, conditions and requirements. Copies are available upon request.
- 4) Requests for Fire, Police, and/or Emergency Services shall be subject to requirements and interpretive authority and discretion of the approving department. Please note, applicant is required to request these services based on their specific needs to the individual agencies.
- 5) Requests for Police services shall be subject to the interpretive authority and discretion of the Chief of Police. Requests for Fire services shall be subject to the interpretive authority and discretion of the Fire Chief. Requests for Emergency services shall be subject to the interpretive authority and discretion of the Chief of Hamilton Rescue Squad.
- 6) Applicants must provide a Certificate of Liability Insurance listing the "Township of Hamilton, 6101 Thirteenth Street, Mays Landing, NJ 08330" as additional insured. **Please note the description on the certificate must include specific dates, events, and location.**
- 7) Applicants must sign a "Hold Harmless Agreement" indemnifying the Township of Hamilton, please see attached.

APPLICANT AND/OR SPONSORING ORGANIZATION INFORMATION:

Name of Organization/Individual: _____

Full Address: _____

Is the organization registered with the State of New Jersey as a non-profit organization?

Yes No If yes, please enclose a copy of their 501-C3 for our records.

Applicant Name: _____

Applicant Full Address: _____

Daytime Phone: (____)_____ Evening Phone: (____)_____

Fax: (____)_____ E-mail: _____

ON SITE CONTACT day of event: _____ Cell Phone: (____) _____

* Any change in the above information, please notify the approving department immediately.

SPECIAL EVENT INFORMATION:

Is this event a fundraiser? Yes No Beneficiary: _____

Field or Facility Use Location:

Cloverleaf Park Knight Ave. Field Cove Beach War Memorial Park
Liepe Softball Field Liepe Hockey Court Hickory St. Soccer Field Cologne Ave. Field
Underhill Park Other _____

Description of Use:

Children's Party Wedding Ceremony/Pictures Craft Show Fair/Carnival Fundraiser
Parade Run/Walk Block Party Meeting Program Sports Field Other _____

Event Title/Activity:

Estimated # of Participants: _____ ***Estimated Attendance:*** _____

* Please note attendance exceeding 999 people will require another application & further review.

Event Date(s): _____ Rain Date(s): _____ Time: _____ am/pm

Set Up Time(s): _____ am/pm Take Down Time(s): _____ am/pm

Description of Event Set Up: _____

* Please attach additional sheets as necessary, including plans, maps, flyers, etc.

Will there be an entrance or registration fee? Yes No Amount: \$ _____

Does this event require lighting? Yes No Start Time _____ AM/PM , End Time _____ AM/PM

Please Check Fields that will be lit:

Liepe Football Soccer Field 1 Underhill Game Field (Baseball fields A&B)
Liepe East Court Soccer Field 2 Underhill Practice Field (Baseball Fields C & D)
Liepe West Court Soccer Field 3
Soccer Field 4
Soccer Field 5

GENERAL EVENT INFORMATION (Please note electric is not available at all areas):

Please indicate whether the following items pertain to this event.

- YES NO Food concession and/or Food Preparation area(s)?
If you intend to cook food, please specify method: Gas Charcoal Other _____
- YES NO Will you be supplying your own First-Aid Station?
- YES NO Will tents be utilized? How many? _____ What size(s) _____
- YES NO Will a stage be utilized? Dimensions: _____
- YES NO Will there be entertainment? Description: _____
- YES NO Will vehicle(s) and/or trailer(s) be used? How many? _____
- YES NO Will tables and/or chairs be set up? How many? _____
- YES NO Will fencing, barrier(s) and/or barricade(s) be utilized?
- YES NO Are street closures requested? * Street Name: _____
- Justification for Street closure: _____
- YES NO Will there be portable toilet(s)? Supplier: _____
- YES NO Will there be inflatables or amusements? Supplier: _____
- YES NO Will there be Booth(s), Exhibit(s), Display(s) and/or Enclosure(s)?
- YES NO Will the event be advertised? Where: _____
- YES NO Is traffic control or crowd control necessary for this event?*

***FOR EVENTS REQUIRING STREET CLOSURES, TRAFFIC/CROWD CONTROL OR OTHER MUNICIPAL ASSISTANCE:**

Applicant MUST fill out Outside Duty Application for Police Department

Please note ~ You are required to bag and remove all trash and recyclables.

