

TOWNSHIP OF GALLOWAY SPECIAL EVENTS APPLICATION

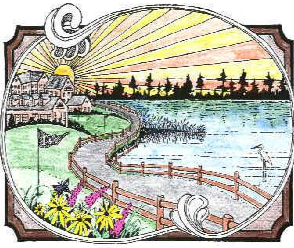
300 E. JIMMIE LEEDS ROAD GALLOWAY, NJ 08205
(609) 652-3700 EXT. 260 FAX: (609) 652-1967

- CHECKLIST -

- The Special Events Application must be completed and submitted to the Township Clerk at least 21 days prior to the event. However, if you are having fireworks at the event, all required documents must be submitted six weeks prior to the event.
- If the applicant is not the property owner, a written authorization from the property owner where the event will take place, specifically naming responsible parties and dates for the event, must be provided to the Township Clerk at the time the application is submitted.
- A scaled drawing of area noting square footage of space being utilized, all temporary structures, parking, etc. must be submitted with your application.
- An Insurance Certificate (\$1,000,000.00 General Liability) to be endorsed on the Certificate and must read - Additional Insured – The Township of Galloway, its elected officials, officers, agent, servants and employees”.
- If permission is being sought to close a county road in Galloway Township, an approval by the Atlantic County Board of Chosen Freeholders is required in addition to municipal approval. Detailed information can be obtained from the Freeholder’s office at 609-645-5928. The Atlantic County approval must be submitted with this application.
- An indemnification & Hold Harmless Agreement (form attached) must be completed and returned fully executed by the applicant and each and every participating vendor.

- Additional Information -

1. 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.
2. The Township reserves the right to impose any other conditions which may be warranted due to the nature of the event.
3. The organization sponsoring the event will be responsible to see that the areas which are used are cleared of any trash, debris, etc.



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Applications for special events must be submitted at least twenty-one (21) days in advance of the event

Name of the Business/Organization _____
Federal Taxpayer ID Number _____
Street Address _____
City, State, Zip _____
Phone Number _____ Cell Number _____
Name of Person in Charge of event _____
Address of Person in Charge of Event _____
Telephone of Person in Charge of Event _____ Cell Number _____
E-mail address _____

Location of Event _____
Type & Purpose of Event _____
Anticipated Attendance at Event (including staff, participants & spectators/attendees) _____
Date of Event _____ Time of Event - Starting Time _____ Ending Time _____
Describe in detail the activities to be conducted at the event _____

- Will there be a fireworks display	_____ YES	_____ NO
- Will there be amusement rides	_____ YES	_____ NO
- Will there be a rock climbing wall	_____ YES	_____ NO
- Will there be a bouncy house	_____ YES	_____ NO
- Will food be served or sold*	_____ YES	_____ NO
- Will alcohol beverages be served or sold**	_____ YES	_____ NO

*Attach names, addresses & contact information for any food or other vendors who must be appropriately licensed
**Attach copy of applicable liquor license & approval to serve alcohol at the designated location

Name of Property Owner _____
Address of Property Owner _____
Phone number of Property Owner _____ E-mail Address _____

EVENT REPRESENTATIVE SIGNATURE _____
Date _____

FEE ATTACHED _____ Minor Event \$75 _____ Major Event \$150 _____ Mass Assembly Event \$450
**Multiple day events - 10% of base fee for each day beyond the initial day.*

NOTARY
Sworn and subscribed to before me this _____ day of _____, 20__

Notary Public

-----For Municipal Use Only-----

Application is _____ Approved _____ Denied _____ Date _____

Manager's Signature _____
Conditions _____



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INDEMNIFICATION & HOLD HARMLESS AGREEMENT

This Agreement made this ____ day of _____, 20__, 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 & Time of Event _____

Location of Event _____

Purpose of Event _____

Whereas a condition of said special events registration requires that Organization/Individual people provide the Township of Galloway with an Indemnification Agreement by which Organization/Individual is to defend, indemnify, and hold harmless the Township of Galloway 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 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 events:

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 hold harmless the Township of Galloway, including its elected and appointed officials, its agents, employees, professionals and volunteers and others working on behalf of the Township of Galloway, to the fullest extent permitted by law from and against any and all claims, losses, damage, injury, demands, causes of action/or lawsuits and liability however caused, resulting and arising out of or in any way connected or related to scheduled event by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof. The Organization/Individual further agrees to include the Township as a named insured on its liability insurance coverage (**minimum coverage to be \$1,000,000.00**) for the purposes set forth herein, and to provide a Certificate of Insurance or Certified Copy of the insurance declaration sheet.
3. In the event of ensuing litigation wherein the Township of Galloway 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 hold harmless the Township of Galloway 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 insure to and be binding upon the heirs, the devisees, legatees, executors, administrators, successors and assigns of the parties hereto.
5. The preambles of the Agreement are incorporated herein as though set forth at length.