What is your plan for clean up and disposing of all refuse from this event? _____

REQUIRED ATTACHMENTS:

INSURANCE REQUIREMENTS

Evidence of insurance will be required before final approval. Please provide a certificate of insurance as described on the attached "Schedule of Insurance"

* Each event is evaluated on its risk exposure, all events must have their own certificate .

HOLD HARMLESS AGREEMENT

A Hold Harmless Release Agreement must be submitted with each application (attached).

AFFIDAVIT OF APPLICANT

Everything that I have stated on this application is correct to the best of my knowledge, I have read, understand, and agree to abide by the policies and rules and regulations listed on this form as they pertain to the requested usage. By signing this application, the applicant agrees to follow all rules and regulations. All programs and facilities of the Township of Hamilton are open to all residents regardless of race, sex, age, color, religion, national origin or handicap.

NAME OF APPLICANT: _____

SIGNATURE: _____ DATE: _____

HOLD HARMLESS / INDEMNITY AGREEMENT:

To the fullest extent permitted by law, _____
Name of Contractor/Vendor/Facility User
agrees to defend, pay on behalf of, indemnify, and hold harmless the
Township of Hamilton, its elected and appointed officials, its agents, employees and
volunteers and others working on behalf of the Township of Hamilton against any and all
claims, demands, suits, or loss, including all costs connected therewith, and for any
damages which may be asserted, claimed or recovered against or from the Township of
Hamilton, its elected and appointed officials, its agents, employees, volunteers or oth-
ers working on behalf of the Township of Hamilton, by reason of personal injury, includ-
ing bodily injury or death and/or property damage, including loss of use thereof, which
arises out of or is in any way connected or associated with this contract.

Sign: _____
For the Contractor For the Municipality

Print : _____
For the Contractor For the Municipality

FOR OFFICE USE ONLY

Insurance Policy Coverage: Start: _____ End: _____

Reviewed by RMC: _____

Date: _____ Time: _____ Location: _____

Event Type: _____ Applicant: _____ Phone: _____

APPROVED DENIED Signature: _____ Date: _____

Application Fee Required Received date: _____ Cash/Ch. #: _____ By: _____

Deposit Required Received date: _____ Cash/Ch. #: _____ By: _____

Key #: _____ Date Deposit Returned: _____ By: _____

Schedule of Insurance

Notwithstanding the indemnification and defense obligations of the USER, the USER shall provide at its own cost and expense proof of the following insurance to the TOWNSHIP:

\$1,000,000 general liability policy including General Liability, Products & Completed Operations Insurance with a minimum combined single limit of liability per occurrence for bodily injury and property damage of one million (\$1,000,000) dollars with a minimum annual aggregate of two million (\$2,000,000) dollars. Please include a copy of the additional insured endorsement*

“Additional Insured”. shall be named as follows:

“The Township of Hamilton, its elected and appointed officials, its agents, employees, volunteers or others working on behalf of the Township of Hamilton”

The description on the certificate must include specific dates, events and location.

NOTE: A 24 hour \$1,000,000.00 event policy may be obtained at a very reasonable rate by contacting: 1-800-507-8414, or www.ebi-ins.com/tulip/ You will have to enter **FACILITY CODE: GNTI - 020**.

Failure by the USER to supply such written evidence of required insurance and to maintain same for the duration of this agreement shall result in default of this agreement and USER shall be prohibited from using said FACILITY (IES).

The insurance companies for the above coverage must be licensed by the State of New Jersey and acceptable to the THE TOWNSHIP. The USER shall take no action to cancel or materially change any of the insurance required under this Contract without the THE TOWNSHIP's prior approval. The maintenance of insurance under this section shall not relieve the USER of any liability greater than the limits or scope of the applicable insurance coverage.