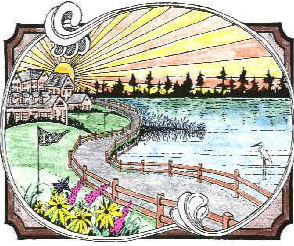
Subscribed and sworn to before me this

____ Day of _____, 20__

Organization/Individual (Print)

Notary Public

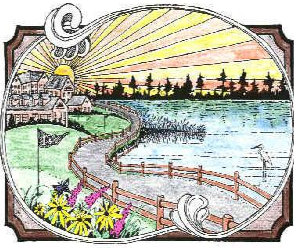
Organization/Individual Signature



SCALED DRAWING

Note: Please include key written information with this drawing. Attach additional pages if necessary.

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are no margins, text, or other markings on the page.

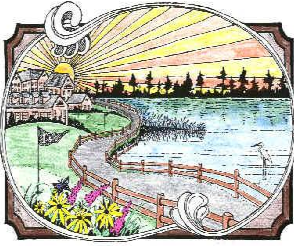


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If applicable, please include the following information with your application:

- a) Proposed location, including a plan adequately identifying electrical service, water service if applicable, parking, tents, structures and other areas to be used, including location of barricades and traffic control devices, lighting, and, if proposed, any perimeter or security fencing and gate/access design and locations;
- b) If the Special Event takes place to any extent during hours of darkness, a lighting plan designed to provide sufficient illumination for this special event and not inappropriately extend beyond the site;
- c) Estimated numbers of event staff, participants and spectators;
- d) Fencing or other method to control the number of participants and to ensure that the permitted maximum number of participants is not exceeded;
- e) Environmental and health plans, including provisions for emergency medical availability and access, freshwater supplies, solid waste containers, collection and disposal of solid waste and availability of toilet facilities or the provision of portable toilet facilities;
- f) With respect to Mass Assembly Events, the availability of on-site emergency medical care may be required;
- g) Names, addresses and contact information for any food or other vendors, who must be appropriately licensed;
- h) If the serving of alcohol is proposed, a copy of the applicable liquor license and approval to serve alcohol at the designated location;
- i) Electrical, plumbing and other permits, if required;
- j) Fire prevention plan;
- k) Severe weather plan;
- l) Security plan, including security personnel and, if necessary, plan for Police Department assistance;
- m) Detailed plans for use of amplified sound equipment, including the number, location and power of amplifiers and speakers;
- n) Included must be details of measures to be taken to make sure that the sound of the special event will not carry unreasonably beyond the boundaries of this special event;



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APPLICATION FOR STREET CLOSING PERMIT

Permission is hereby requested to close the municipal street described herein subject to the requirements of the Galloway Township Code, _____

Applicant _____

Contact Person _____

Applicant/Contact Address _____

Emergency Telephone Number _____

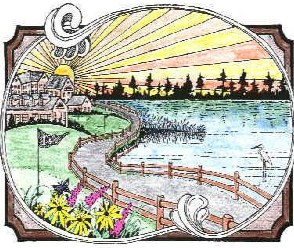
Street Closure Date(s) _____

Street Closure Time _____ Street Reopen Time _____

Street Name _____

Closing Between _____ and _____

Description and purpose of street closing _____



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For Municipal Use Only

Event Name _____

Township Clerk's Office	Chief of Police
Comments Special Conditions Processed by Approval Date Township Clerk's Signature:	Comments Special Conditions Processed by Approval Date Chief of Police Signature:
Construction Official	Emergency Management Official
Comments Special Conditions Processed by Approval Date Construction Official Signature:	Comments Special Conditions Processed by Approval Date Emergency Management Signature:
Fire Inspector	Director of Public Works
Comments Special Conditions Processed by Approval Date Fire Chief Signature:	Comments Special Conditions Processed by Approval Date Director of Public Works Signature:
Township Planner	Township Manager
Comments Special Conditions Processed by Approval Date Twp Planner's Signature:	Comments Special Conditions Processed by Approval Date Manager's Signature: